

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
Betty Castor for U.S. Senate

ADDRESS (number and street) 128 Millstream Drive
 Check if different than previously reported. (ACC)
Tallahassee FL 32312

2. **FEC IDENTIFICATION NUMBER** C00387704
CITY **STATE** **ZIP CODE**
STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
FL 00

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 11 23 2004 through 12 31 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer William Lewis

Signature of Treasurer Electronically Filed by William Lewis Date 04 17 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

Betty Castor for U.S. Senate

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	21928.00	2568285.67
(b) Total Contribution Refunds (from Line 20(d)).....	55026.97	55076.97
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-33098.97	2513208.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	189920.08	490705.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	19462.56	24278.26
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	170457.52	466426.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	301063.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Betty Castor for U.S. Senate

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	4

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

17550.00

1910957.20

(ii) Unitemized.....

4378.00

635482.40

(iii) TOTAL of contributions

21928.00

2546439.60

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

21846.07

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

21928.00

2568285.67

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

75427.67

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

19462.56

24278.26

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

397.45

397.45

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

41788.01

2668389.05

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	189920.08	490705.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	200000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	200000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	55026.97	55076.97
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	55026.97	55076.97
21. OTHER DISBURSEMENTS.....	0.00	1000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	244947.05	746782.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	504222.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	41788.01
25. SUBTOTAL (add Line 23 and Line 24).....	546010.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	244947.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	301063.28

**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 5 / 91
	<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)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Eileen H. Belcher

Mailing Address 975 North Bayshore Drive

City State Zip Code
Safety Harbor FL 34695-3201

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

Name of Employer Retired Occupation 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
1 2 / 1 6 / 2 0 0 4

Transaction ID: C172839

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Larry Beltz

Mailing Address 150 2nd Avenue North
SouthTrust Bank Building

City State Zip Code
St. Petersburg FL 33701-3327

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

Name of Employer Beltz, Ruth, Magazine & Newman Occupation Attorney

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 2 / 1 6 / 2 0 0 4

Transaction ID: C172844

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Barry S Berg

Mailing Address 51 Saint James Drive

City State Zip Code
Palm Beach Gardens FL 33418-4019

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

Name of Employer Bernstein Investment Research & Manage Occupation Financial Advisor

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 2 / 1 7 / 2 0 0 4

Transaction ID: C172846

Amount of Each Receipt this Period
500.00

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 6 / 91
	<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Monica Litwin Boccieri		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 1921 Rose Mallow Lane		Transaction ID: C172873
City State Zip Code Orange Park FL 32003-7067	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Clay County School District Educator	Election Cycle-to-Date 300.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Oscar Corbin, Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address 1306 Shadow Lane		Transaction ID: C172849
City State Zip Code Fort Myers FL 33901-7735	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Retired	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Michael Daigle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address 3709 Spruce Pine Drive		Transaction ID: C172855
City State Zip Code Valrico FL 33594-8245	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation IMC Global Chemical Engineer	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 91
	<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)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Joe L Davis, Sr.

Mailing Address P.O. Box 1149

City State Zip Code
Wauchula FL 33873-1149

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

Name of Employer Self-Employed
Occupation Real Estate

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 2 / 2 0 / 2 0 0 4

Transaction ID: C172874

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Barbara DeVane

Mailing Address 1035 Lakeview Drive

City State Zip Code
Winter Park FL 32789-5035

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

Name of Employer Homemaker
Occupation Homemaker

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 2 / 1 6 / 2 0 0 4

Transaction ID: C172841

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Andrea Drake

Mailing Address 5025 Maui Circle

City State Zip Code
Orlando FL 32808-1731

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

Name of Employer Retired
Occupation Retired

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 2 / 2 8 / 2 0 0 4

Transaction ID: C172867

Amount of Each Receipt this Period
500.00

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 8 / 91
	<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)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Manuel Duran, Jr

Mailing Address 10641 Weybridge Drive

City Tampa State FL Zip Code 33626-1823

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

Name of Employer Town & Country High School Occupation Educator

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 2 / 1 7 / 2 0 0 4

Transaction ID: C172857

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 6323 Thomas Drive Unit 1201

City Panama City Beach State FL Zip Code 32408-5670

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

Name of Employer Retired Occupation Retired

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 2 / 2 8 / 2 0 0 4

Transaction ID: C172869

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Rose Fernandez

Mailing Address Post Office Box 1826

City Dade City State FL Zip Code 33526-1826

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

Name of Employer Retired Occupation Retired

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 2 / 1 5 / 2 0 0 4

Transaction ID: C172827

Amount of Each Receipt this Period
500.00

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: <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	PAGE 9 / 91
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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Zunilda Figueroa		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4	
Mailing Address 7400 Southwest 66th Avenue		Transaction ID: C172893	
City State Zip Code Miami FL 33143-4672	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Harrison Title Group	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Kenneth C. Hamister		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4	
Mailing Address 1214 Wildwood Lane		Transaction ID: C172896	
City State Zip Code Naples FL 34105-3210	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Jerry M. Hamovit		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 4	
Mailing Address 775 Longboat Club Road Number 608		Transaction ID: C172847	
City State Zip Code Longboat Key FL 34228-3878	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 91
	<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Martha Hopkins		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 4
Mailing Address 246 Palmer Avenue		Transaction ID: C172843
City State Zip Code Winter Park FL 32789-2532	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Central Florida	Occupation Professor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Howard Johnston		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 1201 North Riverhills Drive		Transaction ID: C172801
City State Zip Code Tampa FL 33617-4245	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of South Florida	Occupation Professor	
Receipt For: 2004 <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) C. Suzanne M. Judas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4
Mailing Address 50 North Laura Street Suite 3900		Transaction ID: C172858
City State Zip Code Jacksonville FL 32202-3622	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Holland & Knight LLP	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 91
	<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Roy R. Lewis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 4
Mailing Address 23797 Northeast 189th Street		Transaction ID: C172868
City State Zip Code Salt Springs FL 32134-7084	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lewis Environment Services President, Ecologist		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Myron Lieberman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 77 West Wacker Drive		Transaction ID: C172806
City State Zip Code Chicago IL 60601-1604	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Altheimer & Gray Attorney		
Receipt For: 2004 <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) C. Bennett M. Lifter		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 18425 Northwest 2nd Avenue Suite 305		Transaction ID: C172876
City State Zip Code Miami FL 33169-4532	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 91
	<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)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Richard M Lobo

Mailing Address 3139 Bay Shore Road

City State Zip Code
Sarasota FL 34234-5723

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

Name of Employer WEDU Occupation President and Chief Executive Officer

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 2 / 2 0 / 2 0 0 4

Transaction ID: C172883

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Barbara H. Malcolm

Mailing Address 4775 South Harbor Drive
Apartment 101

City State Zip Code
Vero Beach FL 32967-7376

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

Name of Employer Retired Occupation 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
1 2 / 1 7 / 2 0 0 4

Transaction ID: C172848

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Knute E Malmborg

Mailing Address 6909 Martin Luther King Street Sou
Unit 347

City State Zip Code
St Petersburg FL 33705

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

Name of Employer Retired Occupation Retired

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 2 / 2 1 / 2 0 0 4

Transaction ID: C172838

Amount of Each Receipt this Period
500.00

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 13 / 91
	<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Mary D Malmborg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 4
Mailing Address 6909 Martin Luther King Street Sou Unit 347		Transaction ID: C172837
City State Zip Code St Petersburg FL 33705	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kenneth F. Murrah		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 1601 Legion Drive		Transaction ID: C172866
City State Zip Code Winter Park FL 32789-1432	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Murrah Doyle & Wigle	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Lyris B Newman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 4
Mailing Address 401 South Royal Poinciana Drive		Transaction ID: C172842
City State Zip Code Tampa FL 33609-3614	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL 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 14 / 91
	<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Karl Nurse		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 176 21st Avenue Southeast		Transaction ID: C172862
City State Zip Code St. Petersburg FL 33705-2827	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Bay Tech Label President	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. John Pla		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4
Mailing Address 5811 Northwest 59th Terrace		Transaction ID: C172864
City State Zip Code Gainesville FL 32653-3142	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-Employed Realtor	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Evelyn Presley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 4
Mailing Address 3393 Dumaine Court		Transaction ID: C172878
City State Zip Code Clearwater FL 33761-1323	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Central Florida Institute Vice President	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 91
	<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)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial)
James H. Pugh, Jr

