

# 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

ROS-LEHTINEN FOR CONGRESS

ADDRESS (number and street) P O Box 52-2784

Check if different than previously reported. (ACC)

M|A|M|I | FL | 33152 | 2784

2. **FEC IDENTIFICATION NUMBER** C00280537

CITY STATE ZIP CODE STATE DISTRICT

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

FL 18

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 11 07 2006 in the State of FL

5. Covering Period 10 19 2006 through 11 27 2006

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 Mr. Antonio L. Argiz

Signature of Treasurer Electronically Filed by Mr. Antonio L. Argiz Date 04 07 2007

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

ROS-LEHTINEN FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	245325.00	1112928.18
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	245325.00	1107628.18
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	314766.55	955078.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	6984.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	314766.55	948093.43
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1293018.67</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

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

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

ROS-LEHTINEN FOR CONGRESS

Report Covering the Period: From:    To:

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A) <input type="text" value="195365.00"/> (ii) Unitemized <input type="text" value="6010.00"/> (iii) Total of contributions from individuals <input type="text" value="201375.00"/>	<input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> (date after general election)  through <input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> (last day of reporting period)
<input type="text" value="201375.00"/>	<input type="text" value="783671.32"/>	<input type="text" value="13484.00"/>
(b) Political Party Committees <input type="text" value="0.00"/>	<input type="text" value="1114.65"/>	<input type="text" value="0.00"/>
(c) Other Political Committees <input type="text" value="43950.00"/>	<input type="text" value="328142.21"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
245325.00	1112928.18	13484.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	6984.74	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
3391.47	62647.77	1281.12
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
248716.47	1182560.69	14765.12

**POST ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

ROS-LEHTINEN FOR CONGRESS

Report the covering period

From:

10

19

2006

To:

11

27

2006

**II. DISBURSEMENTS**

<b>COLUMN A</b> Total this period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
314766.55	955078.17	76598.06
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	190000.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	300.00	0.00
(b) Political Party Committees		
0.00	5000.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

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Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

0.00	5300.00	0.00
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21. OTHER DISBURSEMENTS

6500.00	216400.00	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

321266.55	1366778.17	76598.06
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

245325.00	1107628.18	13484.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

314766.55	948093.43	76598.06
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	1365568.75
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	248716.47
25. SUBTOTAL(add Line 23 and Line 24) .....	1614285.22
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	321266.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	1293018.67

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Dr. Arthur Agatston</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 2549 Sunset Drive Sunset Drive 2		Transaction ID: SA11A1.21656	
City State Zip Code Miami Beach FL 33140		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-Employed Doctor			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Horacio Aguirre</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 338 Minorca Avenue		Transaction ID: SA11A1.21404	
City State Zip Code Coral Gables FL 33134		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Horacio Stuart Aguirre & Assoc Owner			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John L. Alger</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 17971 S.W. 284 Street		Transaction ID: SA11A1.21527	
City State Zip Code Homestead FL 33030		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Alger Farms, Inc. Farmer			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Agim Alickaj</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 15 Hubbard Circle		Transaction ID: SA11A1.21533	
City Bronxville	State NY	Zip Code 10708	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed	Occupation Travel Agent	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>B. Mr. Bernard Allen</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 13560 SW 98th Place		Transaction ID: SA11A1.21659	
City Miami	State FL	Zip Code 33176	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Katz Barron Squitiero Faust	Occupation Attorney	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert N. Allen, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6	
Mailing Address 1441 Brickell Avenue, Suite 1400		Transaction ID: SA11A1.21816	
City Miami	State FL	Zip Code 33130	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Robert Allen Law	Occupation Attorney	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Ricardo Alvarez</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 13050 Mar Street		Transaction ID: SA11A1.21555	
City State Zip Code Coral Gables FL 33156		Amount of Each Receipt this Period 540.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Manuel A. Alzugaray, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5133 Donatello Street		Transaction ID: SA11A1.21158	
City State Zip Code Coral Gables FL 33146		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Manuel Alzugaray, MD, PA Occupation Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard G. Amundsen</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 430 Grand Bay Drive, #506		Transaction ID: SA11A1.21807	
City State Zip Code Key Biscayne FL 33149		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer TV Promo International Occupation Sr. Vice President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1540.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gus Andy

Mailing Address 1317 Beach Avenue

City State Zip Code  
Cape May NJ 08204

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

Name of Employer Occupation  
La Mer Motor Inn Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2450.00

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

Transaction ID: SA11A1.21378

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stavros Antonakakis

Mailing Address 169 William Feather Drive

City State Zip Code  
Voorhees NJ 08043-2991

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

Name of Employer Occupation  
Yes Brothers, Inc. CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.21180

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. Ricky Arriola

Mailing Address 450 Alton Road, # 3904

City State Zip Code  
Miami Beach FL 33139

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

Name of Employer Occupation  
Intel Direct Corp. Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: SA11A1.21578

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Dr. Sam Ash</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 9130 SW 78 Court		Transaction ID: SA11A1.21366	
City State Zip Code Miami FL 33156-7541	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Sara C. Babun</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 9250 S.W. 69th Street		Transaction ID: SA11A1.20551	
City State Zip Code Miami FL 33173	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Antillean Marine Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) <b>C. Ms Myrna Bader</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 9628 NE 2nd Avenue; Suite E		Transaction ID: SA11A1.21414	
City State Zip Code Miami Shores FL 33138	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Dynabilt Technologies Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bernardo Rafael Barba

Mailing Address 5931 SW 88th Street

City State Zip Code  
Miami FL 33156

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

Name of Employer Occupation  
EnviroWaste Services President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

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

Transaction ID: SA11A1.21580

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jason A. Bass

Mailing Address 28525 S.W. 202 Avenue

City State Zip Code  
Homestead FL 33030-7661

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

Name of Employer Occupation  
Bass & Taylor Properties Real Estate Investments

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.21198

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. W. Bean

Mailing Address 6025 Garfield Street

City State Zip Code  
New Orleans LA 70118

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

Name of Employer Occupation  
CF Bean, LLC. Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

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

Transaction ID: SA11A1.21079

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 13 / 145</span>
	(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)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dr. Darwich Bejany</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address <b>3801 Pine Lake Drive</b>		<b>Transaction ID: SA11A1.21373</b>
City <b>Weston</b>	State <b>FL</b>	Amount of Each Receipt this Period 250.00
Zip Code <b>33332</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation <b>Physician</b>	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Haddas Bernard</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address <b>843 Suffield</b>		<b>Transaction ID: SA11A1.21810</b>
City <b>Birmingham</b>	State <b>MI</b>	Amount of Each Receipt this Period 250.00
Zip Code <b>48609</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation <b>Consultant</b>	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Brett C. Bibeau</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address <b>1263 SW 18 Street</b>		<b>Transaction ID: SA11A1.21407</b>
City <b>Miami</b>	State <b>FL</b>	Amount of Each Receipt this Period 500.00
Zip Code <b>33145</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Miami River Commission	Occupation <b>Managing Director</b>	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Orin Black		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6	
Mailing Address 3021 Oak Avenue Unit 7		<b>Transaction ID:</b> SA11A1.21823	
City State Zip Code Miami FL 33133		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Austin Commercial General Contractor			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Bruce A. Blakeman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 108 S. Franklin Avenue		<b>Transaction ID:</b> SA11A1.21328	
City State Zip Code Valley Stream NY 11580		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Robert Blakeman & Associates Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Eduardo Blanco		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 305 Harbor Drive		<b>Transaction ID:</b> SA11A1.21776	
City State Zip Code Key Biscayne FL 33149		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lanco & Harris Manufacturing CEO			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Shirley Y Block		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1300 Tropical Street		Transaction ID: SA11A1.21267
City State Zip Code Key West FL 33040	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Frances M. Bohnsack		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 5700 SW 67 Avenue		Transaction ID: SA11A1.21916
City State Zip Code Miami FL 33143	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Miami River Marine Group Occupation Executive Director	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Ronald L. Book		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 10711 Hawks Vista Street		Transaction ID: SA11A1.20557
City State Zip Code Plantation FL 33324	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ron L. Book, PA Occupation Attorney	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John Boord Mailing Address 799 Crandon Boulevard #401 City State Zip Code Key Biscayne FL 33149 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: SA11A1.20595 Amount of Each Receipt this Period 2100.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Solomon, Smith Barney Investment Banker Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Bruce L. Boros Mailing Address 1709 Atlantic Boulevard City State Zip Code Key West FL 33040 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.21252 Amount of Each Receipt this Period 500.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Cardiovascular Center Cardiologist Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Dolores Boulton Mailing Address 300 Island Drive City State Zip Code Key Biscayne FL 33149 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: SA11A1.20599 Amount of Each Receipt this Period 2100.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self Employed Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ms Liona Boyd

Mailing Address 3120 Munroe Drive

City State Zip Code  
Coconut Grove FL 33133

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

Name of Employer Self-Employed Occupation  
Musician

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.21764

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. David G. Brouwer

Mailing Address P.O.Box 901595

City State Zip Code  
Homestead FL 33090

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

Name of Employer Community First Investments Occupation  
Executive Vice President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.21200

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Broxmeyer

Mailing Address 66 Commack Road

City State Zip Code  
Commack NY 11725

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

Name of Employer Fairfield Properties Occupation  
President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.21687

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Joseph R. Buchanan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address <b>6390 SW 96 Street</b>		<b>Transaction ID: SA11A1.21917</b>	
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33156</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Wampler, Buchanan, Walker</b>	Occupation <b>Attorney</b>	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>B. Mr. Eric Buermann</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address <b>P O Box 430331</b>		<b>Transaction ID: SA11A1.21413</b>	
City <b>South Miami</b>	State <b>FL</b>	Zip Code <b>33243</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Squire Sanders &amp; Dempsey LLC</b>	Occupation <b>Attorney</b>	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1932.60			

