

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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  
Florida Sugar Cane League PAC

ADDRESS (number and street) 1301 Pennsylvania Ave NW Ste 401  
 Check if different than previously reported. (ACC)  
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00012328  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 03 31 2009

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 Ryan Weston

Signature of Treasurer Electronically Filed by Ryan Weston Date 04 13 2009

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

Office Use Only								
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Florida Sugar Cane League PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">938.53</td></tr></table>	938.53
Y	Y	Y	Y									
2	0	0	9									
938.53												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">938.53</td></tr></table>	938.53										
938.53												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">53400.00</td></tr></table>	53400.00	<table border="1" style="width: 100%;"><tr><td align="center">53400.00</td></tr></table>	53400.00								
53400.00												
53400.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">54338.53</td></tr></table>	54338.53	<table border="1" style="width: 100%;"><tr><td align="center">54338.53</td></tr></table>	54338.53								
54338.53												
54338.53												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">42000.00</td></tr></table>	42000.00	<table border="1" style="width: 100%;"><tr><td align="center">42000.00</td></tr></table>	42000.00								
42000.00												
42000.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">12338.53</td></tr></table>	12338.53	<table border="1" style="width: 100%;"><tr><td align="center">12338.53</td></tr></table>	12338.53								
12338.53												
12338.53												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Florida Sugar Cane League PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	44400.00	44400.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	44400.00	44400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	9000.00	9000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	53400.00	53400.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	53400.00	53400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	53400.00	53400.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	42000.00	42000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42000.00	42000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42000.00	42000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	53400.00	53400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53400.00	53400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 27</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.**

Full Name (Last, First, Middle Initial) A Duda & Sons, Inc PAC		Date of Receipt MM / DD / YYYY 03 / 02 / 2009
Mailing Address PO Box 257		<b>Transaction ID:</b> 90319.C307
City Oviedo	State FL	Zip Code 32765
FEC ID number of contributing federal political committee. <b>C</b> C00213231		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) United States Sugar Corp ESOP PAC		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address PO Box 1207		<b>Transaction ID:</b> 90408.C315
City Clewiston	State FL	Zip Code 33440-1207
FEC ID number of contributing federal political committee. <b>C</b> C00234120		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9000.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 27  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gerard Bernard

Mailing Address 17111 Gulf Pine Circle

City State Zip Code  
Wellington FL 33414

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
US Sugar Corporation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 28 / 2009

**Transaction ID:** 90218.C297

Amount of Each Receipt this Period 2000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Marianne Bishop

Mailing Address PO Box 865

City State Zip Code  
Clewiston FL 33440

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wife Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 17 / 2009

**Transaction ID:** 90220.C305

Amount of Each Receipt this Period 700.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Robert Buker

Mailing Address 8999 ST RD 80

City State Zip Code  
Moore Haven FL 33471

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
US Sugar Corporation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 28 / 2009

**Transaction ID:** 90218.C299

Amount of Each Receipt this Period 2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 4700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Clinie Cleghorn	Date of Receipt MM / DD / YYYY 02 / 09 / 2009
	Mailing Address 901 Daniels Rd., SE	<b>Transaction ID:</b> 90218.C303
	City State Zip Code Moore Haven FL 33471	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Cleghorn Farms Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Coker	Date of Receipt MM / DD / YYYY 01 / 28 / 2009
	Mailing Address 17212 Gulf Pine Circle	<b>Transaction ID:</b> 90218.C293
	City State Zip Code Wellington FL 33414	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer US Sugar Corporation Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Dickson	Date of Receipt MM / DD / YYYY 02 / 09 / 2009
	Mailing Address 3159 US Highway 27	<b>Transaction ID:</b> 90218.C302
	City State Zip Code Clewiston FL 33440	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Dicksons Enterprises Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Alexander Fanjul	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 110 Chateaux Dr.	<b>Transaction ID:</b> 90408.C311
	City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Osceola Farms Company Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alfonso Fanjul	Date of Receipt MM / DD / YYYY 01 / 28 / 2009
	Mailing Address One North Clematis Street Suite 200	<b>Transaction ID:</b> 90218.C295
	City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Florida Crystals Corporation Chairman and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Andres Fanjul	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address One North Clematis Street Suite 200	<b>Transaction ID:</b> 90408.C310
	City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Florida Crystals Corporation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.**

