

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 Tim Mahoney for Florida

ADDRESS (number and street) 4114 Northlake Blvd Ste 300 Check if different than previously reported. (ACC) Palm Beach Gardens FL 33410

2. FEC IDENTIFICATION NUMBER C00416016 CITY STATE ZIP CODE STATE DISTRICT 3. IS THIS REPORT NEW OR AMENDED FL 16

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 09 05 2006 in the State of FL (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 07 01 2006 through 08 16 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Bill Sauers Signature of Treasurer Electronically Filed by Bill Sauers Date 12 01 2006

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

Tim Mahoney for Florida

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
1	6

Y	Y	Y	Y
2	0	0	6

	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)).....	54580.23	586267.23
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	11400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	54580.23	574867.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	277974.00	557894.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	885.49	885.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	277088.51	557008.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	118141.93	
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).....	97400.00	

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
Tim Mahoney for Florida

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
1	6

Y	Y	Y	Y
2	0	0	6

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).....

29700.23

427447.23

(ii) Unitemized.....

3380.00

17820.00

(iii) TOTAL of contributions

33080.23

445267.23

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

21500.00

119400.00

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

0.00

21600.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

54580.23

586267.23

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

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

0.00

0.00

13. LOANS

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

0.00

327400.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

327400.00

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

885.49

885.49

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

629.41

2883.08

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

56095.13

917435.80

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	277974.00	557894.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	230000.00	230000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	230000.00	230000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	11400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	11400.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	507974.00	799294.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	570020.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	56095.13
25. SUBTOTAL (add Line 23 and Line 24).....	626115.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	507974.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	118141.93

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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)
Tim Mahoney for Florida

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

Mailing Address 4850 Wingrove Blvd.

City State Zip Code
Orlando FL 32819

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

Name of Employer Occupation
Voxeo VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: C3337926

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)
Gilbert Bachman

Mailing Address 1824 royal palm way

City State Zip Code
boca raton FL 33432

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

Name of Employer Occupation
none none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: C3422912

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)
Steven G. Calamusa

Mailing Address 122 Marlberry Cir

City State Zip Code
Jupiter FL 33458-2846

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

Name of Employer Occupation
Gordon & Doner Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2006

Transaction ID: C3423567

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)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Brian E. Callahan

Mailing Address 15 Hickory Dr

City State Zip Code
Medfield MA 02052-1132

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

Name of Employer
CONTINENTAL WINGATE COMP- NY/
Occupation
CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2006

Transaction ID: C3334236

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)
Julie M. Callahan

Mailing Address 191 Center St

City State Zip Code
North Easton MA 02356-1903

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

Name of Employer
Information Requested
Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2006

Transaction ID: C3334243

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)
John Carroll

Mailing Address 11380 Prosperity Farms Rd
P.O. Box 31794

City State Zip Code
West Palm Beach FL 33410-3469

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

Name of Employer
John W. Carroll Attorney at Law
Occupation
Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: C3337935

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 7 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Russell Cleveland

Mailing Address 8080 N Central Expressway

City Dallas State TX Zip Code 75206

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

Name of Employer self Occupation real estate management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2006

Transaction ID: C3426510

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)
Nelson W. Cunningham

Mailing Address 1515 31st St NW

City Washington State DC Zip Code 20007-3075

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

Name of Employer Kissinger McLarty Associates Occupation managing partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: C3338253

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)
Don Delaney

Mailing Address 8422 SE Royal St

City Hobe Sound State FL Zip Code 33455-2931

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

Name of Employer Information Requested Occupation CONSULTANT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2006

Transaction ID: C3426554

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) ► 2000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Earl L. Denney, Jr.

Mailing Address 2127 Regents Blvd

City State Zip Code
West Palm Bch FL 33409-7302

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

Name of Employer Occupation
Searcy & Denney et al ATTORNEY

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2212.62

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2006

Transaction ID: C3426608

Amount of Each Receipt this Period
212.62

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

* In-Kind: Mailing - Above & Beyond Reprograph

B. Full Name (Last, First, Middle Initial)
Claude Fontheim

Mailing Address 3054 Davenport St NW

City State Zip Code
Washington DC 20008-2115

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

Name of Employer Occupation
Fontheim International, LLC Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2006

Transaction ID: C3338252

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)
Marla Fountain

Mailing Address 6215 S Flagler Dr

City State Zip Code
West Palm Bch FL 33405-4115

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

Name of Employer Occupation
n/a Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 09 / 2006

Transaction ID: C3426472

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) ► **962.62**

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 9 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Bruce E Franklin

Mailing Address 6161 SE Landing Way
Apt 4

City State Zip Code
Stuart FL 34997-1890

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
07 / 11 / 2006

Transaction ID: C3334257

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Robert E. 'Bob' E. Gordon

Mailing Address 6124 Wildcat Run

City State Zip Code
West Palm Beach FL 33412-3007

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

Name of Employer Gordon & Doner, PA Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2006

Transaction ID: C3423564

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)
Barbara Grodd

Mailing Address 1035 5th Ave

City State Zip Code
New York NY 10028-0135

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

Name of Employer Retired Occupation Retired Social Worker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: C3422830

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
William Groeneveld

Mailing Address 7385 Oakboro Drive

City State Zip Code
Lake Worth FL 33467

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

Name of Employer vFinance Occupation Trader

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2006

Transaction ID: C3423569

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Douglas Karlson

Mailing Address 260 Karlson Rd

City State Zip Code
Venus FL 33960-2324

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 299.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2006