Full Name (Last, First, Middle Initial) <b>C. Mr. Chris Bull</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address <b>150 Calle Ensueno</b>		<b>Transaction ID: SA11A1.21784</b>	
City <b>Marathon</b>	State <b>FL</b>	Zip Code <b>33050</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>The UPS Store</b>	Occupation <b>Owner</b>	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard Bunnell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 1620 S Bayshore Court, #6		Transaction ID: SA11A1.21418
City State Zip Code Miami FL 33133	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Burnell Foundation, Inc.	Occupation Marine Contractor	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Aldo J. Busot		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 4840 Biltmore Dr.		Transaction ID: SA11A1.21828
City State Zip Code Miami FL 33146	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Emilio C. Caballero		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 10852 N Kendall Drive #103		Transaction ID: SA11A1.20563
City State Zip Code Miami FL 33176	Amount of Each Receipt this Period 1050.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Wingate Law Firm	Occupation Attorney at Law	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mrs. Myrthea Caballero</b>		Date of Receipt MM / DD / YYYY 10 / 21 / 2006
Mailing Address 10852 North Kendal Drive #103		Transaction ID: SA11A1.20635
City Miami	State FL	Zip Code 33176
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1050.00
Name of Employer Homemaker	Occupation Homemaker	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Luisa Camero</b>		Date of Receipt MM / DD / YYYY 10 / 23 / 2006
Mailing Address 190 Island Drive		Transaction ID: SA11A1.20588
City Key Biscayne	State FL	Zip Code 33149
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2100.00
Name of Employer Homemaker	Occupation Homemaker	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Hilario Candela</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2006
Mailing Address 800 South Douglas Entrance North Tower		Transaction ID: SA11A1.21672
City Miami	State FL	Zip Code 33134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Spillis Candela and Partners	Occupation Retired - CEO	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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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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)  
**ROS-LEHTINEN FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. C.G. Caras</p> <p>Mailing Address P.O. Box 3999</p> <p>City State Zip Code <b>Greenville DE 19807</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>500.00</b></p>	<p>Date of Receipt M M / D D / Y Y Y Y Y <b>1 0 / 2 9 / 2 0 0 6</b></p> <p><b>Transaction ID: SA11A1.21166</b></p> <p>Amount of Each Receipt this Period <b>500.00</b></p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. William A. Carlough</p> <p>Mailing Address 417 Simonton Street</p> <p>City State Zip Code <b>Key West FL 33040-6814</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>250.00</b></p>	<p>Date of Receipt M M / D D / Y Y Y Y Y <b>1 0 / 2 6 / 2 0 0 6</b></p> <p><b>Transaction ID: SA11A1.21269</b></p> <p>Amount of Each Receipt this Period <b>250.00</b></p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Luis Carrillo</p> <p>Mailing Address 15201 S.W. 216th Street</p> <p>City State Zip Code <b>Miami FL 33170</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Universal Properties, Inc. Occupation Realtor</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>250.00</b></p>	<p>Date of Receipt M M / D D / Y Y Y Y Y <b>1 1 / 0 6 / 2 0 0 6</b></p> <p><b>Transaction ID: SA11A1.21628</b></p> <p>Amount of Each Receipt this Period <b>250.00</b></p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Cade E. Carter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address P.O.Box 84010		<b>Transaction ID:</b> SA11A1.21382
City State Zip Code Baton Rouge LA 70884	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Gulf Engineers & Consultants Engineer	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Augusto F. Castaigne		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 55 SW 31 Road		<b>Transaction ID:</b> SA11A1.21146
City State Zip Code Miami FL 33129	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Retired Medical Doctor	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms Pauline L. Catrickes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 1264 Argyle Road		<b>Transaction ID:</b> SA11A1.21168
City State Zip Code Berwyn PA 19312	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Arslan Cekic		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 53 Church Avenue Apartment 2 L		<b>Transaction ID:</b> SA11A1.21541	
City State Zip Code Brooklyn NY 11218		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-Employed Real Estate			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. A Chapelli		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 798 Ridgewood Road		<b>Transaction ID:</b> SA11A1.21799	
City State Zip Code Key Biscayne FL 33149		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation WCG, Inc. Consulting			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Robert W. Chen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 1506 Delgado Avenue		<b>Transaction ID:</b> SA11A1.20574	
City State Zip Code Coral Gables FL 33146		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation University of Miami Professor			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert E. Chisholm</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 7254 SW 48th Street		Transaction ID: SA11A1.21773	
City State Zip Code Miami FL 33155	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer R.E. Chisholm Architects, Inc. Occupation President	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Ms Rebecca Cobo</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 4530 N.W. 7th Street		Transaction ID: SA11A1.21271	
City State Zip Code Miami FL 33126	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Galloway Rehabilitation Center Occupation Business Owner	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Mr. Jerry Coleman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 201 Front St., Suite 203		Transaction ID: SA11A1.21273	
City State Zip Code Key West FL 33040	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Jerry Coleman, PA Occupation Attorney	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Ric Cooper		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 9510 SW 63rd Court		<b>Transaction ID:</b> SA11A1.21582	
City State Zip Code Miami FL 33156		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Cooper DDB Chairman & CEO			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Maureen Crowley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 1419 Rose Street		<b>Transaction ID:</b> SA11A1.21274	
City State Zip Code Key West FL 33040		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation FLKeys Comm. College College VP			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Simon E Cruz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 10480 SW 56 Terrace		<b>Transaction ID:</b> SA11A1.21584	
City State Zip Code Miami FL 33173		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation City of Miami Beach Commissioner			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Carlos A. Cueto		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 424 Castania Avenue		<b>Transaction ID:</b> SA11A1.21576	
City State Zip Code Coral Gables FL 33146		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Interpress Comm. Corp. Executive			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Victoria Cummock		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 7310 SW 47 Court		<b>Transaction ID:</b> SA11A1.21969	
City State Zip Code Miami FL 33173		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		In-kind - Caterers, Bartenders & Misc. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Cummock Designs, Inc. Residential Interior Designer			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. R. Bruce Cuthbertson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 635 Allendale Road		<b>Transaction ID:</b> SA11A1.21379	
City State Zip Code Key Biscayne FL 33149		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Businessman			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Armand D'Amato		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 2 Dogwood Lane		Transaction ID: SA11A1.21324	
City State Zip Code Lloyd Harbor NY 11743		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Park Strategies Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. J. Morton Davis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 44 Wall Street, 2nd Floor		Transaction ID: SA11A1.21317	
City State Zip Code New York NY 10005		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation D.H. Blair Investment Banking Chairman			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gion Dedoukaj		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 18 Rolling Hills Lane		Transaction ID: SA11A1.21535	
City State Zip Code Harrison NY 10528		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Real Estate Owner Manager			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gjergj Dedvukaj

Mailing Address 2343 Arthur Avenue

City State Zip Code  
Bronx NY 10458

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

Name of Employer Occupation  
Givanni's Brick Oven Pizza Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.22002

Amount of Each Receipt this Period  
500.00

In-kind - Event Expenses  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Albert A. Del Castillo

Mailing Address 7080 Torphin Place

City State Zip Code  
Miami Lakes FL 33014

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

Name of Employer Occupation  
Squire, Sanders & Dempsey Attorney at Law

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

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

Transaction ID: SA11A1.21904

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ranley Desir

Mailing Address 7901 SW 67 Terrace

City State Zip Code  
Miami FL 33143

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

Name of Employer Occupation  
Center for Advanced Cardiology Cardiologist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.21803

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Mariano De Socarraz

Mailing Address 1112 Alfonso Avenue

City State Zip Code  
 Coral Gables FL 33146

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

Name of Employer Coreplus, LLC Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

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

Transaction ID: SA11A1.21411

Amount of Each Receipt this Period  
 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Rolando Diaz

Mailing Address 4500 San Amaro Drive

City State Zip Code  
 Coral Gables FL 33146

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

Name of Employer Self-Employed Occupation Consulting Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.21680

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Robert H Dickinson

Mailing Address 29 Tahiti Beach Island Road

City State Zip Code  
 Coral Gables FL 33143

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

Name of Employer Carnival Cruise Lines Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

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

Transaction ID: SA11A1.21586

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 30 / 145</span>
	(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)  
**ROS-LEHTINEN FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Margitta Di Gennaro</p> <p>Mailing Address P.O.Box 510185</p> <p>City State Zip Code <b>Key Colony Beach FL 33051</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Global Health Connection Owner</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y <b>1 1 / 0 2 / 2 0 0 6</b></p> <p><b>Transaction ID: SA11A1.21475</b></p> <p>Amount of Each Receipt this Period <b>500.00</b></p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. John Dolan-Heitinger</p> <p>Mailing Address 21 Azalea Drive</p> <p>City State Zip Code <b>Key West FL 33040</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Keys Federal Credit Union President</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">625.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y <b>1 0 / 2 6 / 2 0 0 6</b></p> <p><b>Transaction ID: SA11A1.21276</b></p> <p>Amount of Each Receipt this Period <b>125.00</b></p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms Linda Dresner</p> <p>Mailing Address 711 So. Bates Street</p> <p>City State Zip Code <b>Birmingham MI 48009</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation The Linda Dresner Company Retail Merchant</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y <b>1 1 / 0 4 / 2 0 0 6</b></p> <p><b>Transaction ID: SA11A1.21330</b></p> <p>Amount of Each Receipt this Period <b>1000.00</b></p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1625.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Gayle Dubin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 6465 S.W. 116th Street		<b>Transaction ID:</b> SA11A1.21399	
City State Zip Code Miami FL 33156		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Haiti Shipping Lines Marine Shipping Executive			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard A. Dubin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 6465 SW 116 Street		<b>Transaction ID:</b> SA11A1.21398	
City State Zip Code Miami FL 33156		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Caribbean Ship Services Marine Shipping Executive			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas Eagan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 4620 Santa Maria		<b>Transaction ID:</b> SA11A1.21429	
City State Zip Code Coral Gables FL 33146		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Squire, Sanders & Dempsey, LLP Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Cassandra Earle</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6	
Mailing Address 280 Harbor Drive		<b>Transaction ID: SA11A1.21993</b>	
City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 1900.00		
FEC ID number of contributing federal political committee. C	In-kind - Cocktails, Valets & Music <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Homemaker Homemaker	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1900.00			

Full Name (Last, First, Middle Initial) <b>B. Mr. William G. Earle</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6	
Mailing Address 280 Harbor Drive		<b>Transaction ID: SA11A1.21990</b>	
City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C	In-kind - Food, Beverage & Caterer <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Retired Retired	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 2100.00			

Full Name (Last, First, Middle Initial) <b>C. Mr. Cesar Echeverri</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 7-85 Crandon Boulevard		<b>Transaction ID: SA11A1.21801</b>	
City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Retired Retired	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 250.00			

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Antonio Ellek</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address <b>650 West Avenue Apt. 3104</b>		<b>Transaction ID: SA11A1.21370</b>	
City <b>Miami Beach</b>	State <b>FL</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>33139-6372</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Pasha's Restaurant</b>	Occupation <b>CEO</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert L. Epling</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address <b>28801 SW 157 Avenue</b>		<b>Transaction ID: SA11A1.21196</b>	
City <b>Homestead</b>	State <b>FL</b>	Amount of Each Receipt this Period 500.00	
Zip Code <b>33033</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Community Bank</b>	Occupation <b>President</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Philip Everingham</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address <b>2602 San Domingo</b>		<b>Transaction ID: SA11A1.21918</b>	
City <b>Coral Gables</b>	State <b>FL</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>33134</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Merrill-Stevens Dry Dock Comp.</b>	Occupation <b>Executive-Vice President</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Mr. James G. Faller

Mailing Address 317 Wilson Road

City State Zip Code  
Newark DE 19711

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

Name of Employer Philadelphia Limo Occupation Driver

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.21182

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms Fon May Fan

Mailing Address P. O. Box 154

City State Zip Code  
Whitestone NY 11357

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

Name of Employer Flushing Fortune Gardens Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.21334

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Foun-Chung Fan

Mailing Address 7 Lockhem Drive

City State Zip Code  
Livingston NJ 07039

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

Name of Employer Self Employed Occupation Medical Doctor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.21303

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mrs. Wen-Lin L. Fan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 7 Lockhern Drive		Transaction ID: SA11A1.21996	
City State Zip Code Livingston NJ 07039	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	In-kind - Food Tidbits & Beverages <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Homemaker Homemaker	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>B. Mr. Martin Farbenblum</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 495 Pinehurst Court		Transaction ID: SA11A1.21812	
City State Zip Code Roslyn NY 11576	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Magacare Healthcare Executive Vice President	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>C. Mr. George L. Fernandez</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 1108 South Street		Transaction ID: SA11A1.21254	
City State Zip Code Key West FL 33040	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation The Key West Butterfly & Natur Executive Vice President	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 500.00			