Full Name (Last, First, Middle Initial) Jose Fanjul		Date of Receipt MM / DD / YYYY 01 / 28 / 2009
Mailing Address One North Clematis Street Suite 200		Transaction ID: 90218.C294
City West Palm Beach	State FL	Zip Code 33401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Florida Crystals Corporation	Occupation Vice Chairman and COO	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Jose, Jr. Fanjul		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 220 El Dorado Ln		Transaction ID: 90408.C309
City Palm Beach	State FL	Zip Code 33480-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Florida Crystals Corporation	Occupation Vice President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Ardis Hammock		Date of Receipt MM / DD / YYYY 01 / 27 / 2009
Mailing Address 5895 E. CR 720		Transaction ID: 90218.C292
City Moore Haven	State FL	Zip Code 33471-5920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Frierson Farms	Occupation Farmer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald Kelley	Date of Receipt MM / DD / YYYY 02 / 12 / 2009
	Mailing Address 625 E Highway 27	<b>Transaction ID:</b> 90218.C304
	City State Zip Code Clewiston FL 33440	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Rocking K Farms Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Roy Lundy	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address PO Box 9	<b>Transaction ID:</b> 90408.C313
	City State Zip Code Moore Haven FL 33471	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Lundy Farms Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Roy Lundy	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address PO Box 9	<b>Transaction ID:</b> 90408.C312
	City State Zip Code Moore Haven FL 33471	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Lundy Farms Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 27  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.**

Full Name (Last, First, Middle Initial)  
Kenneth McDuffie

Mailing Address 105 West Del Monte Ave

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation  
US Sugar Corporation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: 90218.C298

Amount of Each Receipt this Period  
2000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Antonio Perez

Mailing Address 417 Sugarland Hwy

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation  
Cane Nine Corp Farm Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 90319.C308

Amount of Each Receipt this Period  
200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Laura Smith

Mailing Address PO Box 3564

City State Zip Code  
Clewiston FL 33440-3564

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

Name of Employer Occupation  
US Sugar Corporation Wife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: 90218.C300

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 27  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.**

Full Name (Last, First, Middle Initial)  
Byron Storey

Mailing Address 2940 N. US 27 NW

City Moore Haven State FL Zip Code 33974

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

Name of Employer Storey/Lundy Occupation Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 90408.C314  
 Amount of Each Receipt this Period: 250.00  
 Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Sigrid Tiedtke

Mailing Address 1760 Gaines Way

City Winter Park State FL Zip Code 32789

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

Name of Employer KeyBank National Association Occupation Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt: 02 / 09 / 2009  
**Transaction ID:** 90218.C301  
 Amount of Each Receipt this Period: 4800.00  
 Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Jennifer Wade

Mailing Address 209 Ridgewood Ave.

City Clewiston State FL Zip Code 33440

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

Name of Employer Wife Occupation Housewife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 01 / 28 / 2009  
**Transaction ID:** 90218.C296  
 Amount of Each Receipt this Period: 2000.00  
 Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7050.00
<b>TOTAL</b> This Period (last page this line number only) .....	44400.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 27

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

A.	Full Name (Last, First, Middle Initial) Representative Jason Altmire	Transaction ID: 90218.E722 Date of Disbursement 02 / 04 / 2009
	Mailing Address Citizens for Altmire 499 S. Capitol St, SW, Ste 404	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement	Category/Type
	Candidate Name JASON ALTMIRE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Candidate Mike Arcuri	Transaction ID: 90218.E721 Date of Disbursement 02 / 04 / 2009
	Mailing Address Arcuri for Congress PO Box 75214	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20013-	
	Purpose of Disbursement	Category/Type
	Candidate Name MICHAEL A ARCURI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. Gus Bilirakis	Transaction ID: 90408.E760 Date of Disbursement 03 / 26 / 2009
	Mailing Address Bilirakis for Congress P.O. Box 606	Amount of Each Disbursement this Period 500.00
	City Tarpon Springs State FL Zip Code 34688-	
	Purpose of Disbursement	Category/Type
	Candidate Name GUS MICHAEL BILIRAKIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

A.	Full Name (Last, First, Middle Initial) Congressman Jo Bonner	Transaction ID: 90408.E745 Date of Disbursement
	Mailing Address Jo Bonner for Congress P.O. Box 16021	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22302-	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name JO BONNER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rep. Charles Boustany	Transaction ID: 90408.E741 Date of Disbursement
	Mailing Address Boustany for Congress 2501 Wisconsin Ave, NW, #304	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20007-	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name CHARLES DR. BOUSTANY, JR.	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. Bobby Bright	Transaction ID: 90218.E720 Date of Disbursement
	Mailing Address Bright for Congress 209 Penn Ave, SE	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name BOBBY NEAL BRIGHT, SR	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