Mailing Address 359 Carolina Avenue

City State Zip Code
Winter Park FL 32789-3145

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

Name of Employer
EPOCH Properties

Occupation
Realtor

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 2 / 2 0 / 2 0 0 4

Transaction ID: C172872

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Rusty Rainey

Mailing Address 1123 Martin Street

City State Zip Code
Tallahassee FL 32303

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

Name of Employer
Self-Employed

Occupation
Dentist

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 2 / 2 0 / 2 0 0 4

Transaction ID: C172879

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Elisabeth Reading

Mailing Address 3202 Magnolia Islands Boulevard

City State Zip Code
Panama City FL 32408-7176

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

Name of Employer
Self-Employed

Occupation
Child Advocate

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 2 / 2 9 / 2 0 0 4

Transaction ID: C172884

Amount of Each Receipt this Period
250.00

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 16 / 91
	<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Leslie Scales		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4
Mailing Address Post Office Box 247		Transaction ID: C172899
City State Zip Code Weirsdale FL 32195-0247	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer G and S Packing Company	Occupation Owner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. James W. Schroeder		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 4
Mailing Address 621 Nadina Place		Transaction ID: C172823
City State Zip Code Celebration FL 34747-4960	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Marilyn M. Shapiro		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4
Mailing Address 255 Stirling Avenue		Transaction ID: C172865
City State Zip Code Winter Park FL 32789-5746	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Psychotherapist	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 91
	<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)
Betty Castor for U.S. Senate

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

Mailing Address 608 Westchester Drive

City Deland State FL Zip Code 32724-8602

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

Name of Employer Total Vision Eye & Contact Lens Center Occupation Optometrist

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 2 / 2 0 / 2 0 0 4

Transaction ID: C172877

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Dorothy Tucker

Mailing Address 17346 US Highway 441

City Canal Point State FL Zip Code 33438-9568

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

Name of Employer Retired Occupation 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
1 2 / 2 0 / 2 0 0 4

Transaction ID: C172870

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1724 South Drive

City Sarasota State FL Zip Code 34239-5039

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

Name of Employer Self-Employed Occupation Consultant

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 2 / 3 0 / 2 0 0 4

Transaction ID: C172889

Amount of Each Receipt this Period
250.00

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one)	PAGE 18 / 91
	<input checked="" 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)
Betty Castor for U.S. Senate

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

Mailing Address Post Office Box 16689

City State Zip Code
Panama City FL 32406

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

Name of Employer Retired Occupation Retired

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

1000.00

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

Transaction ID: C172840

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Philip D Lewis

Mailing Address Post Office Box 9726

City State Zip Code
Riviera Beach FL 33419-9726

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

Name of Employer Self-Employed Occupation Real Estate Investor

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

-1000.00

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

Transaction ID: C171660

Amount of Each Receipt this Period
-1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* Reattribution of 10/18

C. Full Name (Last, First, Middle Initial)
Maryellen H Lewis

Mailing Address Post Office Box 9726

City State Zip Code
Riviera Beach FL 33419-9726

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

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

Transaction ID: C171656

Amount of Each Receipt this Period
1000.00

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

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 19 / 91
	<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)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Joy S. Mankoff

Mailing Address 22 Lakeside Park

City State Zip Code
Dallas TX 75225

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

-500.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2004

Transaction ID: C171661

Amount of Each Receipt this Period
-500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* Reattribution of 10/20

B. Full Name (Last, First, Middle Initial)
Ronald Mankoff

Mailing Address 22 Lakeside Park

City State Zip Code
Dallas TX 75225-8110

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

Name of Employer Occupation
Retired Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2004

Transaction ID: C171655

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Georgia P Steiger

Mailing Address 2131 Lakeview Drive

City State Zip Code
Sebring FL 33870-3182

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

Name of Employer Occupation
Retired Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2004

Transaction ID: C172901

Amount of Each Receipt this Period
-50.00

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

SUBTOTAL of Receipts This Page (optional)	0.00
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 20 / 91
	<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)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Sue Wrenn

Mailing Address 5240 62nd Avenue South

City State Zip Code
St. Petersburg FL 33715-2403

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

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

-500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 4

Transaction ID: C172902

Amount of Each Receipt this Period
-500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* Reattribution of 11/1

B. Full Name (Last, First, Middle Initial)
Grover C. Wrenn

Mailing Address 5240 62nd Avenue South

City State Zip Code
Saint Petersburg FL 33715-2403

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 4

Transaction ID: C172919

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mary G Swig

Mailing Address 1834 California Street

City State Zip Code
San Francisco CA 94109-4515

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

Name of Employer Mary Green Enterprises Occupation Chief Executive Officer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

-2000.00

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

Transaction ID: C172903

Amount of Each Receipt this Period
-2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* Reattribution of 10/28

SUBTOTAL of Receipts This Page (optional)	0.00
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 21 / 91
	<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)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Steven Swig

Mailing Address Presidio Building 1016

City State Zip Code
San Francisco CA 94109

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

Name of Employer Self-Employed Occupation
Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2004

Transaction ID: C172917

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Klara Farkas

Mailing Address 3547 Saint Gaudens Road

City State Zip Code
Coconut Grove FL 33133-6530

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

Name of Employer Retired Occupation
Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

-700.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2004

Transaction ID: C172904

Amount of Each Receipt this Period
-700.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* Reattribution of 10/18

C. Full Name (Last, First, Middle Initial)
Georgette Farkas Ballance

Mailing Address 3547 Saint Gaudens Road

City State Zip Code
Coconut Grove FL 33133-6530

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

Name of Employer Cooper Union Occupation
Educator

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

700.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2004

Transaction ID: C172918

Amount of Each Receipt this Period
700.00

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

SUBTOTAL of Receipts This Page (optional)	0.00
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 22 / 91
	<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)
Betty Castor for U.S. Senate

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

Mailing Address 961 Ponte Vedra Boulevard

City State Zip Code
Ponte Vedra Beach FL 32082-3524

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

Name of Employer Occupation
The Clarkson Company Chairman

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ -2500.00

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

Transaction ID: C172905

Amount of Each Receipt this Period
-500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* Reattribution of 10/15

B. Full Name (Last, First, Middle Initial)
Patricia Clarkson

Mailing Address 961 Ponte Vedra Blvd

City State Zip Code
Ponte Vedra Beach FL 32082-3524

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

Name of Employer Occupation
The Clarkson Company Owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

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

Transaction ID: C172923

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
William H Janeway

Mailing Address 8 East 80th Street

City State Zip Code
New York NY 10021-0110

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

Name of Employer Occupation
Warburg Pincus & Company Vice Chairman

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ -1000.00

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

Transaction ID: C172921

Amount of Each Receipt this Period
-1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* Reattribution of 10/19

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

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 23 / 91
	<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)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Weslie Resnick Janeway

Mailing Address 8 East 80th Street

City State Zip Code
New York NY 10021-0110

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

Name of Employer Occupation
The Pyewacket Foundation President

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

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

Transaction ID: C172922

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Charles A. Clarkson

Mailing Address 961 Ponte Vedra Boulevard

City State Zip Code
Ponte Vedra Beach FL 32082-3524

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

Name of Employer Occupation
The Clarkson Company Chairman

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

-2500.00

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

Transaction ID: C172924

Amount of Each Receipt this Period
-2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* Reattribution of 10/28

C. Full Name (Last, First, Middle Initial)
Patricia Clarkson

Mailing Address 961 Ponte Vedra Blvd

City State Zip Code
Ponte Vedra Beach FL 32082-3524

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

Name of Employer Occupation
The Clarkson Company Owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2500.00

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

Transaction ID: C172925

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	1750.00

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 24 / 91
	<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 checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Associated Press		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 9100 Northwest 36th Street Suite 104		Transaction ID: C172828
City Miami State FL Zip Code 33178	Amount of Each Receipt this Period 465.50	
FEC ID number of contributing federal political committee. C	<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 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	465.50	

Full Name (Last, First, Middle Initial) B. Hamilton, Beattie and Staff		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 102 South 10th Street		Transaction ID: C172824
City Fernandina Beach State FL Zip Code 32034	Amount of Each Receipt this Period 2894.14	
FEC ID number of contributing federal political committee. C	<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 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2894.14	

Full Name (Last, First, Middle Initial) C. Orlando Sentinel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 633 North Orange Avenue		Transaction ID: C172831
City Orlando State FL Zip Code 32081	Amount of Each Receipt this Period 4577.77	
FEC ID number of contributing federal political committee. C	<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 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	5438.77	

SUBTOTAL of Receipts This Page (optional)	7937.41
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 25 / 91
	<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 checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial)
St. Petersburg Times