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Lauren Fernandez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 1330 Coral Way Suite 208		<b>Transaction ID:</b> SA11A1.21244	
City State Zip Code Miami FL 33145		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lauren Fernandez, PA Attorney at Law			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Edward M. Fidalgo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 190 Island Drive		<b>Transaction ID:</b> SA11A1.20639	
City State Zip Code Key Biscayne FL 33149		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Femwell Doctor			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Manuel E. Flores		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 2333 Brickell Avenue, #2610		<b>Transaction ID:</b> SA11A1.21473	
City State Zip Code Miami FL 33129		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Flame of Life, Inc. President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Alejandro Formoso		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 9725 NW 52 Street # 105		Transaction ID: SA11A1.21674
City Miami State FL Zip Code 33178	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer DA Builders	Occupation President	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Jonathan Fox		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 2500 SW 75 Avenue		Transaction ID: SA11A1.21065
City Miami State FL Zip Code 33155	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Westchester General Hospital	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. M. S. Fox		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 235 Solano Prado		Transaction ID: SA11A1.21068
City Coral Gables State FL Zip Code 33156	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Westchester General Hospital	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Carlos M. Fuentes		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1805 Alamanda Drive		<b>Transaction ID:</b> SA11A1.21617
City State Zip Code North Miami FL 33181	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Fuentech Investigations President	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Peter C. Gardner		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 3599 N Moring Way		<b>Transaction ID:</b> SA11A1.21910
City State Zip Code Coconut Grove FL 33133	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Pointe Group Management Real Estate Executive	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Roman Gastesi		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 1441 Brickell Avenue		<b>Transaction ID:</b> SA11A1.21425
City State Zip Code Miami FL 33131	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Tew-Cardenas, LLP Government Affairs Director	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Leonard Genet		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3811 Bayside Court		Transaction ID: SA11A1.21147	
City State Zip Code Miami FL 33133-6546	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Dade Paper Co President	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Joseph P. George, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 13145 SW 90 Court		Transaction ID: SA11A1.21081	
City State Zip Code Miami FL 33178	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Joseph P. George, Jr, PA Attorney at Law	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Luis Glaser		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 8887 SW 78th Court		Transaction ID: SA11A1.21145	
City State Zip Code Miami FL 33156	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation University of Miami Vice President	Election Cycle-to-Date 300.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jorge Godoy</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 6	
Mailing Address <b>9425 SW 72 Street</b>		Transaction ID: <b>SA11A1.21832</b>	
City <b>Miami</b>	State <b>FL</b>	Amount of Each Receipt this Period 500.00	
Zip Code <b>33173</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Metro Equipment Service</b>	Occupation <b>Contractor</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Barry S. Goldmeier</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address <b>P.O.Box 279</b>		Transaction ID: <b>SA11A1.21657</b>	
City <b>Key Biscayne</b>	State <b>FL</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>33149</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Advanced Housing Corporat-ion</b>	Occupation <b>President</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jorge A. Gonzales</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address <b>P O Box 144367</b>		Transaction ID: <b>SA11A1.21613</b>	
City <b>Coral Gables</b>	State <b>FL</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>33114</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>JAG Realty Enterprises Co-rp.</b>	Occupation <b>President</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Alfredo Gonzalez</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address <b>1221 Brickell Avenue 2nd Floor</b>		<b>Transaction ID: SA11A1.21408</b>	
City <b>Miami</b>	State <b>FL</b>	Amount of Each Receipt this Period 500.00	
Zip Code <b>33131</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Greenberg Traurig, PA.</b>	Occupation <b>Attorney at Law</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Seth Gordon</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address <b>3400 SW 27 Avenue #705</b>		<b>Transaction ID: SA11A1.20572</b>	
City <b>Coconut Grove</b>	State <b>FL</b>	Amount of Each Receipt this Period 1000.00	
Zip Code <b>33133</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Gordon Reyes and Company</b>	Occupation <b>Public Relations</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Carlos V. Granado</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address <b>5800 SW 45 Terrace</b>		<b>Transaction ID: SA11A1.21153</b>	
City <b>Miami</b>	State <b>FL</b>	Amount of Each Receipt this Period 500.00	
Zip Code <b>33155</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Granvill Cosmetics Manu- factur</b>	Occupation <b>President</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Carlos M. Gutierrez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 3150 South Street NW		<b>Transaction ID:</b> SA11A1.21078
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Department of Commerce Occupation Secretary	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2100.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Demitrios Halakos		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 201 South Ashview Lane		<b>Transaction ID:</b> SA11A1.21186
City State Zip Code Greenville DE 19807	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Halakos Properties Occupation Restaurateur	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jack N. Halpern		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 160 W 66th Street, #51-A		<b>Transaction ID:</b> SA11A1.21322
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Atlantic Realty Development Occupation Developer and Vice President	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Perla Hantman</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 16181 West Troon Circle		Transaction ID: SA11A1.21590	
City State Zip Code Miami Lakes FL 33014	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer University System, State of FL.	Occupation Educator/Regent		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Mikhael Harbie</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 10352 NW 48 Terrace		Transaction ID: SA11A1.21372	
City State Zip Code Miami FL 33178	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired		Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Galley Harrison</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 825 White Street		Transaction ID: SA11A1.21661	
City State Zip Code Key West FL 33040	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed		Occupation Sculptor - Gallery Owner	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Henry Hernandez</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 7720 SW 161 Avenue 2nd Floor		Transaction ID: SA11A1.21431	
City State Zip Code Miami FL 33193	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Leon Medical Center Health Pla	Occupation Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ms P. Morgan Hill</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 1400 East 79th Ocean		Transaction ID: SA11A1.21248	
City State Zip Code Marathon FL 33050	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Exit Realty Florida Keys	Occupation Real Estate Broker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. John Holian</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 641 Palermo Avenue		Transaction ID: SA11A1.21774	
City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Griffin Planning	Occupation Financial Planning		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 45 / 145</span> (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)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Abel Holtz Mailing Address 9999 Collins Avenue City State Zip Code Bal Harbour FL 33154 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.21106 Amount of Each Receipt this Period 2100.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired      Occupation Retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jeffery Hooper Mailing Address PO Box 565611 City State Zip Code Miami FL 33256 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.21919 Amount of Each Receipt this Period 250.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer AME Ship Equipment, Inc.      Occupation Manager Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Shew Ching Huang Mailing Address 273 Wyckoff Avenue City State Zip Code Brooklyn NY 11237 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.21301 Amount of Each Receipt this Period 1000.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Good Realty Company      Occupation Real Estate Broker Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Chris Idsardi		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 1024 Dove Road		Transaction ID: SA11A1.21788	
City State Zip Code Key Largo FL 33037		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cemex, Inc.	Occupation District Manager		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Jesus A. Iglesias		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 11317 NW 62nd Terrace		Transaction ID: SA11A1.21619	
City State Zip Code Miami FL 33178		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		Engineer <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Matcon Trading	Occupation Engineer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Thomas Jones, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 17950 SW 285 Street		Transaction ID: SA11A1.21202	
City State Zip Code Homestead FL 33030		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer TR Jones & Company	Occupation Insurance Broker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Murtezan Jonuzi</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address <b>416 S.Tulip Avenue</b>		Transaction ID: SA11A1.21531	
City State Zip Code <b>Galloway NJ 08205</b>		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed	Occupation <b>Restaurateur</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Sami Jonuzi</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address <b>222 Ontario Avenue</b>		Transaction ID: SA11A1.21537	
City State Zip Code <b>Egg Harbor Townshi NJ 08234</b>		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Integrated Medical Clinic	Occupation <b>Naturopathic Physician</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Sallye G. Jude</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address <b>200 Edgewater Drive</b>		Transaction ID: SA11A1.21906	
City State Zip Code <b>Coral Gables FL 33133</b>		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Miami River Inn.	Occupation <b>Hotelier</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Jean C. Karr Mailing Address P.O.Box 9112 City State Zip Code Jupiter FL 33468 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.21203 Amount of Each Receipt this Period 250.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Housewife Housewife Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Thomas M. Karr Mailing Address 7865 SW 57 Avenue Unit A City State Zip Code Miami FL 33143 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6 Transaction ID: SA11A1.21427 Amount of Each Receipt this Period 250.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Berger Singerman, PA Attorney at Law Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Joseph Kavana Mailing Address P.O.Box 800206 City State Zip Code Aventura FL 33280 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.21159 Amount of Each Receipt this Period 500.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation K-Group Holdings, Inc President Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Ms T. Megan Kelly</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 199 Ocean Lane		Transaction ID: SA11A1.21766	
City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Swire Properties	Occupation Real Estate		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. William O. Kemp</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 141 Key Haven Road		Transaction ID: SA11A1.21256	
City State Zip Code Key West FL 33040	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed	Occupation CPA		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. FW Kirtland</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 100 South Biscayne Boulevard #1500		Transaction ID: SA11A1.21416	
City State Zip Code Miami FL 33131	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Merrill Stevens Dry Dock Corp	Occupation CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Steven Kollin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 5025 Collins Avenue #1505		Transaction ID: SA11A1.21423	
City State Zip Code Miami Beach FL 33140	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Steven Kollin Attorney at Law	Occupation Attorney at Law		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Merrill M. Kraines		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 671 Orchard Lane		Transaction ID: SA11A1.21529	
City State Zip Code Franklin Lakes NJ 07417	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fulbright & Jaworski	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Gust C. Kraras		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 434 Warwick Drive		Transaction ID: SA11A1.21505	
City State Zip Code Reading PA 19610	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed	Occupation Restaurateur		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 Mrs. Terri L. Labrada

Mailing Address 15 Emerald Drive

City State Zip Code  
**Key West FL 33040**

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

Name of Employer Occupation  
 Goal Line Embroidery Business Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

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

**Transaction ID: SA11A1.21281**

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Dr. Hong T. Lai

Mailing Address 8 Horton Court

City State Zip Code  
**West Harrison NY 10604**

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

Name of Employer Occupation  
 Hong T. Lai, DDS Dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**1 1 / 0 4 / 2 0 0 6**

**Transaction ID: SA11A1.21336**

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Ms Evelyn Lara

Mailing Address 1000 Brickell Avenue Suite 320

City State Zip Code  
**Miami FL 33131**

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

Name of Employer Occupation  
 Title Closing Partners of Bric Title Agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

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

**Transaction ID: SA11A1.21609**

Amount of Each Receipt this Period  
 250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Ralph E. Lawson

Mailing Address **5050 Leitner Drive West**

City **Coral Springs** State **FL** Zip Code **33067**

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

Name of Employer **Baptist Health Systems** Occupation **Executive Vice-President & CEO**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 21 / 2006**

**Transaction ID: SA11A1.21449**

Amount of Each Receipt this Period  
**500.00**

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

**B.** Full Name (Last, First, Middle Initial)  
 Mr. James Leach

Mailing Address **781 Crandon Boulevard  
 Apartment 305**

City **Key Biscayne** State **FL** Zip Code **33149**

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

Name of Employer **Frontier Development** Occupation **Real Estate Development**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 24 / 2006**

**Transaction ID: SA11A1.21819**

Amount of Each Receipt this Period  
**250.00**

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

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Benjamin Leon, Jr.

Mailing Address **630 Leucadendra Drive**

City **Coral Gables** State **FL** Zip Code **33156**

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

Name of Employer **Leon Medical Center** Occupation **President & CEO**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 21 / 2006**

**Transaction ID: SA11A1.20575**

Amount of Each Receipt this Period  
**1000.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms Lourdes Leon</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address <b>9514 SW 125 Terrace</b>		<b>Transaction ID: SA11A1.21433</b>	
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33176</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Leon Medical Center</b>	Occupation <b>Vice-President Member Services</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Benjamin Leon III</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address <b>9452 SW 124 Terrace</b>		<b>Transaction ID: SA11A1.20577</b>	
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33178</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Leon Medical Center</b>	Occupation <b>Vice President</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Magda S. Leuchter</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address <b>251 Crandon Boulevard #900</b>		<b>Transaction ID: SA11A1.21488</b>	
City <b>Key Biscayne</b>	State <b>FL</b>	Zip Code <b>33149</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms Aida Levitan</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address <b>445 Grand Bay Drive</b>		<b>Transaction ID: SA11A1.21482</b>	
City State Zip Code <b>Key Biscayne FL 33149</b>		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Levitan &amp; Palencia, LLC</b>	Occupation <b>Advertising &amp; PR Agency</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert M. Levy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address <b>780 N.E. 69th Street, #170</b>		<b>Transaction ID: SA11A1.21063</b>	
City State Zip Code <b>Miami FL 33138</b>		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Robert M. Levy &amp; Assocs., Inc.</b>	Occupation <b>Public and Government Relations</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Guy Lewis</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address <b>3059 Grand Avenue, Suite 340</b>		<b>Transaction ID: SA11A1.21632</b>	
City State Zip Code <b>Coconut Grove FL 33133</b>		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Lewis &amp; Tein, PL</b>	Occupation <b>Attorney</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Anthony J. Limberakis, M.D.