A.	Full Name (Last, First, Middle Initial) Congresswoman Corrine Brown	Transaction ID: 90408.E744 Date of Disbursement 03 / 17 / 2009
	Mailing Address Friends of Corrine Brown 3563 Carriage Walk Lane	Amount of Each Disbursement this Period 500.00
	City Laurel State MD Zip Code 20724-	
	Purpose of Disbursement	Category/Type
	Candidate Name CORRINE BROWN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Rep. Vern Buchanan (R-FL)	Transaction ID: 90408.E754 Date of Disbursement 03 / 26 / 2009
	Mailing Address Vern Buchanan for Congress PO Box 48928	Amount of Each Disbursement this Period 500.00
	City Sarasota State FL Zip Code 34230-	
	Purpose of Disbursement	Category/Type
	Candidate Name VERNON BUCHANAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Congressman George K. Butterfield	Transaction ID: 90408.E759 Date of Disbursement 03 / 26 / 2009
	Mailing Address G.K. Butterfield for Congress PO Box 2571	Amount of Each Disbursement this Period 500.00
	City Wilson State NC Zip Code 27893-	
	Purpose of Disbursement	Category/Type
	Candidate Name G K BUTTERFIELD	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1500.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

A.	Full Name (Last, First, Middle Initial) Rep. Kathy Dahlkemper	Transaction ID: 90408.E749 Date of Disbursement 03 / 19 / 2009
	Mailing Address Kathy Dahlkemper for Congress P.O. Box 1045	Amount of Each Disbursement this Period 1000.00
	City Erie	State PA
	Zip Code 16512-	
	Purpose of Disbursement	Category/ Type
	Candidate Name KATHLEEN ANN DAHLKEMPER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 03	
B.	Full Name (Last, First, Middle Initial) Rep. Brad Ellsworth	Transaction ID: 90408.E746 Date of Disbursement 03 / 17 / 2009
	Mailing Address Brad Ellsworth for Congress P.O. Box 636	Amount of Each Disbursement this Period 500.00
	City Annandale	State VA
	Zip Code 22003-	
	Purpose of Disbursement	Category/ Type
	Candidate Name BRAD ELLSWORTH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IN District: 08	
C.	Full Name (Last, First, Middle Initial) Congresswoman Virginia Foxx	Transaction ID: 90408.E743 Date of Disbursement 03 / 17 / 2009
	Mailing Address Virginia Foxx for Congress P.O. Box 1100	Amount of Each Disbursement this Period 1000.00
	City Clemmons	State NC
	Zip Code 27012-	
	Purpose of Disbursement	Category/ Type
	Candidate Name VIRGINIA ANN FOXX	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District: 05	

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

2500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sen. Kirsten Gillibrand</p> <p>Mailing Address Gillibrand for Senate 777 7th Street, NW, #1019</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement</p> <p>Candidate Name KIRSTEN ELIZABETH GILLIBRAND</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90408.E761 <b>Date of Disbursement</b> 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cand. Alan Grayson</p> <p>Mailing Address Committee to Elect Alan Grayson 2206 East Colonial Drive</p> <p>City Orlando State FL Zip Code 32803-</p> <p>Purpose of Disbursement</p> <p>Candidate Name ALAN MARK GRAYSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90408.E740 <b>Date of Disbursement</b> 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cand. Parker Griffith</p> <p>Mailing Address Griffith for Congress 499 South Capitol St, SW, Ste 404</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement DEBT RETIREMENT</p> <p>Candidate Name R PARKER GRIFFITH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90319.E728 <b>Date of Disbursement</b> 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>DEBT RETIREMENT</p>

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Senator Johnny Isakson</p> <p>Mailing Address Georgians for Isakson 900 19th St, NW, 8th Floor</p> <p>City Washington State DC Zip Code 20006-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name JOHN HARDY ISAKSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90408.E758 <b>Date of Disbursement</b> 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rep. Lynn Jenkins</p> <p>Mailing Address Lynn Jenkins for Congress 104 Hume Ave</p> <p>City Alexandria State VA Zip Code 22301-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name LYNN JENKINS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90408.E747 <b>Date of Disbursement</b> 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rep. Steve Kagen (D-WI)</p> <p>Mailing Address Kagen 4 Congress 100 W College Ave, 50-D</p> <p>City Appleton State WI Zip Code 54911-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name STEVEN L KAGEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90218.E726 <b>Date of Disbursement</b> 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rep. Larry Kissell</p> <p>Mailing Address Kissell for Congress 501 Capitol Court, NE, Ste 100</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name LARRY W KISSELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90408.E756 <b>Date of Disbursement</b> 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rep. Frank Kratovil</p> <p>Mailing Address Kratovil for Congress 499 S Capitol St, SW, Ste 404</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name FRANK KRATOVIL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90408.E751 <b>Date of Disbursement</b> 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Congressman John Lewis</p> <p>Mailing Address John Lewis for Congress PO Box 636</p> <p>City Annandale State VA Zip Code 22003-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name JOHN MR. LEWIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90319.E738 <b>Date of Disbursement</b> 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