Mailing Address 490 First Avenue South

City State Zip Code
St. Petersburg FL 33701

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5438.78

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

Transaction ID: C172830

Amount of Each Receipt this Period
4577.78

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

B. Full Name (Last, First, Middle Initial)
Sun-Sentinel Company

Mailing Address 200 East Las Olas Boulevard

City State Zip Code
Fort Lauderdale FL 33301

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2334.09

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

Transaction ID: C172829

Amount of Each Receipt this Period
2334.09

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

C. Full Name (Last, First, Middle Initial)
Tampa Tribune

Mailing Address Post Office Box 191

City State Zip Code
Tampa FL 33601

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4416.77

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

Transaction ID: C172832

Amount of Each Receipt this Period
4416.77

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

SUBTOTAL of Receipts This Page (optional)	11328.64
TOTAL This Period (last page this line number only)	19266.05

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 / 91
	<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address Post Office Box 622227		Transaction ID: C172906
City State Zip Code Orlando FL 32862-2227	Amount of Each Receipt this Period 128.48	
FEC ID number of contributing federal political committee. C		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 397.45	

Full Name (Last, First, Middle Initial) B. Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address Post Office Box 622227		Transaction ID: C172907
City State Zip Code Orlando FL 32862-2227	Amount of Each Receipt this Period 267.04	
FEC ID number of contributing federal political committee. C		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 397.45	

Full Name (Last, First, Middle Initial) C. Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address Post Office Box 622227		Transaction ID: C355148
City State Zip Code Orlando FL 32862-2227	Amount of Each Receipt this Period 1.93	
FEC ID number of contributing federal political committee. C		<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 ▼ 397.45	

SUBTOTAL of Receipts This Page (optional) ▶	397.45
TOTAL This Period (last page this line number only) ▶	397.45

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 27 / 91

<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)
Betty Castor for U.S. Senate

A. Alltel Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 530533 City Atlanta State GA Zip Code 30353-0533 Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11800 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4 Amount of Each Disbursement this Period 128.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

B. American Express Full Name (Last, First, Middle Initial) Mailing Address 200 Vesey Street City New York State NY Zip Code 10285 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11860 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 4 Amount of Each Disbursement this Period 4.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

C. American Express Full Name (Last, First, Middle Initial) Mailing Address 200 Vesey Street City New York State NY Zip Code 10285 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11861 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 4 Amount of Each Disbursement this Period 3185.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	3318.99
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D11862 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 4
Mailing Address 200 Vesey Street		Amount of Each Disbursement this Period 4.50
City New York State NY Zip Code 10285	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fee Candidate Name	Category/Type 001	
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. American Express		Transaction ID: D11863 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 4
Mailing Address 200 Vesey Street		Amount of Each Disbursement this Period 10.68
City New York State NY Zip Code 10285	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fee Candidate Name	Category/Type 001	
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) C. Bank of America		Transaction ID: D11778 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 400 North Ashley Drive		Amount of Each Disbursement this Period 78.00
City Tampa State FL Zip Code 33602-4300	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fee Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	93.18
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 91

<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: D11779 Date of Disbursement
Mailing Address 400 North Ashley Drive		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/>
City Tampa	State FL	Zip Code 33602-4300
Purpose of Disbursement Bank Fee		<input type="text" value="001"/> Amount of Each Disbursement this Period
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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: D11780 Date of Disbursement
Mailing Address 400 North Ashley Drive		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/>
City Tampa	State FL	Zip Code 33602-4300
Purpose of Disbursement Bank Fee		<input type="text" value="001"/> Amount of Each Disbursement this Period
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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: D11781 Date of Disbursement
Mailing Address 400 North Ashley Drive		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/>
City Tampa	State FL	Zip Code 33602-4300
Purpose of Disbursement Bank Fee		<input type="text" value="001"/> Amount of Each Disbursement this Period
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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="889.12"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) Bodunrin O Banwo</p>		<p>Transaction ID: D11981 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	3	0	/	2	0	0	4													
<p>Mailing Address 640 McCloud Bethune Boulevard</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>461.54</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>	461.54																			
461.54																						
<p>City State Zip Code Daytona Beach FL 32114</p>	<p>Purpose of Disbursement Payroll</p>																					
<p>Candidate Name</p>		<p>Category/Type 001</p>																				
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>B. Full Name (Last, First, Middle Initial) Bodunrin O Banwo</p>		<p>Transaction ID: D11983 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	5	/	2	0	0	4													
<p>Mailing Address 640 McCloud Bethune Boulevard</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>161.61</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>	161.61																			
161.61																						
<p>City State Zip Code Daytona Beach FL 32114</p>	<p>Purpose of Disbursement Payroll</p>																					
<p>Candidate Name</p>		<p>Category/Type 001</p>																				
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>C. Full Name (Last, First, Middle Initial) Randall J. Bee</p>		<p>Transaction ID: D11991 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	3	0	/	2	0	0	4													
<p>Mailing Address 212 South Church Avenue</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>418.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>	418.00																			
418.00																						
<p>City State Zip Code Tampa FL 33609</p>	<p>Purpose of Disbursement Payroll</p>																					
<p>Candidate Name</p>		<p>Category/Type 001</p>																				
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1041.15</p>
<p>TOTAL This Period (last page this line number only)</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)

<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Lawrence J. Biddle		Transaction ID: D11993 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 911 South Rome Avenue Apartment 2		Amount of Each Disbursement this Period 3535.04
City Tampa State FL Zip Code 33606-3241	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll		Category/ Type 001
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. Lawrence J. Biddle		Transaction ID: D11994 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 4
Mailing Address 911 South Rome Avenue Apartment 2		Amount of Each Disbursement this Period 3535.04
City Tampa State FL Zip Code 33606-3241	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll		Category/ Type 001
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) C. Lawrence J. Biddle		Transaction ID: D11995 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 911 South Rome Avenue Apartment 2		Amount of Each Disbursement this Period 3665.24
City Tampa State FL Zip Code 33606-3241	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll		Category/ Type 001
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10735.32
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Lawrence J. Biddle		Transaction ID: D11956 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address 911 South Rome Avenue Apartment 2		Amount of Each Disbursement this Period 300.76
City Tampa State FL Zip Code 33606-3241	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement - Travel	Candidate Name	002 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lawrence J. Biddle		Transaction ID: D11957 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address 911 South Rome Avenue Apartment 2		Amount of Each Disbursement this Period 325.40
City Tampa State FL Zip Code 33606-3241	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement - Catering, Supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Blue Cross Blue Shield of Florida		Transaction ID: D11929 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address Post Office Box 1798		Amount of Each Disbursement this Period 370.00
City Jacksonville State FL Zip Code 32231-0014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Healthcare	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	996.16
TOTAL 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)

<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Blue Cross Blue Shield of Florida		Transaction ID: D11930 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address Post Office Box 1798		Amount of Each Disbursement this Period 750.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jacksonville State FL Zip Code 32231-0014	Purpose of Disbursement Healthcare Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bright House Networks		Transaction ID: D11931 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address 525 Grand Regency Boulevard		Amount of Each Disbursement this Period 63.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brandon State FL Zip Code 33510	Purpose of Disbursement Cable Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bright House Networks		Transaction ID: D11932 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 525 Grand Regency Boulevard		Amount of Each Disbursement this Period 118.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brandon State FL Zip Code 33510	Purpose of Disbursement Cable Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	932.45
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Buchman Square		Transaction ID: D11933 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address Post Office Box 75828		Amount of Each Disbursement this Period 980.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33675	Purpose of Disbursement Rent Candidate Name Category/Type 001	
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. Tim Callahan		Transaction ID: D11791 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address 1 Tampa City Center Suite 3600		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 Tampa State FL Zip Code 33629	Purpose of Disbursement Rent Candidate Name Category/Type 001	
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) C. Tim Callahan		Transaction ID: D11792 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 1 Tampa City Center Suite 3600		Amount of Each Disbursement this Period 1940.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33629	Purpose of Disbursement Rent Candidate Name Category/Type 001	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3820.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
Betty Castor for U.S. Senate