Mailing Address **636 Crosswicks Road**

City **Rydal** State **PA** Zip Code **19046**

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

Name of Employer **Diplomate American Board of Ra** Occupation **MD**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 29 / 2006**

**Transaction ID: SA11A1.21170**

Amount of Each Receipt this Period  
**500.00**

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

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Faik Lita

Mailing Address **15 Shady Tree Drive**

City **East Stroudsburg** State **PA** Zip Code **18301**

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

Name of Employer **Dannon Yogurt** Occupation **Distributor**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 04 / 2006**

**Transaction ID: SA11A1.21545**

Amount of Each Receipt this Period  
**250.00**

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

**C.** Full Name (Last, First, Middle Initial)  
 Dr. John M. Lockwood

Mailing Address **34 Allamanda Avenue**

City **Key West** State **FL** Zip Code **33040**

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

Name of Employer **Ven-A-Care of Florida Keys** Occupation **Physician**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 26 / 2006**

**Transaction ID: SA11A1.21258**

Amount of Each Receipt this Period  
**500.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Robin R. Lockwood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 18 Allamanda Terrace		<b>Transaction ID:</b> SA11A1.21283
City State Zip Code Key West FL 33040-6203	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Carlos B. Losciale		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 300 Island Drive		<b>Transaction ID:</b> SA11A1.20597
City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed	Occupation Chemical Engineer	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. William H. Losner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 20251 SW 272nd Street		<b>Transaction ID:</b> SA11A1.21474
City State Zip Code Homestead FL 33031	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer First National Bank	Occupation Retired Banker	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Jack Lowell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 185 West Sunrise Avenue		<b>Transaction ID:</b> SA11A1.21770	
City State Zip Code Coral Gables FL 33133		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Flagler Real Estate Services		Occupation Vice Chairman	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ralph Lucignano		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address P.O.Box 501191		<b>Transaction ID:</b> SA11A1.21286	
City State Zip Code Marathon FL 33050-1191		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Marathon Liquors & Deli		Occupation Owner	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 850.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert Maggs		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 155 Ocean Lane Drive, #CCW-913		<b>Transaction ID:</b> SA11A1.21638	
City State Zip Code Miami FL 33149		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired		Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Andrew E. Manatos</b>		Date of Receipt MM / DD / YYYY 11 / 04 / 2006
Mailing Address 6856 Tulip Hill Terrace		Transaction ID: SA11A1.21307
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1200.00	
Name of Employer Manatos & Manatos	Occupation Attorney	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Tina G. Manatos</b>		Date of Receipt MM / DD / YYYY 11 / 04 / 2006
Mailing Address 6856 Tulip Hill Terrace		Transaction ID: SA11A1.21305
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1300.00	
Name of Employer Homemaker	Occupation Homemaker	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Philip J. Mandina</b>		Date of Receipt MM / DD / YYYY 11 / 06 / 2006
Mailing Address 14600 Old State Road 4A		Transaction ID: SA11A1.21631
City Sugarloaf	State FL	Zip Code 33042
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Mandina & Beniberg PA	Occupation Attorney	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Michael Joseph Marcus		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 16861 SW 276 Street		<b>Transaction ID:</b> SA11A1.21205	
City State Zip Code Homestead FL 33031		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Marcus & Marcus Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Maria Cristina Marin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 7300 SW 75 Avenue		<b>Transaction ID:</b> SA11A1.22005	
City State Zip Code Miami FL 33143		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - Caterers and Event Expenses <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Maria Cristina Marin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 7300 SW 75 Avenue		<b>Transaction ID:</b> SA11A1.22007	
City State Zip Code Miami FL 33143		Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - Caterers and Event Expenses <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Steven Marin</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 7300 SW 75th Avenue		Transaction ID: SA11A1.21573	
City Miami	State FL	Amount of Each Receipt this Period 2000.00	
Zip Code 33143		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Marin and Sons	Occupation Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Fausto Marquez</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 2550 SW 17 Avenue		Transaction ID: SA11A1.21641	
City Miami	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 33133		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Global Companies Group	Occupation Mortgage Banker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Pedro A. Martin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 6920 Tulipan Court		Transaction ID: SA11A1.21435	
City Coral Gables	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33143		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greenberg Trauring, LLP	Occupation Attorney at Law		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Albert R. Maury</b>		Date of Receipt MM / DD / YYYY <b>10 / 21 / 2006</b>
Mailing Address <b>9605 SW 121 Street</b>		<b>Transaction ID: SA11A1.20579</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33176</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Leon Medical Center</b>	Occupation <b>Vice President-Director of Financial</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Susana May</b>		Date of Receipt MM / DD / YYYY <b>11 / 07 / 2006</b>
Mailing Address <b>2601 South Roosevelt Boulevard, Apartment B1111</b>		<b>Transaction ID: SA11A1.21781</b>
City <b>Key West</b>	State <b>FL</b>	Zip Code <b>33040</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Monroe County Health Depa- rtmen</b>	Occupation <b>Director</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Ms Marjorie K. Mearns</b>		Date of Receipt MM / DD / YYYY <b>11 / 24 / 2006</b>
Mailing Address <b>400 70th Street</b>		<b>Transaction ID: SA11A1.21829</b>
City <b>Marathon</b>	State <b>FL</b>	Zip Code <b>33050</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Pigeon Key Foundation</b>	Occupation <b>Executive Director</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Michael Melnicke		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 62 Montague		<b>Transaction ID:</b> SA11A1.21320	
City State Zip Code Brooklyn NY 11201		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed Occupation Investor		Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms Mercy Mesa		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 406 SW 1st Street		<b>Transaction ID:</b> SA11A1.21209	
City State Zip Code Florida City FL 33034		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Delmar Homes LLC Occupation Builder		Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Mercy Mesa		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 10601 SW 67 Court		<b>Transaction ID:</b> SA11A1.21984	
City State Zip Code Pinecrest FL 33156		Amount of Each Receipt this Period 1600.00	
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - Caterers and Event Expenses <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker Occupation Homemaker		Election Cycle-to-Date 1600.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2850.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Tomas Mesa		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 406 SW 1st Street		<b>Transaction ID:</b> SA11A1.21207	
City State Zip Code Florida City FL 33034		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Delmar Homes LLC President		Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Tomas Mesa		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 10601 SW 67 Court		<b>Transaction ID:</b> SA11A1.21981	
City State Zip Code Pinecrest FL 33156		Amount of Each Receipt this Period 1600.00	
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - Caterers and Event Expenses <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation DelMar Homes, LLC Builder		Election Cycle-to-Date 1600.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		1600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Constantine Michell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 307 Centennial Circle		<b>Transaction ID:</b> SA11A1.21175	
City State Zip Code Greenville DE 19807		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation TotalCare Physicians, PA Physician		Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dr. Theodore W. Michell</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 311 Centennial Circle		Transaction ID: SA11A1.21172	
City Greenville	State DE	Zip Code 19807	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed	Occupation Physician	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>B. Mr. Jose E. Miranda</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 2162 SW 98 Place		Transaction ID: SA11A1.21406	
City Miami	State FL	Zip Code 33165	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed	Occupation Consultant	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>C. Mr. Raymond Mitri</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 808 Brickell Key Drive, #3302		Transaction ID: SA11A1.21073	
City Miami	State FL	Zip Code 33131	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed	Occupation Construction	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms Cynthia L. Mize</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 441 Harbour Drive		Transaction ID: SA11A1.21490	
City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed Developer	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Ms Sue Clay Moloney</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address PO Box 50		Transaction ID: SA11A1.21503	
City State Zip Code Key West FL 33041	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Simonton Count Inn Business Owner	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael A. Morawski</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 3100 Harvest Moon Drive		Transaction ID: SA11A1.21634	
City State Zip Code Palm Harbor FL 34683	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation 907 Whitehead Street Corporati President	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. W. Allen Morris</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 121 Alhambra Plaza, Penthouse 1		<b>Transaction ID: SA11A1.21108</b>	
City State Zip Code Coral Gables FL 33134		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation The Allen Morris Company Chairman & CEO			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. George D. Moutsatsos</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address P. O. Box 421		<b>Transaction ID: SA11A1.21177</b>	
City State Zip Code Rockland DE 19732		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Cardiology Consultants P.-A. Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Mario Murgado</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 7855 SW 83 Court		<b>Transaction ID: SA11A1.21575</b>	
City State Zip Code Miami FL 33143		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Brickell Motors President and Owner			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Mauro B. Nannini</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 6300 Caballero Boulevard		Transaction ID: SA11A1.20590	
City State Zip Code Coral Gables FL 33146		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation 4N Development, LLC. Construction Developers			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Mona M. Nasser</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 4890 S.W. 182nd Terrace		Transaction ID: SA11A1.21368	
City State Zip Code Fort Lauderdale FL 33331		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jose F. Navarro</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 10420 S.W. 87th Court		Transaction ID: SA11A1.20584	
City State Zip Code Miami FL 33176		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Navarro Discount Pharmacy Pharmacist			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Reinaldo Navarro		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 8585 NW 6th LANE Apartment 201		<b>Transaction ID:</b> SA11A1.21611	
City State Zip Code Miami FL 33126		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Navarro Discount Pharmacy Sales			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms Ann Y Newman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 1762 Street. Johns Court		<b>Transaction ID:</b> SA11A1.21518	
City State Zip Code Bloomfield Hills MI 48302		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Frank W. Kent President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms Nancy Norris		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address P O Box 1835		<b>Transaction ID:</b> SA11A1.21288	
City State Zip Code Key West FL 33041		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Interior Decorator			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Carlos Nunez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 1551 Bird Road		<b>Transaction ID:</b> SA11A1.20581	
City State Zip Code Coral Gables FL 33146		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Leon Medical Center Senior Vice President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Miguel A. Nunez, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 1210 Palermo Avenue		<b>Transaction ID:</b> SA11A1.21421	
City State Zip Code Coral Gables FL 33134		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Miguel A. Nunez, MD, PA Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms Patricia O'Brien		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 535 86 Street		<b>Transaction ID:</b> SA11A1.21570	
City State Zip Code New York NY 10028		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Unemployed Computer Programmer			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Phillis Oeters

Mailing Address **6812 San Vicente Street**

City **Coral Gables** State **FL** Zip Code **33148**

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

Name of Employer **Corp Vice-President** Occupation **Baptist Health South Florida**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  

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

**Transaction ID: SA11A1.21438**

Amount of Each Receipt this Period  
**500.00**

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Nieves Olemborg

Mailing Address **5212 North Bay Road**

City **Miami Beach** State **FL** Zip Code **33140**

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

Name of Employer **Olem Shoe Corporation** Occupation **Secretary/Treasurer**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	6

**Transaction ID: SA11A1.21110**

Amount of Each Receipt this Period  
**2100.00**

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Tom Operchal

Mailing Address **843 West Copa D'Ora Street**

City **Marathon** State **FL** Zip Code **33050**

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

Name of Employer **Thomas Operchal, MD** Occupation **Eye Surgeon**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	6

**Transaction ID: SA11A1.21786**

Amount of Each Receipt this Period  
**250.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Peter Panzarino

Mailing Address 107 East Argyle

City State Zip Code  
 Valley Stream NY 11580

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

Name of Employer Occupation  
 Saturn Employment President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 4 / 2 0 0 6

**Transaction ID:** SA11A1.21539

Amount of Each Receipt this Period  
 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Louis Pappan

Mailing Address 1198 Mulberry Street

City State Zip Code  
 Bridgewater PA 15009

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

Name of Employer Occupation  
 Pappan Properties President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 4 / 2 0 0 6

**Transaction ID:** SA11A1.21507

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Robert L. Parks

Mailing Address 330 Alhambra Circle

City State Zip Code  
 Coral Gables FL 33134

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

Name of Employer Occupation  
 Haggard, Parks, Haggard & Lewi Attorney at Law

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 7 / 2 0 0 6

**Transaction ID:** SA11A1.21698

Amount of Each Receipt this Period  
 250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael F. Parlamis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address <b>128 Downey Drive</b>		<b>Transaction ID: SA11A1.21178</b>	
City <b>Tenafly</b>	State <b>NJ</b>	Amount of Each Receipt this Period 500.00	
Zip Code <b>07670</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Frank Parlamis, Inc.</b>	Occupation <b>Engineer - Developer</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Herbert W. Payne</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address <b>14501 SW 21 Street</b>		<b>Transaction ID: SA11A1.20559</b>	
City <b>Davie</b>	State <b>FL</b>	Amount of Each Receipt this Period 1000.00	
Zip Code <b>33125</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>P&amp;L Towing &amp; Transportation, I</b>	Occupation <b>President and Captain</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms Laura Pearson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address <b>255 Sunrise Drive Apartment 101</b>		<b>Transaction ID: SA11A1.21492</b>	
City <b>Key Biscayne</b>	State <b>FL</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>33149</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>University of Miami</b>	Occupation <b>Registered Nurse</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Ms Alice Pena</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 14390 SW 199 Avenue		Transaction ID: SA11A1.21211	
City State Zip Code Miami FL 33196	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed Broker	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Mr. Demetrio Perez, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 904 SW 23 Avenue		Transaction ID: SA11A1.21105	
City State Zip Code Miami FL 33135	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation DP Real Estate Holdings Attorney	Election Cycle-to-Date 2100.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Mr. David A. Peyton</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 148 NE 18 Street		Transaction ID: SA11A1.21212	
City State Zip Code Homestead FL 33030-1702	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation 1st National Bank of S.Florida Banker	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Alicio A. Pina		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 15550 New Barn Road # 104		<b>Transaction ID:</b> SA11A1.21623	
City State Zip Code Miami Lakes FL 33014		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Royal Blue Real Estate			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Alan J. Pines		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 16 Microlab Road, Suite D		<b>Transaction ID:</b> SA11A1.21694	
City State Zip Code Livingston NJ 07039		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Millennium Homes Real Estate			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Gui Ponce de Leon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 226 W Liberty Street		<b>Transaction ID:</b> SA11A1.21913	
City State Zip Code Ann Arbor MI 48104		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation PMA Consultants, LLC. CEO			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ms Helen Poulos