A.	Full Name (Last, First, Middle Initial) Senator Blanche Lambert Lincoln	Transaction ID: 90408.E757 Date of Disbursement 03 / 26 / 2009
	Mailing Address Friends of Blanche Lincoln 303 Massachusetts Ave, NE	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20002-	
	Purpose of Disbursement	Category/Type
	Candidate Name BLANCHE LAMBERT LINCOLN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rep. Blaine Luetkemeyer	Transaction ID: 90408.E748 Date of Disbursement 03 / 19 / 2009
	Mailing Address Blaine Luetkemeyer for Congress 217 Third St, SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement	Category/Type
	Candidate Name BLAINE LUETKEMEYER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. Cynthia Lummis	Transaction ID: 90319.E729 Date of Disbursement 02 / 24 / 2009
	Mailing Address Lummis for Congress 2015 Central Ave., Suite 200	Amount of Each Disbursement this Period 1000.00
	City Cheyenne State WY Zip Code 82001-	
	Purpose of Disbursement	Category/Type
	Candidate Name CYNTHIA MARIE LUMMIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	





# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Congressman Jerry Moran</p> <p>Mailing Address Moran for Kansas PO Box 1151</p> <p>City Hays State KS Zip Code 67601-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name JERRY MORAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90408.E752 <b>Date of Disbursement</b> 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rep. Gary Peters (D-MI-09)</p> <p>Mailing Address Peters for Congress PO Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303-0226</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name GARY PETERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90319.E735 <b>Date of Disbursement</b> 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Congressman Earl Pomeroy</p> <p>Mailing Address Pomeroy for Congress P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name EARL RALPH POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90319.E737 <b>Date of Disbursement</b> 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

4000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

A.	Full Name (Last, First, Middle Initial) Cand. Bill Posey	Transaction ID: 90408.E755 Date of Disbursement 03 / 26 / 2009
	Mailing Address Friends of Bill Posey PO Box 360877	Amount of Each Disbursement this Period 500.00
	City Melbourne State FL Zip Code 32936-	
	Purpose of Disbursement	Category/Type
	Candidate Name BILL POSEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jim Risch	Transaction ID: 90319.E732 Date of Disbursement 02 / 25 / 2009
	Mailing Address Jim Risch for Senate PO Box 124	Amount of Each Disbursement this Period 2000.00
	City Boise State ID Zip Code 83701-	
	Purpose of Disbursement	Category/Type
	Candidate Name JAMES E RISCH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Congressman John T. Salazar	Transaction ID: 90319.E739 Date of Disbursement 03 / 05 / 2009
	Mailing Address John Salazar for Congress PO Box 1737	Amount of Each Disbursement this Period 500.00
	City Alamosa State CO Zip Code 81101-	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN T SALAZAR	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rep. Mark Schauer (D-MI-07)</p> <p>Mailing Address Schauer for Congress PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name MARK HAMILTON SCHAUER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90319.E736</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Congressman David A. Scott</p> <p>Mailing Address David Scott for Congress 162 Hurt Street NE</p> <p>City Atlanta State GA Zip Code 30307-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name DAVID ALBERT SCOTT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90408.E742</p> <p>Date of Disbursement MM / DD / YYYY 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Congressman John M. Spratt Jr.</p> <p>Mailing Address John Spratt for Congress PO Box 636</p> <p>City Annandale State VA Zip Code 22003-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name JOHN MCKEE SPRATT, JR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90218.E725</p> <p>Date of Disbursement MM / DD / YYYY 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

A.	Full Name (Last, First, Middle Initial) Senator David Vitter	Transaction ID: 90319.E727 Date of Disbursement MM / DD / YYYY 02 / 12 / 2009
	Mailing Address: David Vitter for U.S. Senate 912 F Street, NW, #1106	Amount of Each Disbursement this Period 2000.00
	City: Washington State: DC Zip Code: 20004-	
	Purpose of Disbursement	Category/Type
	Candidate Name: DAVID VITTER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Congresswoman Debbie Wasserman-Schultz	Transaction ID: 90408.E750 Date of Disbursement MM / DD / YYYY 03 / 17 / 2009
	Mailing Address: DWS for Congress P.O. Box 71147	Amount of Each Disbursement this Period 1000.00
	City: Washington State: DC Zip Code: 20024-	
	Purpose of Disbursement	Category/Type
	Candidate Name: DEBBIE WASSERMAN SCHULTZ	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Congressman Robert Wexler	Transaction ID: 90408.E753 Date of Disbursement MM / DD / YYYY 03 / 26 / 2009
	Mailing Address: Wexler for Congress PO Box 810669	Amount of Each Disbursement this Period 500.00
	City: Boca Raton State: FL Zip Code: 33431-	
	Purpose of Disbursement	Category/Type
	Candidate Name: ROBERT WEXLER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	42000.00