A. Frank Castor Full Name (Last, First, Middle Initial) Mailing Address 15605 Bent Creek Road City Wellington State FL Zip Code 33414 Purpose of Disbursement Reimbursement - Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11770 Date of Disbursement 12 / 20 / 2004 Amount of Each Disbursement this Period 3097.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Kathy Castor Full Name (Last, First, Middle Initial) Mailing Address 3012 West Harbor View Avenue City Tampa State FL Zip Code 33611-1645 Purpose of Disbursement Reimbursement - Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11766 Date of Disbursement 12 / 07 / 2004 Amount of Each Disbursement this Period 2151.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Christina Griffith Full Name (Last, First, Middle Initial) Mailing Address 212 South Church Avenue City Tampa State FL Zip Code 33605 Purpose of Disbursement Reimbursement - Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11911 Date of Disbursement 12 / 07 / 2004 Amount of Each Disbursement this Period 69.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	5319.07
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Christina Griffith		Transaction ID: D12010 Date of Disbursement 11 / 30 / 2004
Mailing Address 212 South Church Avenue		Amount of Each Disbursement this Period 461.54
City Tampa State FL Zip Code 33605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name		001 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. Christina Griffith		Transaction ID: D12011 Date of Disbursement 12 / 15 / 2004
Mailing Address 212 South Church Avenue		Amount of Each Disbursement this Period 184.70
City Tampa State FL Zip Code 33605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name		001 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) C. John Collins		Transaction ID: D12000 Date of Disbursement 11 / 30 / 2004
Mailing Address 2910 West Bay View Avenue		Amount of Each Disbursement this Period 448.62
City Tampa State FL Zip Code 33611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name		001 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1094.86
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial) John Collins		Transaction ID: D11857 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address 2910 West Bay View Avenue		Amount of Each Disbursement this Period 1075.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33611	Purpose of Disbursement Reimbursement - Travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Continental Airlines, Inc.		Transaction ID: D11912 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 4
Mailing Address Post Office Box 4607		Amount of Each Disbursement this Period 162.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77210-4607	Purpose of Disbursement Travel Candidate Name Category/Type 002	
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) ▼	

C. Full Name (Last, First, Middle Initial) Continental Airlines, Inc.		Transaction ID: D11913 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 4
Mailing Address Post Office Box 4607		Amount of Each Disbursement this Period 240.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77210-4607	Purpose of Disbursement Travel Candidate Name Category/Type 002	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1477.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Continental Airlines, Inc.		Transaction ID: D11914 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address Post Office Box 4607		Amount of Each Disbursement this Period 182.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77210-4607	Purpose of Disbursement Travel Candidate Name Category/Type 002	
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. Convio		Transaction ID: D11864 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address 11921 North Mopac Expressway Suite 200		Amount of Each Disbursement this Period 738.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78759	Purpose of Disbursement Web Hosting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Siobhan Cornwell		Transaction ID: D11796 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 4
Mailing Address 17104 Carrington Park Apartment 531		Amount of Each Disbursement this Period 647.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33647	Purpose of Disbursement Reimbursement - Travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1568.17
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

A. Siobhan Cornwell Full Name (Last, First, Middle Initial) Mailing Address 17104 Carrington Park Apartment 531 City Tampa State FL Zip Code 33647 Purpose of Disbursement Reimbursement - Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D11797 Date of Disbursement 11 / 24 / 2004 Amount of Each Disbursement this Period 408.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Siobhan Cornwell Full Name (Last, First, Middle Initial) Mailing Address 17104 Carrington Park Apartment 531 City Tampa State FL Zip Code 33647 Purpose of Disbursement Reimbursement - Phone, Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D11798 Date of Disbursement 12 / 07 / 2004 Amount of Each Disbursement this Period 614.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Siobhan Cornwell Full Name (Last, First, Middle Initial) Mailing Address 17104 Carrington Park Apartment 531 City Tampa State FL Zip Code 33647 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D11977 Date of Disbursement 11 / 30 / 2004 Amount of Each Disbursement this Period 448.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1471.74
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Cunningham, Harris, Cline		Transaction ID: D11935 Date of Disbursement 12 / 07 / 2004
Mailing Address 201 Grand Central Avenue		Amount of Each Disbursement this Period 2992.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ripley State WV Zip Code 25271		
Purpose of Disbursement Fundraising Consulting Fee Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Shauna C. Daly		Transaction ID: D12035 Date of Disbursement 11 / 30 / 2004
Mailing Address 212 South Church Avenue		Amount of Each Disbursement this Period 448.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33609		
Purpose of Disbursement Payroll Candidate Name	001 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) C. Robert J. Day		Transaction ID: D12001 Date of Disbursement 11 / 30 / 2004
Mailing Address 5527 Lake Mary Jess Shores Court		Amount of Each Disbursement this Period 418.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Orlando State FL Zip Code 32839		
Purpose of Disbursement Payroll Candidate Name	001 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3858.62
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Delta Air Lines		Transaction ID: D11794 Date of Disbursement
Mailing Address Hartsfield Atlanta International A		<input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="04"/>
City Atlanta	State GA	Zip Code 30320
Purpose of Disbursement Travel	<input type="text" value="002"/> Category/Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="502.50"/>
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Air Lines		Transaction ID: D11795 Date of Disbursement
Mailing Address Hartsfield Atlanta International A		<input type="text" value="12"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="04"/>
City Atlanta	State GA	Zip Code 30320
Purpose of Disbursement Travel	<input type="text" value="002"/> Category/Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="299.21"/>
State: District:		

Full Name (Last, First, Middle Initial) C. DemStore.com		Transaction ID: D11879 Date of Disbursement
Mailing Address 5104 MacArthur Boulevard		<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="04"/>
City Washington	State DC	Zip Code 20016
Purpose of Disbursement Literature	<input type="text" value="006"/> Category/Type	
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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="2999.99"/>
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3801.70"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. DemStore.com		Transaction ID: D11880 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 4
Mailing Address 5104 MacArthur Boulevard		Amount of Each Disbursement this Period 542.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016	Purpose of Disbursement Literature Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Karen Dentel		Transaction ID: D11768 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address 512 Bianca Court		Amount of Each Disbursement this Period 737.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altamonte Springs State FL Zip Code 32701-6816	Purpose of Disbursement Reimbursement - Fees, Supplies Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Karen Dentel		Transaction ID: D11769 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 512 Bianca Court		Amount of Each Disbursement this Period 257.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altamonte Springs State FL Zip Code 32701-6816	Purpose of Disbursement Reimbursement - Volunteer Food Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1538.35
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Direct Line Politics		Transaction ID: D11865 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 107 Oronoco Street Suite 100		Amount of Each Disbursement this Period 7529.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Direct Mail Candidate Name	Category/Type 003	
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. Joe Farrell		Transaction ID: D12003 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 11704 Melaleuca Way		Amount of Each Disbursement this Period 461.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cooper City State FL Zip Code 33026-1228		
Purpose of Disbursement Payroll Candidate Name	Category/Type 001	
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) C. Joe Farrell		Transaction ID: D12004 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 4
Mailing Address 11704 Melaleuca Way		Amount of Each Disbursement this Period 61.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cooper City State FL Zip Code 33026-1228		
Purpose of Disbursement Payroll Candidate Name	Category/Type 001	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8053.56
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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<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)
Betty Castor for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) Joe Farrell</p>		<p>Transaction ID: D11953 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	0	/	2	0	0	4														
<p>Mailing Address 11704 Melaleuca Way</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>77.34</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>		77.34																			
77.34																							
<p>City State Zip Code Cooper City FL 33026-1228</p>	<p>Purpose of Disbursement Reimbursement - Keys, Hand Truck</p>	<p>Category/Type 001</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>																						
<p>State: District:</p>																							

<p>B. Full Name (Last, First, Middle Initial) Gershom Faulkner</p>		<p>Transaction ID: D12005 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	3	0	/	2	0	0	4														
<p>Mailing Address 1198 62nd Avenue South</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>461.75</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>		461.75																			
461.75																							
<p>City State Zip Code St. Petersburg FL 33705-5620</p>	<p>Purpose of Disbursement Payroll</p>	<p>Category/Type 001</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>																						
<p>State: District:</p>																							

<p>C. Full Name (Last, First, Middle Initial) Florida Senate Victory 2004</p>		<p>Transaction ID: D11924 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	0	/	2	0	0	4														
<p>Mailing Address 120 Maryland Avenue, Northeast</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>883.76</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>		883.76																			
883.76																							
<p>City State Zip Code Washington DC 20002-5610</p>	<p>Purpose of Disbursement Reimbursement - Bank Fee</p>	<p>Category/Type 003</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>																						
<p>State: District:</p>																							