Mailing Address 5 Bayberry Drive

City State Zip Code  
Broomall PA 19008

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

Name of Employer  
Elenis Tours

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.21189

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Manuel Prieguez

Mailing Address 4000 Malaga Avenue

City State Zip Code  
Miami FL 33133

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

Name of Employer  
Miami Municipal Strategies

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.20561

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Claudia Puig

Mailing Address 445 Grand Bay Drive, #411

City State Zip Code  
Key Biscayne FL 33149

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

Name of Employer  
Hispanic Broadcasting

Occupation  
Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: SA11A1.21477

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Porfirio Ramirez

Mailing Address 2361 SW 142 Avenue

City State Zip Code  
**Miami FL 33175**

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

Name of Employer Occupation  
Maribel Santa Cruz, MD, PA General Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID: SA11A1.21439**

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Raskosky

Mailing Address 626 Coral Way #1004

City State Zip Code  
**Coral Gables FL 33134**

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

Name of Employer Occupation  
El Novillo CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

**Transaction ID: SA11A1.21111**

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Judy Reinach

Mailing Address 365 Harbour Lane

City State Zip Code  
**Key Biscayne FL 33149**

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

Name of Employer Occupation  
Self Employed Bridge Instructor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 6

**Transaction ID: SA11A1.21987**

Amount of Each Receipt this Period  
250.00

In-kind - Invitations, Mailings & Fedex  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 77 / 145</span>
	(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)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. James A. Rhyne</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address <b>157 Sapodilla Drive</b>		<b>Transaction ID: SA11A1.21380</b>	
City State Zip Code <b>Islamorada FL 33036</b>		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation <b>Coconut Cay Resort Owner</b>			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Aliette Rodz</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address <b>10201 S.W.125th Street</b>		<b>Transaction ID: SA11A1.21605</b>	
City State Zip Code <b>Miami FL 33176</b>		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation <b>Shutts &amp; Bowen Attorney</b>			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jack Rosen</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address <b>18 East 85th Street</b>		<b>Transaction ID: SA11A1.21326</b>	
City State Zip Code <b>New York NY 10028</b>		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation <b>Rosen Partners Partner</b>			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Phyllis Rosen</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 18 East 85 Street		Transaction ID: SA11A1.21999	
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	In-kind - Event Expenses <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Homemaker Homemaker	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		2000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Bronwen S. Rutter</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 18920 S.W. 266 Street		Transaction ID: SA11A1.21214	
City State Zip Code Homestead FL 33031	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Seminole Theatre Executive Director	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		250.00	

Full Name (Last, First, Middle Initial) <b>C. Christian Sager</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 335 Harbor Drive		Transaction ID: SA11A1.21805	
City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation L.D. Parks Institute Executive	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Miguel Sagre

Mailing Address 5001 SW 87 Avenue

City State Zip Code  
Miami FL 33165

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

Name of Employer Services and Care at Home, Inc  
Occupation Employee

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: SA11A1.21615

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dr. Pejman Salimpour, MD

Mailing Address P O Box 261545

City State Zip Code  
Encino CA 91316

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

Name of Employer NexCare Collaborative  
Occupation CEO and President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.21818

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Vance E. Salter

Mailing Address 10361 S.W. 140 Street

City State Zip Code  
Miami FL 33176

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

Name of Employer Hunton & Williams  
Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.21143

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Gonzalo Sanabria</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 6	
Mailing Address 944 San Pedro Avenue		Transaction ID: SA11A1.21821	
City State Zip Code Coral Gables FL 33156		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Real Estate Works, Inc.	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Nabil El Sanadi</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5100 N. Ocean Boulevard # 518		Transaction ID: SA11A1.21151	
City State Zip Code Fort Lauderdale FL 33308-3009		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Michael S. Gordon, Inc.	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jose M. Sanchez</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 60 Edgewater Drive Apartment # 10 K		Transaction ID: SA11A1.21588	
City State Zip Code Coral Gables FL 33133		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Investor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Maria I. Santa Cruz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 3860 Flagler Street		Transaction ID: SA11A1.21442
City State Zip Code Coral Gables FL 33134	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Occupation Santa Cruz MD Physician	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. David Schaecter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 3 Grove Isle #310		Transaction ID: SA11A1.20601
City State Zip Code Coconut Grove FL 33133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Self Employed Investor	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Brian C. Schmitt		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 11100 Overseas Highway		Transaction ID: SA11A1.21290
City State Zip Code Marathon FL 33050	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Occupation Coldwell Banker Realtor	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Steve R. Schoedinger</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 4600 San Amaro Drive		Transaction ID: SA11A1.21911	
City State Zip Code Coral Gables FL 33146	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Chester Engineering Vice President	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>B. Mrs. Cire Shiver</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 15960 SW 250 Street		Transaction ID: SA11A1.21466	
City State Zip Code Homestead FL 33170	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	In-kind - <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Global Technology Partners Marketing Director	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>C. Mr. Roy S. Shiver</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 760 SW 6th Terrance		Transaction ID: SA11A1.21216	
City State Zip Code Florida City FL 33034	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Shiver Glass/FL City Owner Glass Shop/Vice Mayor	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 250.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Steve Shiver		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 15960 SW 250 Street		<b>Transaction ID:</b> SA11A1.21469
City State Zip Code Homestead FL 33170	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	In-kind - <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Global Technology Partners	Occupation Owner/President	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Sue Shiver		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 760 SW 6th Terrance		<b>Transaction ID:</b> SA11A1.21218
City State Zip Code Florida City FL 33034	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Shiver Glass	Occupation Owner	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Antonio M. Sierra		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 13693 Deering Bay Drive		<b>Transaction ID:</b> SA11A1.21682
City State Zip Code Miami FL 33158	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer BMI Financial Group, Inc.	Occupation Chairman	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Leonard Simkovitz</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address P.O. Box 52-2230		Transaction ID: SA11A1.21621	
City State Zip Code Miami FL 33152	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer International Air Leases	Occupation Director		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Pritam Singh</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address P. O. Box 501267		Transaction ID: SA11A1.21340	
City State Zip Code Marathon FL 33050	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Singh Company	Occupation Developer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Spencer C. Slate</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 1 Loquat Drive		Transaction ID: SA11A1.21291	
City State Zip Code Key Largo FL 33037	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Boat Charters	Occupation Business Owner - Tourism		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven Sonenreich

Mailing Address 4300 Alton Road

City State Zip Code  
Miami Beach FL 33140

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

Name of Employer Occupation  
Mount Sinai Hospital President - CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: SA11A1.21444

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms Lucia Soria

Mailing Address 9395 SW 108th Street

City State Zip Code  
Miami FL 33176

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: SA11A1.21607

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alfredo Sotolongo

Mailing Address 660 Calatrava Avenue

City State Zip Code  
Coral Gables FL 33143

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

Name of Employer Occupation  
Protec, Inc. Chief Executive Officer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.21783

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Claudine Soucy</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address <b>6300 Caballero Boulevard</b>		<b>Transaction ID: SA11A1.20592</b>	
City State Zip Code <b>Coral Gables FL 33146</b>		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Eric Spitz</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address <b>1015 Gayley Avenue # 385</b>		<b>Transaction ID: SA11A1.21795</b>	
City State Zip Code <b>Los Angeles CA 90024</b>		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer LGS, Inc.	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Elena Spottswood</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address <b>532 Caroline Street</b>		<b>Transaction ID: SA11A1.21975</b>	
City State Zip Code <b>Key West FL 33040</b>		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - Caterers and Event Expenses <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 87 / 145  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Ms Mary Anne Spottswood

Mailing Address **532 Caroline Street**

City **Key West** State **FL** Zip Code **33040**

FEC ID number of contributing federal political committee. C

Name of Employer **Student** Occupation **Student**

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID: SA11A1.21978**

Amount of Each Receipt this Period  
1000.00

In-kind - Caterers and Event Expenses  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address **532 Caroline Street**

City **Key West** State **FL** Zip Code **33040**

FEC ID number of contributing federal political committee. C

Name of Employer **The Spottswood Companies** Occupation **President**

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID: SA11A1.21972**

Amount of Each Receipt this Period  
1000.00

In-kind - Caterers and Event Expenses  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Stefatos

Mailing Address **27 Shelter Rock Road**

City **Manhasset** State **NY** Zip Code **11030**

FEC ID number of contributing federal political committee. C

Name of Employer **Vertical Design Construction** Occupation **Contractor**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 6

**Transaction ID: SA11A1.21696**

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms Donna Sternberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address <b>PO Box 98100</b>		<b>Transaction ID: SA11A1.21447</b>	
City State Zip Code <b>Baton Rouge LA 70898</b>		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Starmount Life Insurance Comp</b>	Occupation <b>Executive Vice President</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ms Linda B. Stulberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address <b>34038 Glouster Circle</b>		<b>Transaction ID: SA11A1.21332</b>	
City State Zip Code <b>Farmington Hills MI 48331</b>		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Self Employed/ Stand With Us</b>	Occupation <b>Volunteer Director</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Esteban Jesus Suarez</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address <b>2985 Jackson Avenue</b>		<b>Transaction ID: SA11A1.21591</b>	
City State Zip Code <b>Coconut Grove FL 33133</b>		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer <b>Edge Title Co.</b>	Occupation <b>Title Company Executive</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Esteban L Suarez</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 2985 Jackson Avenue		Transaction ID: SA11A1.21594	
City State Zip Code Coconut Grove FL 33133	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Jasco Construction Co. Construction Executive	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Mr. Jaime Suchlicki</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address One Grove Isle, Apartment 1605		Transaction ID: SA11A1.21678	
City State Zip Code Miami FL 33133	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation University of Miami Professor	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. J.S.L. Svendsen</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 151 Crandon Boulevard Apt 1200		Transaction ID: SA11A1.21478	
City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed Distributor	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Edwin O. Swift III		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address P.O.Box 1237		<b>Transaction ID:</b> SA11A1.21259	
City State Zip Code Key West FL 33041		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation HTA President		Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Douglas P. Teitelbaum		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 885 Third Avenue		<b>Transaction ID:</b> SA11A1.21311	
City State Zip Code Manhattan NY 10022		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Bay Harbor Management Management Consulting		Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Allen J. Thomson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 2333 Brickell Avenue #1716		<b>Transaction ID:</b> SA11A1.21908	
City State Zip Code Miami FL 33129		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Civil Engineer		Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Daniel P. Toppino		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address P O Box 787		<b>Transaction ID:</b> SA11A1.21250
City State Zip Code Key West FL 33041	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Charley Toppino & Sons, Inc. Assistant Secretary	Election Cycle-to-Date 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		750.00

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Frank P. Toppino		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address P O Box 787		<b>Transaction ID:</b> SA11A1.21070
City State Zip Code Key West FL 33040-6244	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Charley Toppino & Son Contractor	Election Cycle-to-Date 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		2000.00

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Nancy Toppino		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address P O Box 787		<b>Transaction ID:</b> SA11A1.21071
City State Zip Code Key West FL 33040	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker	Election Cycle-to-Date 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 145
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Gus Tsionas</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 114 Hedge Apple Lane Sedgely Farms Greenville		Transaction ID: SA11A1.21191	
City Greenville State DE Zip Code 19807	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Mr. Geroge J. Tsunis</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 2 Meahon Place		Transaction ID: SA11A1.21309	
City Centerport State NY Zip Code 11721	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Rivkin Radler, LLP. Occupation Attorney	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Mrs. Irene Ulivi De Perez</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 430 Grand Bay Drive #1401		Transaction ID: SA11A1.20594	
City Key Biscayne State FL Zip Code 33149	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sazingg Occupation Jewelry Designer	Election Cycle-to-Date 3600.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms. Sylvia Ulrich</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address <b>235 Solano Prado</b>		Transaction ID: SA11A1.21067	
City State Zip Code <b>Coral Gables FL 33156</b>		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Westchester General Hospital	Occupation President/Chairman of the Board		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Sylvia Ulrich</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address <b>235 Solano Prado</b>		Transaction ID: SA11A1.21246	
City State Zip Code <b>Coral Gables FL 33156</b>		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Westchester General Hospital	Occupation President/Chairman of the Board		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Gonzalo Valdes-Fauli</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address <b>1111 Crandon Boulevard, Apt B1008</b>		Transaction ID: SA11A1.21791	
City State Zip Code <b>Key Biscayne FL 33149</b>		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired Banker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Emilio J. Vazquez

Mailing Address PO Box 143540

City State Zip Code  
Coral Gables FL 33114

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

Name of Employer Occupation  
Capitolium Group President - CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

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

Transaction ID: SA11A1.21451

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Vince Vazquez

Mailing Address 9545 S.W. 70th Street

City State Zip Code  
Miami FL 33173

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

Name of Employer Occupation  
Broadband Sector Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

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

Transaction ID: SA11A1.21547

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Vincent J. Vento

Mailing Address 2208 South Miami Avenue

City State Zip Code  
Miami FL 33129

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

Name of Employer Occupation  
ATC Advanced Technology CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.21771

Amount of Each Receipt this Period  
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Mario I. Vicente</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 5120 SW 76 Street		Transaction ID: SA11A1.21457	
City State Zip Code Miami FL 33143	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fresca Farms, LLC.	Occupation Business Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Fernando Vidal</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 1330 Coral Way, #3A		Transaction ID: SA11A1.21679	
City State Zip Code Miami FL 33145	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed	Occupation Accountant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jose M. Villa</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2335 W. 12 Avenue		Transaction ID: SA11A1.21156	
City State Zip Code Hialeah FL 33010	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cinderella Schools, Inc	Occupation Business Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mrs. MariElena Villamil</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1256 Sorolla Avenue		Transaction ID: SA11A1.21554	
City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Washington Economic Group	Occupation Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ms Cathleen Vogel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 3240 Corporate Way		Transaction ID: SA11A1.21384	
City State Zip Code Miramar FL 33025-3910	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Catalina Group, Inc.	Occupation Government Realtions		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. James V. Volpe</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 179 Old White Plains Road		Transaction ID: SA11A1.21543	
City State Zip Code Tarrytown NY 10591	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Investor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Charles Wang</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 126 East 56 Street, 24th Floor		Transaction ID: SA11A1.21313	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Rosen Partners Partner	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert A Waugh</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address Box 3032 Duke Medical Center		Transaction ID: SA11A1.21149	
City State Zip Code Durham NC 27710	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Michael S. Gordon, Inc. Physician	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Ms Shui-Yeh Wei</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 4034 157 Street		Transaction ID: SA11A1.21338	
City State Zip Code Flushing NY 11354	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation New York University Hospital Pharmacist	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 Ms Vivien Weissman Howard

Mailing Address 1030 Fifth Avenue

City State Zip Code  
 New York NY 10028

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

Name of Employer Occupation  
 Self-employed Private Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 6

**Transaction ID:** SA11A1.21826

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Hugh A. Westbrook

Mailing Address 158 S. Prospect Drive

City State Zip Code  
 Coral Gables FL 33133

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

Name of Employer Occupation  
 Merrill Stevens Owner and Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2100.00

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

**Transaction ID:** SA11A1.20552

Amount of Each Receipt this Period  
 2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Dave Wilberding

Mailing Address 1829 Woods Edge Drive

City State Zip Code  
 Leesburg VA 20176

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

Name of Employer Occupation  
 STIDD Systems, Inc. Vice-President & Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 5 / 2 0 0 6

**Transaction ID:** SA11A1.21394

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Carole Wilson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 501 SW 11 Place, Suite 113B Corinthian Gardens		Transaction ID: SA11A1.21453	
City State Zip Code Boca Raton FL 33432		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Arbonne International Independent Consultant			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Allan H. Wimer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address P.O.Box 4920		Transaction ID: SA11A1.21262	
City State Zip Code Key West FL 33041-4920		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. J. Calvin Winter		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 6220 S.W. 123rd Terrace		Transaction ID: SA11A1.21782	
City State Zip Code Miami FL 33156		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-Employed Consultant Actuary			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Norman Wood, Sr.

Mailing Address 1021 Washington Street

City State Zip Code  
Key West FL 33040

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

Name of Employer Occupation  
First State Bank Retired - Board Member

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: SA11A1.21264

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Douglas B. Wright

Mailing Address P.O.Box 1933

City State Zip Code  
Key West FL 33041-1933

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

Name of Employer Occupation  
Spottswood Companies General Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: SA11A1.21233

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Anthony J. Yaniz

Mailing Address 2213 Flagler Avenue

City State Zip Code  
Key West FL 33040

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

Name of Employer Occupation  
Spottswood Companies Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: SA11A1.21235

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ms Qing Ye

Mailing Address 126 East 56th Street, 22nd Floor

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Rosen Partners Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.21315

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter N. Yiannos

Mailing Address 2304 Empire Drive

City State Zip Code  
Wilmington DE 19810

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.21193

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ming-Lon Young

Mailing Address 7600 SW 124 Street

City State Zip Code  
Miami FL 33156

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

Name of Employer Occupation  
University of Miami Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

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

Transaction ID: SA11A1.20583

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Dina N. Younis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 6380 SW 145 Terrace		<b>Transaction ID:</b> SA11A1.21455	
City State Zip Code Coral Gables FL 33158		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Ramzi T. Younis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 6380 SW 145 Street		<b>Transaction ID:</b> SA11A1.21846	
City State Zip Code Coral Gables FL 33158		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation University of Miami Chief, Pediatric Otolaryngology			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Alex T. Zakharia		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 245 Harbor Drive		<b>Transaction ID:</b> SA11A1.21489	
City State Zip Code Key Biscayne FL 33149-1217		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Cardiovascular Surgeon			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	195365.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 145
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AKERMAN, SENTERFITT &amp; EIDSON PA - PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 255 South Orange Avenue		<b>Transaction ID: SA11C.21115</b>	
City State Zip Code Orlando FL 32801	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C C00280008</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 555 Pleasantville Road North Building, Suite 120		<b>Transaction ID: SA11C.21295</b>	
City State Zip Code Briarcliff Manor NY 10510	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C C00278689</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 7910 Woodmont Avenue Suite 1050		<b>Transaction ID: SA11C.21684</b>	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C C00401695</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 104 / 145
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>11 / 04 / 2006</b>
Mailing Address <b>1120 Connecticut Avenue NW</b>		<b>Transaction ID: SA11C.21300</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20036</b>	Amount of Each Receipt this Period <b>1500.00</b>	
FEC ID number of contributing federal political committee. <b>C C00004275</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>9000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN CRYSTAL SUGAR COMPANY PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>10 / 29 / 2006</b>
Mailing Address <b>101 North Third Street</b>		<b>Transaction ID: SA11C.21114</b>
City <b>Moorhead</b> State <b>MN</b> Zip Code <b>56560</b>	Amount of Each Receipt this Period <b>2000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00110338</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. American Foreign Service Association Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>10 / 26 / 2006</b>
Mailing Address <b>2101 E Street NW</b>		<b>Transaction ID: SA11C.21075</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20037</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00374363</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 105 / 145  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN INTERNATIONAL GROUP INC. EMPLOYEE PAC**

Mailing Address **70 Pine Street**  
**19th Floor**

City **New York** State **NY** Zip Code **10270**

FEC ID number of contributing federal political committee. **C C00097725**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**1 1 / 0 4 / 2 0 0 6**

**Transaction ID: SA11C.21297**

Amount of Each Receipt this Period  
**2500.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**American Medical Association Political Action Committee**

Mailing Address **1101 Vermont Avenue, N.W.**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

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

**Transaction ID: SA11C.20550**

Amount of Each Receipt this Period  
**4000.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**AMERICANS FOR THE ARTS ACTION FUND PAC**

Mailing Address **1000 Vermont Avenue NW**  
**6th Floor**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00410126**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**1 1 / 0 4 / 2 0 0 6**

**Transaction ID: SA11C.21516**

Amount of Each Receipt this Period  
**500.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 106 / 145  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE (A F I F P A C)**  
 Mailing Address **8725 N.W. 18th Terrace, #106**  
 City **Miami** State **FL** Zip Code **33172**  
 FEC ID number of contributing federal political committee. **C C00173161**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 21 / 2006**  
**Transaction ID: SA11C.20568**  
 Amount of Each Receipt this Period  
**1000.00**  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**B. CITY POLITICAL ACTION COMMITTEE (CITYPAC)**  
 Mailing Address **P.O. Box 1198**  
 City **Chicago** State **IL** Zip Code **60690**  
 FEC ID number of contributing federal political committee. **C C00187526**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 21 / 2006**  
**Transaction ID: SA11C.20570**  
 Amount of Each Receipt this Period  
**2000.00**  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**C. COMCAST CORP. POLITICAL ACTION COMMITTEE**  
 Mailing Address **1500 Market Street  
35th Floor**  
 City **Philadelphia** State **PA** Zip Code **19102**  
 FEC ID number of contributing federal political committee. **C C00248716**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 29 / 2006**  
**Transaction ID: SA11C.21112**  
 Amount of Each Receipt this Period  
**1000.00**  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 107 / 145  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dade County Fire Fighters Local 1403 PAC**  
 Mailing Address **8000 NW 21 Street, Suite 222**  
 City **Miami** State **FL** Zip Code **33122**  
 FEC ID number of contributing federal political committee. **C C00130187**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 27 / 2006**  
**Transaction ID: SA11C.21064**  
 Amount of Each Receipt this Period  
**1000.00**  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
**FINANCIAL SERVICE CENTERS OF AMERICA INC.**  
 Mailing Address **Court Plaza No. 25 Main St  
 PO Box 647**  
 City **Hackensack** State **NJ** Zip Code **07602**  
 FEC ID number of contributing federal political committee. **C C00232843**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 27 / 2006**  
**Transaction ID: SA11C.21197**  
 Amount of Each Receipt this Period  
**500.00**  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
**FLORIDA FOR AMERICAS FUTURE PAC**  
 Mailing Address **100 South Biscayne Boulevard  
 15th Floor**  
 City **Miami** State **FL** Zip Code **33131**  
 FEC ID number of contributing federal political committee. **C C00400242**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 21 / 2006**  
**Transaction ID: SA11C.20554**  
 Amount of Each Receipt this Period  
**2100.00**  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3600.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 108 / 145  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 Indian American Republican PAC  
 Mailing Address PO Box 2485  
 City State Zip Code  
 Springfield VA 22152  
 FEC ID number of contributing federal political committee. **C** C00427898  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 6 / 2 0 0 6  
**Transaction ID:** SA11C.21643  
 Amount of Each Receipt this Period  
 250.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
 NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC. POLITICAL ACTION COMMITTEE  
 Mailing Address P O Box 1417-D49  
 City State Zip Code  
 Alexandria VA 22313  
 FEC ID number of contributing federal political committee. **C** C00022368  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6  
**Transaction ID:** SA11C.21392  
 Amount of Each Receipt this Period  
 500.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
 NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE  
 Mailing Address 430 North Michigan Avenue  
 City State Zip Code  
 Chicago IL 60611  
 FEC ID number of contributing federal political committee. **C** C00030718  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 6  
**Transaction ID:** SA11C.20566  
 Amount of Each Receipt this Period  
 2000.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 145
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. National Beer Wholesalers Association Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1101 King Street, Suite 600		Transaction ID: SA11C.21077
City Alexandria State VA Zip Code 22314	FEC ID number of contributing federal political committee. <b>C</b> C00144766	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL UTILITY CONTRACTORS ASSOCIATION LEGISLATIVE INFORMATION AND ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 4301 North Fairfax Drive Suite 360		Transaction ID: SA11C.21552
City Arlington State VA Zip Code 22203	FEC ID number of contributing federal political committee. <b>C</b> C00004101	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. PARSONS CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 100 West Walnut Street T-1110		Transaction ID: SA11C.21403
City Pasadena State CA Zip Code 91124	FEC ID number of contributing federal political committee. <b>C</b> C00103549	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE

Mailing Address PO BOX 1986

City State Zip Code  
New Britain CT 06050

FEC ID number of contributing federal political committee. **C** C00145607

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

**Transaction ID:** SA11C.21501

Amount of Each Receipt this Period  
100.00

Refund of Excess Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Rinker Materials Corporations Political Action Committee

Mailing Address 1501 Belvedere Road

City State Zip Code  
West Palm Beach FL 33406

FEC ID number of contributing federal political committee. **C** C00318204

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

**Transaction ID:** SA11C.21526

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
SEIU C.O.P.E. Fund

Mailing Address 1313 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C70004122