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1422.85</p>
<p>TOTAL This Period (last page this line number only)</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)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Timothy Giattina		Transaction ID: D12006 Date of Disbursement 11 / 30 / 2004
Mailing Address 3933 Newdale Road Apartment 12		Amount of Each Disbursement this Period 448.62
City Chevy Chase State MD Zip Code 20815	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Global Payments		Transaction ID: D11866 Date of Disbursement 12 / 02 / 2004
Mailing Address 10 Glenlake Parkway North Tower		Amount of Each Disbursement this Period 71.79
City Atlanta State GA Zip Code 30328	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fee	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Global Payments		Transaction ID: D11867 Date of Disbursement 12 / 02 / 2004
Mailing Address 10 Glenlake Parkway North Tower		Amount of Each Disbursement this Period 1419.49
City Atlanta State GA Zip Code 30328	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fee	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1939.90
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Tyrus Gordon		Transaction ID: D12007 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 1920 E 15th Ave		Amount of Each Disbursement this Period 1318.61
City Tampa State FL Zip Code 33605-2706	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type 001	
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. Tyrus Gordon		Transaction ID: D12008 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 4
Mailing Address 1920 E 15th Ave		Amount of Each Disbursement this Period 1318.61
City Tampa State FL Zip Code 33605-2706	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type 001	
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) C. Tyrus Gordon		Transaction ID: D12009 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1920 E 15th Ave		Amount of Each Disbursement this Period 1318.61
City Tampa State FL Zip Code 33605-2706	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type 001	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3955.83
TOTAL 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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Christopher Hand		Transaction ID: D11920 Date of Disbursement 11 / 30 / 2004
Mailing Address 5607 Auburn Road Apartment D		Amount of Each Disbursement this Period 663.65
City Jacksonville State FL Zip Code 32207-7567	Purpose of Disbursement Reimbursement - Travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Hattaway Communications		Transaction ID: D11868 Date of Disbursement 12 / 10 / 2004
Mailing Address 401 Commonwealth Avenue		Amount of Each Disbursement this Period 16666.00
City Boston State MA Zip Code 02107	Purpose of Disbursement Communications Consulting Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Hattaway Communications		Transaction ID: D11869 Date of Disbursement 12 / 20 / 2004
Mailing Address 401 Commonwealth Avenue		Amount of Each Disbursement this Period 2613.13
City Boston State MA Zip Code 02107	Purpose of Disbursement Reimbursement - Travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	19942.78
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Betty Castor for U.S. Senate

A. Brian Hawkins Full Name (Last, First, Middle Initial) Mailing Address 26 Bridle Path City Shrewsbury State MA Zip Code 01545-1565 Purpose of Disbursement Payroll 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) ▼		Transaction ID: D12012 Date of Disbursement 11 / 30 / 2004 Amount of Each Disbursement this Period 435.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Lara Hopkins Full Name (Last, First, Middle Initial) Mailing Address 212 South Church Avenue City Tampa State FL Zip Code 33609 Purpose of Disbursement Payroll 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) ▼		Transaction ID: D12015 Date of Disbursement 11 / 30 / 2004 Amount of Each Disbursement this Period 435.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Hyde Park Paper Company, Inc Full Name (Last, First, Middle Initial) Mailing Address 4009 Henderson Boulevard City Tampa State FL Zip Code 33629 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11916 Date of Disbursement 12 / 07 / 2004 Amount of Each Disbursement this Period 190.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1061.86
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Hyde Park Paper Company, Inc		Transaction ID: D11917 Date of Disbursement 12 / 20 / 2004
Mailing Address 4009 Henderson Boulevard		Amount of Each Disbursement this Period 395.88
City Tampa State FL Zip Code 33629	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Jacob Buchman		Transaction ID: D11881 Date of Disbursement 12 / 10 / 2004
Mailing Address 2101 East Palm Avenue		Amount of Each Disbursement this Period 1295.00
City Tampa State FL Zip Code 33605	Purpose of Disbursement Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Stephen Leeds		Transaction ID: D11887 Date of Disbursement 12 / 07 / 2004
Mailing Address 229 Peachtree Street 2700 International Tower		Amount of Each Disbursement this Period 750.52
City Atlanta State GA Zip Code 30303-1601	Purpose of Disbursement Reimbursement - Catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2441.40
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Marlene Lewis		Transaction ID: D11783 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address 18411 Bittern Avenue		Amount of Each Disbursement this Period 354.09
City Lutz State FL Zip Code 33558-2739	Purpose of Disbursement Reimbursement - Healthcare Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marlene Lewis		Transaction ID: D12016 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 18411 Bittern Avenue		Amount of Each Disbursement this Period 435.71
City Lutz State FL Zip Code 33558-2739	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rebecca Loh		Transaction ID: D12017 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 2125 Upper Ranch Road		Amount of Each Disbursement this Period 448.62
City Westlake Village State CA Zip Code 91362	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1238.42
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Betty Castor for U.S. Senate

A. Matt Burgess Full Name (Last, First, Middle Initial) Mailing Address 1836 Ingleside Terrace, Northwest City Washington State DC Zip Code 20010 Purpose of Disbursement Payroll 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) ▼		Transaction ID: D11998 Date of Disbursement 11 / 30 / 2004 Amount of Each Disbursement this Period 418.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Jill McCarthy Full Name (Last, First, Middle Initial) Mailing Address 16206 Hampton Trace City Tampa State FL Zip Code 33647 Purpose of Disbursement Payroll 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) ▼		Transaction ID: D12018 Date of Disbursement 11 / 30 / 2004 Amount of Each Disbursement this Period 435.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Melissa A. Berridge Full Name (Last, First, Middle Initial) Mailing Address 221 Clara Street Loft 9 City San Francisco State CA Zip Code 94107 Purpose of Disbursement Reimbursement - Healthcare 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) ▼		Transaction ID: D11883 Date of Disbursement 12 / 07 / 2004 Amount of Each Disbursement this Period 521.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1374.98
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Melissa A. Berridge		Transaction ID: D11884 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address 221 Clara Street Loft 9		Amount of Each Disbursement this Period 226.00
City San Francisco State CA Zip Code 94107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement - Repairs	Candidate Name	001 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. Melissa A. Berridge		Transaction ID: D11985 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 221 Clara Street Loft 9		Amount of Each Disbursement this Period 1402.79
City San Francisco State CA Zip Code 94107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Candidate Name	001 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) C. Melissa A. Berridge		Transaction ID: D11987 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 4
Mailing Address 221 Clara Street Loft 9		Amount of Each Disbursement this Period 1402.79
City San Francisco State CA Zip Code 94107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Candidate Name	001 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3031.58
TOTAL 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)

<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Melissa A. Berridge		Transaction ID: D11989 Date of Disbursement 12 / 30 / 2004
Mailing Address 221 Clara Street Loft 9		Amount of Each Disbursement this Period 1402.79
City San Francisco State CA Zip Code 94107	Purpose of Disbursement Payroll Candidate Name Category/Type: 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. MoveON PAC		Transaction ID: D11960 Date of Disbursement 12 / 07 / 2004
Mailing Address Post Office Box 9218		Amount of Each Disbursement this Period 709.26
City Berkeley State CA Zip Code 94709-0218	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Nelson Hincapie		Transaction ID: D12013 Date of Disbursement 11 / 30 / 2004
Mailing Address 2351 Southwest 37th Avenue		Amount of Each Disbursement this Period 461.75
City Miami State FL Zip Code 33145	Purpose of Disbursement Payroll Candidate Name Category/Type: 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2573.80
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
Betty Castor for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) Kirby Newman</p> <p>Mailing Address 5145 21st Avenue North</p> <p>City Saint Petersburg State FL Zip Code 33710</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D12019</p> <p>Date of Disbursement 11 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 461.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Nextel</p> <p>Mailing Address 253 Westshore Plaza</p> <p>City Tampa State FL Zip Code 33609</p> <p>Purpose of Disbursement Phones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D11870</p> <p>Date of Disbursement 12 / 07 / 2004</p> <p>Amount of Each Disbursement this Period 766.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 5505 Connecticut Ave Northwest Suite 277</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Database Support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D11775</p> <p>Date of Disbursement 12 / 07 / 2004</p> <p>Amount of Each Disbursement this Period 388.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

1616.67

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Nikul Inamdar		Transaction ID: D11961 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address 1500 Bay Road Suite S-526		Amount of Each Disbursement this Period 3535.04
City Miami Beach State FL Zip Code 33139	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Eric Nowak		Transaction ID: D12020 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 2516 W Palm Dr Apt B		Amount of Each Disbursement this Period 435.71
City Tampa State FL Zip Code 33629-7373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	001 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) C. Eric Nowak		Transaction ID: D12021 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 4
Mailing Address 2516 W Palm Dr Apt B		Amount of Each Disbursement this Period 1035.28
City Tampa State FL Zip Code 33629-7373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	001 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

5006.03

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

A. Eric Nowak Full Name (Last, First, Middle Initial) Mailing Address 2516 W Palm Dr Apt B City Tampa State FL Zip Code 33629-7373 Purpose of Disbursement Payroll 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) ▼		Transaction ID: D12022 Date of Disbursement 12 / 30 / 2004 Amount of Each Disbursement this Period 1370.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Palm Grove Apartments Full Name (Last, First, Middle Initial) Mailing Address 212 South Church Avenue City Tampa State FL Zip Code 33609 Purpose of Disbursement Rent 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) ▼		Transaction ID: D11793 Date of Disbursement 12 / 07 / 2004 Amount of Each Disbursement this Period 994.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Paychex Full Name (Last, First, Middle Initial) Mailing Address 10105 Ninth Street North City St. Petersburg State FL Zip Code 33716 Purpose of Disbursement Healthcare 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) ▼		Transaction ID: D11836 Date of Disbursement 11 / 30 / 2004 Amount of Each Disbursement this Period 498.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2863.08
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D11838 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 10105 Ninth Street North		Amount of Each Disbursement this Period 8930.63
City St. Petersburg State FL Zip Code 33716	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: D11839 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address 10105 Ninth Street North		Amount of Each Disbursement this Period 259.80
City St. Petersburg State FL Zip Code 33716	Purpose of Disbursement Payroll Service Fee 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: D11849 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 4
Mailing Address 10105 Ninth Street North		Amount of Each Disbursement this Period 5778.16
City St. Petersburg State FL Zip Code 33716	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	14968.59
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D11855 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 10105 Ninth Street North		Amount of Each Disbursement this Period 494.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Petersburg State FL Zip Code 33716	Purpose of Disbursement Healthcare Candidate Name Category/Type 001	
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. Paychex		Transaction ID: D63647 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 10105 Ninth Street North		Amount of Each Disbursement this Period 3377.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Petersburg State FL Zip Code 33716	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
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) C. Peter Bondi		Transaction ID: D11996 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 870 Prospect Street		Amount of Each Disbursement this Period 448.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hamden State CT Zip Code 06517	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4320.72
TOTAL 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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Thomas Clay Phillips		Transaction ID: D12023 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 3033 West Asbury Place		Amount of Each Disbursement this Period 4287.06
City Tampa State FL Zip Code 33611	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Ben Pollara		Transaction ID: D12024 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4
Mailing Address 3606 South Waverly Place		Amount of Each Disbursement this Period 435.71
City Tampa State FL Zip Code 33629-8932	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Raindance Communications, Inc.		Transaction ID: D11963 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 4
Mailing Address 1157 Century Drive		Amount of Each Disbursement this Period 398.00
City Louisville State CO Zip Code 80027	Purpose of Disbursement Conference Calls Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5120.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Deborah Reed		Transaction ID: D11874 Date of Disbursement 12 / 10 / 2004
Mailing Address 525 15th Street		Amount of Each Disbursement this Period 150.56
City Union City State NJ Zip Code 07087-3222	Purpose of Disbursement Reimbursement - Catering Candidate Name Category/Type: 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Deborah Reed		Transaction ID: D11875 Date of Disbursement 12 / 10 / 2004
Mailing Address 525 15th Street		Amount of Each Disbursement this Period 136.98
City Union City State NJ Zip Code 07087-3222	Purpose of Disbursement Reimbursement - Healthcare Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Deborah Reed		Transaction ID: D11876 Date of Disbursement 12 / 10 / 2004
Mailing Address 525 15th Street		Amount of Each Disbursement this Period 1553.03
City Union City State NJ Zip Code 07087-3222	Purpose of Disbursement Reimbursement - Travel Candidate Name Category/Type: 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1840.57
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Deborah Reed		Transaction ID: D11978 Date of Disbursement 11 / 30 / 2004
Mailing Address 525 15th Street		Amount of Each Disbursement this Period 6750.00
City Union City State NJ Zip Code 07087-3222	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Deborah Reed		Transaction ID: D11979 Date of Disbursement 12 / 15 / 2004
Mailing Address 525 15th Street		Amount of Each Disbursement this Period 4909.00
City Union City State NJ Zip Code 07087-3222	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Samuel Ritzman		Transaction ID: D12025 Date of Disbursement 11 / 30 / 2004
Mailing Address 212 South Church Avenue		Amount of Each Disbursement this Period 448.62
City Tampa State FL Zip Code 33609	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	12107.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) Karin Roland</p> <p>Mailing Address 11 Merriam Street</p> <p>City Portland State ME Zip Code 04103</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D12026</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1571.17"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Karin Roland</p> <p>Mailing Address 11 Merriam Street</p> <p>City Portland State ME Zip Code 04103</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D12027</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1571.17"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Karin Roland</p> <p>Mailing Address 11 Merriam Street</p> <p>City Portland State ME Zip Code 04103</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D12028</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1036.87"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4179.21

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Karin Roland		Transaction ID: D11787 Date of Disbursement 12 / 16 / 2004	
Mailing Address 11 Merriam Street		Amount of Each Disbursement this Period 187.17	
City Portland State ME Zip Code 04103	Purpose of Disbursement Reimbursement - Office Equipment Candidate Name	001 Category/ Type <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ryan Phillips Utrecht MacKinnon		Transaction ID: D11966 Date of Disbursement 12 / 07 / 2004	
Mailing Address 1133 Connecticut Avenue, Northwest		Amount of Each Disbursement this Period 1620.39	
City Washington State DC Zip Code 20036	Purpose of Disbursement Legal Consulting Fee Candidate Name	001 Category/ Type <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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Arthur Sherman		Transaction ID: D12029 Date of Disbursement 11 / 30 / 2004	
Mailing Address 351 Channelside Walk Way Apartment 4106		Amount of Each Disbursement this Period 418.00	
City Tampa State FL Zip Code 33602	Purpose of Disbursement Payroll Candidate Name	001 Category/ Type <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2225.56
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

A. Christopher Smith Full Name (Last, First, Middle Initial) Mailing Address 212 South Church Avenue City Tampa State FL Zip Code 33609 Purpose of Disbursement Payroll 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) ▼		Transaction ID: D12030 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4 Amount of Each Disbursement this Period 435.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Tampa Electric Company (TECO) Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 31318 City Tampa State FL Zip Code 33631-3318 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11788 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4 Amount of Each Disbursement this Period 33.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Tampa Electric Company (TECO) Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 31318 City Tampa State FL Zip Code 33631-3318 Purpose of Disbursement Utilities (Billing Dispute Settlement) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11789 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4 Amount of Each Disbursement this Period 3295.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3764.63
TOTAL 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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Tampa Electric Company (TECO)		Transaction ID: D11790 Date of Disbursement 12 / 20 / 2004
Mailing Address Post Office Box 31318		Amount of Each Disbursement this Period 30.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33631-3318	Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Full Name (Last, First, Middle Initial) B. The Synetech Group, Inc.		Transaction ID: D11885 Date of Disbursement 12 / 07 / 2004
Mailing Address 1228 Cedars Court Suite East		Amount of Each Disbursement this Period 23196.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlottesville State VA Zip Code 22903	Purpose of Disbursement Donor Compliance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Full Name (Last, First, Middle Initial) C. The Synetech Group, Inc.		Transaction ID: D11886 Date of Disbursement 12 / 07 / 2004
Mailing Address 1228 Cedars Court Suite East		Amount of Each Disbursement this Period 5666.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlottesville State VA Zip Code 22903	Purpose of Disbursement Donor Compliance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

28893.29

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. The Synetech Group, Inc.		Transaction ID: D12040	
Mailing Address 1228 Cedars Court Suite East		Date of Disbursement 12 / 07 / 2004	
City Charlottesville	State VA	Zip Code 22903	Amount of Each Disbursement this Period 2523.60
Purpose of Disbursement Donor Compliance		001	<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	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. UPS		Transaction ID: D11871	
Mailing Address 55 Glenlake Parkway Northeast		Date of Disbursement 12 / 20 / 2004	
City Atlanta	State GA	Zip Code 30328	Amount of Each Disbursement this Period 69.84
Purpose of Disbursement Shipping		001	<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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. UPS		Transaction ID: D11872	
Mailing Address 55 Glenlake Parkway Northeast		Date of Disbursement 12 / 20 / 2004	
City Atlanta	State GA	Zip Code 30328	Amount of Each Disbursement this Period 41.46
Purpose of Disbursement Shipping		001	<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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2634.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