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

**Transaction ID:** SA11C.21683

Amount of Each Receipt this Period  
2500.00

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

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

3100.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 145
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> TAIWANESE AMERICAN VICTORY FUND - PAC AKA TAVF-PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 273 Wyckoff Ave		Transaction ID: SA11C.21299
City State Zip Code Brooklyn NY 11237	FEC ID number of contributing federal political committee. <b>C</b> C00385435	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> United Parcel Service Inc. Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 55 Glenlake Parkway N.E.		Transaction ID: SA11C.21515
City State Zip Code Atlanta GA 30328	FEC ID number of contributing federal political committee. <b>C</b> C00064766	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> United Parcel Service Inc. Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 55 Glenlake Parkway N.E.		Transaction ID: SA11C.21686
City State Zip Code Atlanta GA 30328	FEC ID number of contributing federal political committee. <b>C</b> C00064766	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	43950.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 145
	<input 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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

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

Mailing Address P.O. Box 89810

City State Zip Code  
Sioux Falls SD 57105-9058

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5673.07

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

**Transaction ID:** SA15.21389

Amount of Each Receipt this Period  
440.66

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

**B.** Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address P O Box 2948

City State Zip Code  
Wichita KS 67201

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
415.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 6

**Transaction ID:** SA15.21700

Amount of Each Receipt this Period  
415.30

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

**C.** Full Name (Last, First, Middle Initial)  
Beal Bank

Mailing Address 15770 Dallas Parkway, Suite 100

City State Zip Code  
Dallas TX 75248

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6209.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

**Transaction ID:** SA15.21938

Amount of Each Receipt this Period  
384.17

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1240.13
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 145
	<input 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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Capital One</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 4199		<b>Transaction ID: SA15.21709</b>	
City State Zip Code Houston TX 77210-4199	Amount of Each Receipt this Period 422.98		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 422.98		

Full Name (Last, First, Middle Initial) <b>E*Tradebank</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address P. O. Box 1542 671 N. Glebe Road		<b>Transaction ID: SA15.21650</b>	
City State Zip Code Merrifield VA 22116-1542	Amount of Each Receipt this Period 439.81		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 11912.81		

Full Name (Last, First, Middle Initial) <b>E*Tradebank</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address P. O. Box 1542 671 N. Glebe Road		<b>Transaction ID: SA15.21651</b>	
City State Zip Code Merrifield VA 22116-1542	Amount of Each Receipt this Period 455.38		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 12368.19		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1318.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 114 / 145
	(check only one)	
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ROS-LEHTINEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 KeyBank National Association

Mailing Address P. O. Box 655

City Albany State NY Zip Code 12201-0655

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 442.84

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 7 / 2 0 0 6

**Transaction ID: SA15.21935**

Amount of Each Receipt this Period  
 442.84

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

**B.** Full Name (Last, First, Middle Initial)  
 M&T Bank, N.A.

Mailing Address 48 Main Street

City Oakfield State NY Zip Code 14125

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5605.86

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

**Transaction ID: SA15.21388**

Amount of Each Receipt this Period  
 390.33

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>833.17</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3391.47</b>

**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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Angie Printing</b>		<b>Transaction ID:</b> SB17.21852 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 6341 NW 87 Avenue		Amount of Each Disbursement this Period 572.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33178		
Purpose of Disbursement Printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AOL Billing Operations &amp; Services</b>		<b>Transaction ID:</b> SB17.21896 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 17200		Amount of Each Disbursement this Period 30.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jacksonville State FL Zip Code 32295		
Purpose of Disbursement Internet Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BellSouth</b>		<b>Transaction ID:</b> SB17.21853 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 70807		Amount of Each Disbursement this Period 46.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlotte State NC Zip Code 28272-0807		
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>650.23</b>
<b>TOTAL</b> 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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. BellSouth</b>		Transaction ID: SB17.21721 Date of Disbursement 10 / 29 / 2006	
Mailing Address P.O. Box 70807		Amount of Each Disbursement this Period 32.86	
City Charlotte State NC Zip Code 28272-0807	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Campaign Secrets LLC</b>		Transaction ID: SB17.21873 Date of Disbursement 10 / 19 / 2006	
Mailing Address 1765 Ridgemill Terrace		Amount of Each Disbursement this Period 77.00	
City Dacula State GA Zip Code 30019	Purpose of Disbursement Internet Handling Fee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Campaign Secrets LLC</b>		Transaction ID: SB17.21894 Date of Disbursement 11 / 02 / 2006	
Mailing Address 1765 Ridgemill Terrace		Amount of Each Disbursement this Period 250.00	
City Dacula State GA Zip Code 30019	Purpose of Disbursement Internet Handling Fee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	359.86
<b>TOTAL</b> 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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Campaign Secrets LLC</b>		<b>Transaction ID:</b> SB17.21895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1765 Ridgemill Terrace		Amount of Each Disbursement this Period 156.00
City Dacula State GA Zip Code 30019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet Handling Fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Campaign Secrets LLC</b>		<b>Transaction ID:</b> SB17.21897 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1765 Ridgemill Terrace		Amount of Each Disbursement this Period 250.00
City Dacula State GA Zip Code 30019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet Handling Fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Campaign Secrets LLC</b>		<b>Transaction ID:</b> SB17.21898 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1765 Ridgemill Terrace		Amount of Each Disbursement this Period 250.00
City Dacula State GA Zip Code 30019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet Handling Fee Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	656.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Campaign Secrets LLC</b>		<b>Transaction ID:</b> SB17.21899 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1765 Ridgemill Terrace		Amount of Each Disbursement this Period 101.26
City Dacula State GA Zip Code 30019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet Handling Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cash</b>		<b>Transaction ID:</b> SB17.21870 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 52-2784		Amount of Each Disbursement this Period 100.00
City Miami State FL Zip Code 33152-2784	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Petty Cash Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Conch Color Magazine</b>		<b>Transaction ID:</b> SB17.21835 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 314 Simonton Street		Amount of Each Disbursement this Period 4200.00
City Key West State FL Zip Code 33040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4401.26
<b>TOTAL</b> 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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Coral Gables Gazette</b>		<b>Transaction ID:</b> SB17.21859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 280 Ponce de Leon Boulevard #860		Amount of Each Disbursement this Period 4997.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coral Gables State FL Zip Code 33134	Purpose of Disbursement Advertising Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Crystal Cleaners</b>		<b>Transaction ID:</b> SB17.21892 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 562 23 Street		Amount of Each Disbursement this Period 56.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202	Purpose of Disbursement Event Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Victoria Cummock</b>		<b>Transaction ID:</b> SB17.21971 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 7310 SW 47 Court		Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33173	Purpose of Disbursement In-kind - Caterers, Bartenders & Misc. Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7153.80</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

<p><b>A.</b> Mr. Gjergj Dedvukaj</p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> SB17.22004</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>
<p>Mailing Address 2343 Arthur Avenue</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Bronx State NY Zip Code 10458</p>	<p>Purpose of Disbursement In-kind - Event Expenses</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B.</b> Diario Las Americas</p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> SB17.21869</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>
<p>Mailing Address P.O. Box 593177</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3768.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Miami State FL Zip Code 33159</p>	<p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C.</b> Digital Waves Sound Production, Inc.</p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> SB17.21748</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>
<p>Mailing Address 12214 SW 263 Terrace</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Homestead State FL Zip Code 33032</p>	<p>Purpose of Disbursement Advertisement</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4468.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



# 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 121 / 145

<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mrs. Cassandra Earle</b>		<b>Transaction ID: SB17.21995</b> Date of Disbursement 10 / 28 / 2006	
Mailing Address 280 Harbor Drive		Amount of Each Disbursement this Period 1900.00	
City Key Biscayne State FL Zip Code 33149	Purpose of Disbursement In-kind - Cocktails, Valets & Music	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Mr. William G. Earle</b>		<b>Transaction ID: SB17.21992</b> Date of Disbursement 10 / 28 / 2006	
Mailing Address 280 Harbor Drive		Amount of Each Disbursement this Period 2100.00	
City Key Biscayne State FL Zip Code 33149	Purpose of Disbursement In-kind - Food, Beverage & Caterer	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Ms Maria Cristina Estopinan</b>		<b>Transaction ID: SB17.21885</b> Date of Disbursement 10 / 27 / 2006	
Mailing Address 1099 NW 27 Court #18		Amount of Each Disbursement this Period 206.18	
City Miami State FL Zip Code 33125	Purpose of Disbursement Event Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4206.18</b>
<b>TOTAL</b> 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 122 / 145