<p>A. UPS</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 55 Glenlake Parkway Northeast</p>		<p>Transaction ID: D11972 Date of Disbursement 12 / 07 / 2004</p>
<p>City Atlanta State GA Zip Code 30328</p>	<p>Purpose of Disbursement Shipping Candidate Name</p>	<p>Amount of Each Disbursement this Period 60.37</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>B. Mayra Mercedes Uribe</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 5925 Laurel Oak Court</p>		<p>Transaction ID: D12031 Date of Disbursement 11 / 30 / 2004</p>
<p>City Orlando State FL Zip Code 32809-4816</p>	<p>Purpose of Disbursement Payroll Candidate Name</p>	<p>Amount of Each Disbursement this Period 435.71</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>C. Valerie Baron</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 339 Meadow Lane</p>		<p>Transaction ID: D11990 Date of Disbursement 11 / 30 / 2004</p>
<p>City Merion State PA Zip Code 19066</p>	<p>Purpose of Disbursement Payroll Candidate Name</p>	<p>Amount of Each Disbursement this Period 435.71</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>931.79</p>
<p>TOTAL This Period (last page this line number only)</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)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Verizon Florida, Inc		Transaction ID: D11771 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address Post Office Box 920041		Amount of Each Disbursement this Period 3952.90
City Dallas State TX Zip Code 75392-0041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Florida, Inc		Transaction ID: D11772 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address Post Office Box 920041		Amount of Each Disbursement this Period 685.94
City Dallas State TX Zip Code 75392-0041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Candidate Name	Category/Type 001	
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) C. Verizon Florida, Inc		Transaction ID: D11773 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address Post Office Box 920041		Amount of Each Disbursement this Period 27.81
City Dallas State TX Zip Code 75392-0041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Candidate Name	Category/Type 001	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4666.65
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Verizon Florida, Inc		Transaction ID: D11774 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address Post Office Box 920041		Amount of Each Disbursement this Period 35.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041		
Purpose of Disbursement Phone Candidate Name	001 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. Allison Wilkey		Transaction ID: D11909 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 4
Mailing Address 212 South Church Avenue		Amount of Each Disbursement this Period 147.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33609-3983		
Purpose of Disbursement Reimbursement - Travel Candidate Name	002 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) C. Allison Wilkey		Transaction ID: D11910 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 4
Mailing Address 212 South Church Avenue		Amount of Each Disbursement this Period 126.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33609-3983		
Purpose of Disbursement Reimbursement - Food Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	310.48
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

<p>A. Allison Wilkey</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 212 South Church Avenue</p> <p>City Tampa State FL Zip Code 33609-3983</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D11976</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="435.71"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>B. James Williams</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 212 South Church Avenue</p> <p>City Tampa State FL Zip Code 33609</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D12032</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="448.62"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>C. Beth A. Wolfram</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 19 Fairway Drive</p> <p>City Cocoa Beach State FL Zip Code 32931</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D12033</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="435.71"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1320.04"/></p>
<p>TOTAL 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)

<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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Andrew Wright		Transaction ID: D12034 Date of Disbursement 11 / 30 / 2004
Mailing Address 502 South Fremont Avenue Apartment 111		Amount of Each Disbursement this Period 435.71
City Tampa	State FL Zip Code 33606-2090	
Purpose of Disbursement Payroll	001 Category/ Type	<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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Andrew Wright		Transaction ID: D11893 Date of Disbursement 12 / 07 / 2004
Mailing Address 502 South Fremont Avenue Apartment 111		Amount of Each Disbursement this Period 272.87
City Tampa	State FL Zip Code 33606-2090	
Purpose of Disbursement Reimbursement - Travel	002 Category/ Type	<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	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Xpedite Systems, Inc.		Transaction ID: D11918 Date of Disbursement 12 / 20 / 2004
Mailing Address 1268 Paysphere Circle		Amount of Each Disbursement this Period 2008.76
City Chicago	State IL Zip Code 60674	
Purpose of Disbursement Fax Services	003 Category/ Type	<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	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2717.34
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Zephyrhills		Transaction ID: D11926 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4	
Mailing Address 2767 East Imperial Highway		Amount of Each Disbursement this Period 474.97	
City Brea State CA Zip Code 92821	Purpose of Disbursement Water	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	474.97
TOTAL This Period (last page this line number only)	188956.41

**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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Jeffrey L Berkowitz		Transaction ID: D11951 Date of Disbursement 12 / 17 / 2004
Mailing Address 2665 South Bayshore Drive Suite 1200		Amount of Each Disbursement this Period 1000.00
City Coconut Grove State FL Zip Code 33133-5462	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Harvey Chaplin		Transaction ID: D11895 Date of Disbursement 12 / 20 / 2004
Mailing Address 1600 Northwest 163rd Street		Amount of Each Disbursement this Period 1000.00
City Miami State FL Zip Code 33169-5672	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Wayne Chaplin		Transaction ID: D11896 Date of Disbursement 12 / 20 / 2004
Mailing Address 54 La Gorce Circle		Amount of Each Disbursement this Period 1000.00
City Miami Beach State FL Zip Code 33141	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Joe F Chapman, IV		Transaction ID: D11952 Date of Disbursement 12 / 20 / 2004
Mailing Address 3412 Robinson Bayou Circle		Amount of Each Disbursement this Period 500.00
City Panama City State FL Zip Code 32405-1914	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Robert J Clark		Transaction ID: D11965 Date of Disbursement 12 / 20 / 2004
Mailing Address 5127 Bloomingdale Avenue		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33619	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Kendall B. Coffey		Transaction ID: D11897 Date of Disbursement 12 / 17 / 2004
Mailing Address 1639 South Bayshore Drive		Amount of Each Disbursement this Period 2000.00
City Miami State FL Zip Code 33133-4213	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Lynn H Cole		Transaction ID: D11776 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 301 West Platt Street Suite 409		Amount of Each Disbursement this Period 300.00
City Tampa State FL Zip Code 33606-2292	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Refund	Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sherry Cooper		Transaction ID: D11900 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 1312 Bridgeport Drive		Amount of Each Disbursement this Period 2000.00
City Winter Park State FL Zip Code 32789	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Refund	Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bradley Currey, Jr		Transaction ID: D11888 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address 50 Hurt Paza Southeast Suite 1295		Amount of Each Disbursement this Period 2000.00
City Atlanta State GA Zip Code 30303-2957	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Refund	Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4300.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. James Ferraro		Transaction ID: D11948 Date of Disbursement 12 / 20 / 2004
Mailing Address 4000 Ponce de Leon Boulevard Suite 700		Amount of Each Disbursement this Period 2000.00
City Coral Gables State FL Zip Code 33146-1431	Purpose of Disbursement Contribution Refund Candidate Name Category/Type: 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Gerald B. Fincke		Transaction ID: D11946 Date of Disbursement 12 / 20 / 2004
Mailing Address 315 North Atlantic Avenue		Amount of Each Disbursement this Period 1000.00
City Daytona Beach State FL Zip Code 32118-3901	Purpose of Disbursement Contribution Refund Candidate Name Category/Type: 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Emily H Fisher		Transaction ID: D11938 Date of Disbursement 12 / 17 / 2004
Mailing Address 517 Kelsey Road		Amount of Each Disbursement this Period 1000.00
City Sheffield State MA Zip Code 01257-9699	Purpose of Disbursement Contribution Refund Candidate Name Category/Type: 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

A. Saul gGlottmann Full Name (Last, First, Middle Initial)		Transaction ID: D11968 Date of Disbursement 12 / 20 / 2004
Mailing Address 5446 North Bay Road		Amount of Each Disbursement this Period 1000.00
City Miami Beach State FL Zip Code 33140-2032	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Evelyn Goodman Full Name (Last, First, Middle Initial)		Transaction ID: D11784 Date of Disbursement 12 / 02 / 2004
Mailing Address 6245 Southwest 117th Terrace		Amount of Each Disbursement this Period 1500.00
City Pinecrest State FL Zip Code 33156-4821	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Meg Green Full Name (Last, First, Middle Initial)		Transaction ID: D11785 Date of Disbursement 12 / 07 / 2004
Mailing Address 2627 Ives Dairy Road		Amount of Each Disbursement this Period 1000.00
City Miami State FL Zip Code 33180-1900	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. John C. Haas		Transaction ID: D11954 Date of Disbursement 12 / 20 / 2004
Mailing Address 330 North Spring Mill Road		Amount of Each Disbursement this Period 833.33
City Villanova State PA Zip Code 19085-1737	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Christopher Hand		Transaction ID: D11921 Date of Disbursement 12 / 10 / 2004
Mailing Address 5607 Auburn Road Apartment D		Amount of Each Disbursement this Period 100.00
City Jacksonville State FL Zip Code 32207-7567	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Patricia R. Hogan		Transaction ID: D11873 Date of Disbursement 12 / 20 / 2004
Mailing Address 913 Sorrento Road		Amount of Each Disbursement this Period 2000.00
City Jacksonville State FL Zip Code 32207-3911	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2933.33
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Ms. Lora Hunter		Transaction ID: D11958 Date of Disbursement 12 / 07 / 2004
Mailing Address 4500 9th Avenue North		Amount of Each Disbursement this Period 1250.00
City State Zip Code St. Petersburg FL 33713-6234	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Karlin & Fleisher		Transaction ID: D11955 Date of Disbursement 12 / 02 / 2004
Mailing Address 111 West Washington Street Suite 1505		Amount of Each Disbursement this Period 250.00
City State Zip Code Chicago IL 60602-2709	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Gerald Katcher		Transaction ID: D11899 Date of Disbursement 12 / 20 / 2004
Mailing Address 4197 South Douglas Road		Amount of Each Disbursement this Period 500.00
City State Zip Code Miami FL 33133-6832	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Ms Julane Katz		Transaction ID: D11877 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 7300 Dearwester Drive Apartment 124		Amount of Each Disbursement this Period 2000.00
City Cincinnati State OH Zip Code 45236-6108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Refund Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kristen Keen		Transaction ID: D11922 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address 1312 Bridgeport Drive		Amount of Each Disbursement this Period 1000.00
City Winter Park State FL Zip Code 32789-5924	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Refund Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gary Kompothecras		Transaction ID: D11945 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address Post Office Box 25308		Amount of Each Disbursement this Period 1000.00
City Sarasota State FL Zip Code 34277-2308	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Refund Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

A. F Lynn Leverett Full Name (Last, First, Middle Initial) Mailing Address 7604 Southwest 178th Terrace City Miami State FL Zip Code 33157-6431 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D11943 Date of Disbursement 12 / 17 / 2004 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
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B. Charles H. Lydecker Full Name (Last, First, Middle Initial) Mailing Address 18 Broadriver Road City Ormond Beach State FL Zip Code 32174 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D11934 Date of Disbursement 12 / 20 / 2004 Amount of Each Disbursement this Period 225.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Rebecca Mandich Full Name (Last, First, Middle Initial) Mailing Address 1527 Waverley Street City Palo Alto State CA Zip Code 94301-3642 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D11903 Date of Disbursement 12 / 20 / 2004 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
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SUBTOTAL of Disbursements This Page (optional) ▶	1725.97
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. James V Manning		Transaction ID: D11950 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address Post Office Box 30765		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 State Zip Code Sea Island GA 31561-0765	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Anthony Martori		Transaction ID: D11898 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 7008 North Desert Fairways Drive		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 State Zip Code Scottsdale AZ 85253-3337	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Seymour Mednick		Transaction ID: D11923 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 210 West Rittenhouse Square Apartment 1506		Amount of Each Disbursement this Period 1666.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Philadelphia PA 19103-5773	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4666.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

A. Edna Morris Full Name (Last, First, Middle Initial) Mailing Address 6126 Ches Court City Orlando State FL Zip Code 32819-4315 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11936 Date of Disbursement 12 / 20 / 2004 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
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B. Robert Morse Full Name (Last, First, Middle Initial) Mailing Address 2651 Northeast 4th Street City Pompano Beach State FL Zip Code 33062-4918 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11919 Date of Disbursement 12 / 20 / 2004 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
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C. Jon C Moyle Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 3888 City West Palm Beach State FL Zip Code 33402-3888 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D12057 Date of Disbursement 12 / 20 / 2004 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Panama Internal Medicine Associates		Transaction ID: D11962 Date of Disbursement 12 / 02 / 2004
Mailing Address Post Office Box 931		Amount of Each Disbursement this Period 2000.00
City Lynn Haven State FL Zip Code 32444-0931	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Robert L. Parks		Transaction ID: D11878 Date of Disbursement 12 / 20 / 2004
Mailing Address 330 Alhambra Circle		Amount of Each Disbursement this Period 2000.00
City Coral Gables State FL Zip Code 33134-5004	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Amy Rao		Transaction ID: D11902 Date of Disbursement 12 / 20 / 2004
Mailing Address 228 Seale Avenue		Amount of Each Disbursement this Period 2000.00
City Palo Alto State CA Zip Code 94301-3813	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

A. Elizabeth M Ray Full Name (Last, First, Middle Initial) Elizabeth M Ray Mailing Address 288 Bayview Drive City Polson State MT Zip Code 59860-9657 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D11889 Date of Disbursement 12 / 20 / 2004 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Elizabeth M Ray Full Name (Last, First, Middle Initial) Elizabeth M Ray Mailing Address 288 Bayview Drive City Polson State MT Zip Code 59860-9657 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D11890 Date of Disbursement 12 / 20 / 2004 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. James H. Rubenstein Full Name (Last, First, Middle Initial) James H. Rubenstein Mailing Address 13301 Ponderosa Way City Fort Myers State FL Zip Code 33907-7823 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D11949 Date of Disbursement 12 / 20 / 2004 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
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SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Seymour Schwartz		Transaction ID: D11894 Date of Disbursement 12 / 17 / 2004
Mailing Address 100 Putnam Green		Amount of Each Disbursement this Period 250.00
City Greenwich State CT Zip Code 06830-6877	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Marvis Snell		Transaction ID: D11859 Date of Disbursement 12 / 20 / 2004
Mailing Address 10608 US 41 North		Amount of Each Disbursement this Period 1000.00
City Palmetto State FL Zip Code 34221-8726	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Theodore Spencer		Transaction ID: D11901 Date of Disbursement 12 / 20 / 2004
Mailing Address 22 West 12th Street Apt. 1		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 11011	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Mary Ann Stiles		Transaction ID: D11959 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address 315 South Plant Avenue		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33606-2325	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Refund	Candidate Name	010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John J. Upchurch		Transaction ID: D11777 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address 333 Ocean Shore Boulevard		Amount of Each Disbursement this Period 2250.00
City Ormond Beach State FL Zip Code 32176-5738	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Refund	Candidate Name	010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Venable		Transaction ID: D11786 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address 3364 Rackley Road		Amount of Each Disbursement this Period 1000.00
City Brooksville State FL Zip Code 34604-7019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Refund	Candidate Name	010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4250.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Charles Whitehead		Transaction ID: D11782 Date of Disbursement 12 / 17 / 2004	
Mailing Address Post Office Box 16689		Amount of Each Disbursement this Period 1000.00	
City Panama City State FL Zip Code 32406	Purpose of Disbursement Contribution Refund Candidate Name	010 Category/ Type <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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Sophia Yen		Transaction ID: D11891 Date of Disbursement 12 / 20 / 2004	
Mailing Address 222 Parnassus Avenue Apartment F		Amount of Each Disbursement this Period 1999.00	
City San Francisco State CA Zip Code 94117-3860	Purpose of Disbursement Contribution Refund Candidate Name	010 Category/ Type <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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

2999.00

TOTAL This Period (last page this line number only)

54874.97

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kathy Castor			Nature of Debt (Purpose): Reimbursement - Travel
Mailing Address 3012 West Harbor View Avenue			
City State Tampa FL	ZIP Code 33611-1645		

Outstanding Balance Beginning This Period 2151.84		Transaction ID: D11367	
Amount Incurred This Period 0.00	Payment This Period 2151.84	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Siobhan Cornwell			Nature of Debt (Purpose): Reimbursement - Travel
Mailing Address 17104 Carrington Park Apartment 531			
City State Tampa FL	ZIP Code 33647		

Outstanding Balance Beginning This Period 1055.78		Transaction ID: D11365	
Amount Incurred This Period 0.00	Payment This Period 1055.78	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cunningham, Harris, Cline			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 201 Grand Central Avenue			
City State Ripley WV	ZIP Code 25271		

Outstanding Balance Beginning This Period 2992.00		Transaction ID: D11368	
Amount Incurred This Period 0.00	Payment This Period 2992.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	[]
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 90 / 91
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Karen Dentel	Nature of Debt (Purpose): Reimbursement - Event Fees
Mailing Address 512 Bianca Court	
City State ZIP Code Altamonte Springs FL 32701-6816	

Outstanding Balance Beginning This Period <input type="text" value="737.70"/>	Transaction ID: D11366	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="737.70"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hattaway Communications	Nature of Debt (Purpose): Communications Consulting Fee
Mailing Address 401 Commonwealth Avenue	
City State ZIP Code Boston MA 02107	

Outstanding Balance Beginning This Period <input type="text" value="16666.00"/>	Transaction ID: D11364	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="16666.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Synetech Group, Inc.	Nature of Debt (Purpose): Donor Compliance
Mailing Address 1228 Cedars Court Suite East	
City State ZIP Code Charlottesville VA 22903	

Outstanding Balance Beginning This Period <input type="text" value="23196.40"/>	Transaction ID: D11371	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="23196.40"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 91 / 91
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Betty Castor for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Synetech Group, Inc.	Nature of Debt (Purpose): Donor Compliance
Mailing Address 1228 Cedars Court Suite East	
City State ZIP Code Charlottesville VA 22903	

Outstanding Balance Beginning This Period	Transaction ID: D11372	
5666.70		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	5666.70	0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	