<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Express Travel</b>		<b>Transaction ID:</b> SB17.21930 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 395 Alhambra #301		Amount of Each Disbursement this Period 2352.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coral Gables State FL Zip Code 33134		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Express Travel</b>		<b>Transaction ID:</b> SB17.21834 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 395 Alhambra #301		Amount of Each Disbursement this Period 875.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coral Gables State FL Zip Code 33134		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Wen-Lin L. Fan</b>		<b>Transaction ID:</b> SB17.21998 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 7 Lockhern Drive		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Livingston State NJ Zip Code 07039		
Purpose of Disbursement In-kind - Food Tidbits & Beverages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4227.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Fed Ex Corporation</b>		<b>Transaction ID:</b> SB17.21854 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 127.20
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fed Ex Corporation</b>		<b>Transaction ID:</b> SB17.21757 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 181.92
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fed Ex Corporation</b>		<b>Transaction ID:</b> SB17.21732 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 35.20
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>344.32</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Fed Ex Corporation</b>		<b>Transaction ID:</b> SB17.21872 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 35.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-1140		
Purpose of Disbursement Delivery Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Florida Unemployment Compensation Fund</b>		<b>Transaction ID:</b> SB17.21726 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 5050 W. Tennessee St.		Amount of Each Disbursement this Period 1220.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tallahassee State FL Zip Code 32399-0180		
Purpose of Disbursement F-1120ES 4th Installment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Roy Blunt</b>		<b>Transaction ID:</b> SB17.21901 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 209 Pennsylvania Avenue		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3255.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Gables Studio</b>		<b>Transaction ID:</b> SB17.21758 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 17325 NW 27 Avenue		Amount of Each Disbursement this Period 716.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33054	Purpose of Disbursement Photography Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Islas Canarias Bakery &amp; Specialties</b>		<b>Transaction ID:</b> SB17.21867 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 3804 SW 137 Av		Amount of Each Disbursement this Period 84.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33175	Purpose of Disbursement Food for Volunteers Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Islas Canarias Bakery &amp; Specialties</b>		<b>Transaction ID:</b> SB17.21736 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 3804 SW 137 Av		Amount of Each Disbursement this Period 65.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33175	Purpose of Disbursement Food for Volunteers Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	866.70
<b>TOTAL</b> 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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Islas Canarias Bakery &amp; Specialties</b>		<b>Transaction ID:</b> SB17.21746 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 3804 SW 137 Av		Amount of Each Disbursement this Period 112.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33175	Purpose of Disbursement Food for Volunteers Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. La Politica Comica</b>		<b>Transaction ID:</b> SB17.21759 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 137 SW 57 Avenue		Amount of Each Disbursement this Period 625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33144	Purpose of Disbursement Media Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. La Suiza Bakery</b>		<b>Transaction ID:</b> SB17.21754 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 8566 SW 8 Street		Amount of Each Disbursement this Period 45.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33144	Purpose of Disbursement Food for Volunteers Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	782.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. La Verdad</b>		<b>Transaction ID:</b> SB17.21868 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 10371 SW 44 Street Attn: Marietta Fandino		Amount of Each Disbursement this Period 1500.00
City Miami State FL Zip Code 33135	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. La Verdad</b>		<b>Transaction ID:</b> SB17.21840 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 10371 SW 44 Street Attn: Marietta Fandino		Amount of Each Disbursement this Period 1500.00
City Miami State FL Zip Code 33135	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. La Voz De La Calle</b>		<b>Transaction ID:</b> SB17.21841 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 4696 East 10 Court Attn: Vicente Rodriguez		Amount of Each Disbursement this Period 800.00
City Hialeah State FL Zip Code 33013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Libertad News</b>		<b>Transaction ID:</b> SB17.21749 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 825 SW 28 Road		Amount of Each Disbursement this Period 960.00
City Miami State FL Zip Code 33129	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Litho-Craft Printers Inc.</b>		<b>Transaction ID:</b> SB17.21883 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 194 NW 7 Street		Amount of Each Disbursement this Period 149.27
City Homestead State FL Zip Code 33030	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Maria Cristina Marin</b>		<b>Transaction ID:</b> SB17.22006 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 7300 SW 75 Avenue		Amount of Each Disbursement this Period 1000.00
City Miami State FL Zip Code 33143	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Caterers and Event Expenses	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2109.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mrs. Maria Cristina Marin</b>		<b>Transaction ID:</b> SB17.22009 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 7300 SW 75 Avenue		Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33143	Purpose of Disbursement In-kind - Caterers and Event Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Marin and Sons</b>		<b>Transaction ID:</b> SB17.21861 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 16155 SW 117 Avenue		Amount of Each Disbursement this Period 40700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33177	Purpose of Disbursement Mailer Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Marin and Sons</b>		<b>Transaction ID:</b> SB17.21862 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 16155 SW 117 Avenue		Amount of Each Disbursement this Period 900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33177	Purpose of Disbursement Mailer Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>42300.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Marin and Sons</b>		<b>Transaction ID:</b> SB17.21863 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 16155 SW 117 Avenue		Amount of Each Disbursement this Period 6380.00
City Miami State FL Zip Code 33177	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mailer	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Marin and Sons</b>		<b>Transaction ID:</b> SB17.21865 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 16155 SW 117 Avenue		Amount of Each Disbursement this Period 33618.00
City Miami State FL Zip Code 33177	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mailer	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Marin and Sons</b>		<b>Transaction ID:</b> SB17.21866 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 16155 SW 117 Avenue		Amount of Each Disbursement this Period 47404.00
City Miami State FL Zip Code 33177	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mailer	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	87402.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Marin and Sons</b>		<b>Transaction ID: SB17.21891</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 16155 SW 117 Avenue		Amount of Each Disbursement this Period 550.00	
City Miami State FL Zip Code 33177	Purpose of Disbursement Mailers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Marin and Sons</b>		<b>Transaction ID: SB17.21837</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 16155 SW 117 Avenue		Amount of Each Disbursement this Period 400.00	
City Miami State FL Zip Code 33177	Purpose of Disbursement Graphics Designs	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Marin and Sons</b>		<b>Transaction ID: SB17.21838</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 16155 SW 117 Avenue		Amount of Each Disbursement this Period 59360.00	
City Miami State FL Zip Code 33177	Purpose of Disbursement Mailers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	60310.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Marin and Sons</b>		<b>Transaction ID:</b> SB17.21839 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 16155 SW 117 Avenue		Amount of Each Disbursement this Period 5275.00
City Miami State FL Zip Code 33177	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mailers	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jeremy Martini</b>		<b>Transaction ID:</b> SB17.21761 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 3841 N. Chesterbrook Road		Amount of Each Disbursement this Period 21.00
City Arlington State VA Zip Code 22207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursemet	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Mercy Mesa</b>		<b>Transaction ID:</b> SB17.21986 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 10601 SW 67 Court		Amount of Each Disbursement this Period 1600.00
City Pinecrest State FL Zip Code 33156	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Caterers and Event Expenses	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6896.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Tomas Mesa</b>		<b>Transaction ID:</b> SB17.21983 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 10601 SW 67 Court		Amount of Each Disbursement this Period 1600.00
City State Zip Code Pinecrest FL 33156	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Caterers and Event Expenses		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Miller Publishing</b>		<b>Transaction ID:</b> SB17.21878 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 1970		Amount of Each Disbursement this Period 7200.00
City State Zip Code South Miami FL 33143	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Morgan, Meredith &amp; Associates</b>		<b>Transaction ID:</b> SB17.21887 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 4451 Brookfield Corporation Drive Suite 200		Amount of Each Disbursement this Period 2449.04
City State Zip Code Chantilly VA 20151	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11249.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Committee</b>		<b>Transaction ID:</b> SB17.21889 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 320 First Street		Amount of Each Disbursement this Period 44724.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Transfer for excess funds		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		<b>Transaction ID:</b> SB17.21876 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 8601 SW 40th Street		Amount of Each Disbursement this Period 297.82
City Miami State FL Zip Code 33186	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		<b>Transaction ID:</b> SB17.21877 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 8601 SW 40th Street		Amount of Each Disbursement this Period 62.34
City Miami State FL Zip Code 33186	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	45084.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		<b>Transaction ID:</b> SB17.21737 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 8601 SW 40th Street		Amount of Each Disbursement this Period 308.13
City Miami State FL Zip Code 33186	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Radio Ritmo</b>		<b>Transaction ID:</b> SB17.21734 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address P.O.Box 420249		Amount of Each Disbursement this Period 540.00
City Summerland Key State FL Zip Code 33042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Judy Reinach</b>		<b>Transaction ID:</b> SB17.21989 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 365 Harbour Lane		Amount of Each Disbursement this Period 250.00
City Key Biscayne State FL Zip Code 33149	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Invitations, Mailings & Fedex	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1098.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Renaissance Ballrooms, Inc.</b>		<b>Transaction ID:</b> SB17.21882 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 5910 SW 8th Street		Amount of Each Disbursement this Period 2548.34
City Miami State FL Zip Code 33134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rise Strategies</b>		<b>Transaction ID:</b> SB17.21879 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 2655 Le Jeune Road Suite 516		Amount of Each Disbursement this Period 1800.00
City Coral Gables State FL Zip Code 33134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rise Strategies</b>		<b>Transaction ID:</b> SB17.21886 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 2655 Le Jeune Road Suite 516		Amount of Each Disbursement this Period 950.00
City Coral Gables State FL Zip Code 33134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5298.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mrs. Phyllis Rosen</b>		<b>Transaction ID:</b> SB17.22001 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 18 East 85 Street		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10028	Purpose of Disbursement In-kind - Event Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Mr. Juan Carlos Santiesteban</b>		<b>Transaction ID:</b> SB17.21752 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 8541 NW 7 Street		Amount of Each Disbursement this Period 29.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33126	Purpose of Disbursement Food for Volunteers Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Mr. Juan Carlos Santiesteban</b>		<b>Transaction ID:</b> SB17.21753 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 8541 NW 7 Street		Amount of Each Disbursement this Period 412.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33126	Purpose of Disbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2441.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Savuti Gallery &amp; Promotions</b>		<b>Transaction ID:</b> SB17.21750 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 2631 River Rock Circle		Amount of Each Disbursement this Period 658.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fayetteville State AR Zip Code 72703		
Purpose of Disbursement T- Shirts Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Savuti Gallery &amp; Promotions</b>		<b>Transaction ID:</b> SB17.21893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 2631 River Rock Circle		Amount of Each Disbursement this Period 3047.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fayetteville State AR Zip Code 72703		
Purpose of Disbursement T- Shirts Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Cire Shiver</b>		<b>Transaction ID:</b> SB17.21468 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 15960 SW 250 Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Homestead State FL Zip Code 33170		
Purpose of Disbursement In-kind - Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4205.63
<b>TOTAL</b> 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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Steve Shiver</b>		<b>Transaction ID:</b> SB17.21471 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 15960 SW 250 Street		Amount of Each Disbursement this Period 500.00
City Homestead State FL Zip Code 33170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Spotlight</b>		<b>Transaction ID:</b> SB17.21884 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 3675 SW 13 Terrace Attn: Waldo Perez-Perez		Amount of Each Disbursement this Period 1000.00
City Miami State FL Zip Code 33145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Elena Spottswood</b>		<b>Transaction ID:</b> SB17.21977 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 532 Caroline Street		Amount of Each Disbursement this Period 1000.00
City Key West State FL Zip Code 33040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Caterers and Event Expenses Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Ms Mary Anne Spottswood</b>		<b>Transaction ID: SB17.21980</b> Date of Disbursement 11 / 06 / 2006
Mailing Address 532 Caroline Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Key West	State FL	
Zip Code 33040	Category/Type	
Purpose of Disbursement In-kind - Caterers and Event Expenses		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert Spottswood</b>		<b>Transaction ID: SB17.21974</b> Date of Disbursement 11 / 06 / 2006
Mailing Address 532 Caroline Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Key West	State FL	
Zip Code 33040	Category/Type	
Purpose of Disbursement In-kind - Caterers and Event Expenses		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>		<b>Transaction ID: SB17.21874</b> Date of Disbursement 10 / 23 / 2006
Mailing Address 8699 NW 36 Street		Amount of Each Disbursement this Period 6.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami	State FL	
Zip Code 33166	Category/Type	
Purpose of Disbursement Bank Charge		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2006.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. SunTrust Bank</b>		<b>Transaction ID:</b> SB17.21875 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 8699 NW 36 Street		Amount of Each Disbursement this Period 6.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33166		
Purpose of Disbursement Bank Charge Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tamiami Canal Co. LLC</b>		<b>Transaction ID:</b> SB17.21880 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 12134 SW 117 Court		Amount of Each Disbursement this Period 802.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33186		
Purpose of Disbursement Rent Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Keys Citizen</b>		<b>Transaction ID:</b> SB17.21858 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 3420 Northside Drive		Amount of Each Disbursement this Period 477.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Key West State FL Zip Code 33042		
Purpose of Disbursement Advertising Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1285.68</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. The Weekly Newspaper</b>		<b>Transaction ID:</b> SB17.21842
Mailing Address 5409 Overseas Highway No. 343		Date of Disbursement 11 / 17 / 2006
City Marathon	State FL	Zip Code 33156
Purpose of Disbursement The Weekly Newspaper	Amount of Each Disbursement this Period 960.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Trias Flowers</b>		<b>Transaction ID:</b> SB17.21855
Mailing Address 6520 SW 40 Street		Date of Disbursement 10 / 21 / 2006
City Miami	State FL	Zip Code 33155
Purpose of Disbursement Event Expense	Amount of Each Disbursement this Period 152.47	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		<b>Transaction ID:</b> SB17.21871
Mailing Address 2200 NW 72 Avenue		Date of Disbursement 10 / 26 / 2006
City Miami	State FL	Zip Code 33152-9651
Purpose of Disbursement Postage	Amount of Each Disbursement this Period 160.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1272.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID:</b> SB17.21725 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 2200 NW 72 Avenue		Amount of Each Disbursement this Period 585.00
City Miami State FL Zip Code 33152-9651	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Postmaster</b>		<b>Transaction ID:</b> SB17.21755 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 2200 NW 72 Avenue		Amount of Each Disbursement this Period 234.00
City Miami State FL Zip Code 33152-9651	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		<b>Transaction ID:</b> SB17.21836 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2200 NW 72 Avenue		Amount of Each Disbursement this Period 390.00
City Miami State FL Zip Code 33152-9651	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1209.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 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)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Univision Radio Florida, LLC</b>		<b>Transaction ID:</b> SB17.21740 Date of Disbursement 11 / 01 / 2006
Mailing Address 800 Douglas Road, Annex Building Suite # 111		Amount of Each Disbursement this Period 1020.00
City Coral Gables State FL Zip Code 33134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Watchdog Report</b>		<b>Transaction ID:</b> SB17.21731 Date of Disbursement 11 / 14 / 2006
Mailing Address 3109 Grand Avenue		Amount of Each Disbursement this Period 250.00
City Miami State FL Zip Code 33133	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Subscription Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Wyndham Laguardia Airport</b>		<b>Transaction ID:</b> SB17.21717 Date of Disbursement 10 / 19 / 2006
Mailing Address 100-15 Ditmars Boulevard		Amount of Each Disbursement this Period 458.24
City East Elmhurst State NY Zip Code 11369	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1728.24</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>313568.03</b>



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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 type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. NEGRON, JOE</b>		<b>Transaction ID: SB21.21903</b> Date of Disbursement 10 / 24 / 2006
Mailing Address PO BOX 1649		Amount of Each Disbursement this Period 2000.00
City STUART	State FL	
Zip Code 34995		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Contribution		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 16		

Full Name (Last, First, Middle Initial) <b>B. ROSKAM, PETER</b>		<b>Transaction ID: SB21.21902</b> Date of Disbursement 10 / 24 / 2006
Mailing Address 141 SHELLEY LANE		Amount of Each Disbursement this Period 2500.00
City WHEATON	State IL	
Zip Code 60187		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Contribution		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 06		

Full Name (Last, First, Middle Initial) <b>C. SUE KELLY FOR CONGRESS</b>		<b>Transaction ID: SB21.21744</b> Date of Disbursement 11 / 03 / 2006
Mailing Address 1008 Little Britain Road		Amount of Each Disbursement this Period 2000.00
City New Windsor	State NY	
Zip Code 12553		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>6500.00</b>