Transaction ID: C3334347

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Arthur J Kobacker

Mailing Address 17963 Lake Estates Dr

City State Zip Code
Boca Raton FL 33496-1429

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
MM / DD / YYYY
07 / 05 / 2006

Transaction ID: C3337985

Amount of Each Receipt this Period
1000.00

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

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

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 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Nancy L. LaVista

Mailing Address 800 Ocean Dr
APT 201

City Juno Beach State FL Zip Code 33408-1717

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

Name of Employer Lytal, Reiter, Clark, Fountain & Willi Occupation Lawyer

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

350.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2006

Transaction ID: C3423565

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Lake H. Lytal, Sr.

Mailing Address 515 N FLAGLER DR NORT

City West Palm Beach State FL Zip Code 33401

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

Name of Employer Lytal, Reiter, Clark, Fountain Occupation ATTORNEY

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

1212.61

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: C3426606

Amount of Each Receipt this Period
212.61

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

* In-Kind: Above & Beyond Reprographics

C. Full Name (Last, First, Middle Initial)
Sherwin Markman

Mailing Address 1858 SW Bradford Pl

City Palm City State FL Zip Code 34990-5749

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

Name of Employer Hogan & Hartson, Author, Self Employed Occupation Lawyer

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: C3338255

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1312.61
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 / 127
	<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. IA Mascioli		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address 1004 S US Highway 1		Transaction ID: C3426482	
City State Zip Code Fort Pierce FL 34950-5130	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 Allen Real Estate Realtor	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Thomas And Teresa Massie		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address 6 Jonas Stone Cir		Transaction ID: C3337160	
City State Zip Code Lexington MA 02420-2136	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 Bridgeline, Inc. Chairman	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Robert G. Najarian		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address 286 Mayflower Cir		Transaction ID: C3334246	
City State Zip Code Hanover MA 02339-2106	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 Wingate Management Executive	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 127
	<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)
Tim Mahoney for Florida

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

Mailing Address 2139 Palm Beach Lakes Blvd

City State Zip Code
West Palm Beach FL 33409-6601

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

Name of Employer Occupation
AFTL Fund Raiser

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: C3337934

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)
James W. Piowaty

Mailing Address 8005 S Indian River Dr

City State Zip Code
Fort Pierce FL 34982-7818

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

Name of Employer Occupation
Retired Retired

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

1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 12 / 2006

Transaction ID: C3422825

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)
Justine F Postal

Mailing Address 609 Piedmont Rd

City State Zip Code
West Palm Bch FL 33405-1534

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

Name of Employer Occupation
WPB Library Librarian

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2006

Transaction ID: C3423568

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)	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 14 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Stuart Schechter

Mailing Address 3858 Sheridan St

City State Zip Code
Hollywood FL 33021-3625

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

Name of Employer Self Employed Occupation
Lawyer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2006

Transaction ID: C3426485

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Stuart Schechter

Mailing Address 3858 Sheridan St

City State Zip Code
Hollywood FL 33021-3625

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

Name of Employer Self Employed Occupation
Lawyer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2006

Transaction ID: C3426486

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
Gerald Schuster

Mailing Address 101 Jungle Rd

City State Zip Code
Palm Beach FL 33480-4809

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

Name of Employer Continental Wingate, Inc Occupation
Landlord

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2006

Transaction ID: C3334250

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 127
	<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Mark S. Schuster		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address 59 Essex Rd		Transaction ID: C3334247	
City Chestnut Hill	State MA	Amount of Each Receipt this Period 500.00	
Zip Code 02467-1316		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Bluestone Holdings	Occupation Real Estate Developer		
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. Scott C. Schuster		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2006	
Mailing Address 90 Suffolk Rd		Transaction ID: C3334249	
City Chestnut Hill	State MA	Amount of Each Receipt this Period 500.00	
Zip Code 02467-1218		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Continental Wingate Co	Occupation Manager		
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. John Shelton		Date of Receipt M M / D D / Y Y Y Y Y 08 / 12 / 2006	
Mailing Address 7903 S Indian River Dr		Transaction ID: C3422826	
City Fort Pierce	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 34982-7864		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
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) ▶	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 16 / 127
	<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Anne Slaughter Slaughter Andrew		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
Mailing Address 11509 Dahlia Ter		Transaction ID: C3338256
City Potomac	State MD	Zip Code 20854-1174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Patton Boggs	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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. Elizabeth A. Smith		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 375 S County Rd STE 220		Transaction ID: C3337937
City Palm Beach	State FL	Zip Code 33480-4407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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. Michael S. Smith		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 13556 Northumberland Cir		Transaction ID: C3337936
City Wellington	State FL	Zip Code 33414-8930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lesser, Lesser, Landy and Smith, PA	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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 17 / 127
	<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)
Tim Mahoney for Florida

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

Mailing Address 2131 Lakeview Dr
Apt 604

City State Zip Code
Sebring FL 33870-3198

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) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: C3336322

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)
Georgia P. Steiger

Mailing Address 2131 Lakeview Dr
Apt 604

City State Zip Code
Sebring FL 33870-3198

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) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2006

Transaction ID: C3426469

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)
Ray and Ellyn G Stevenson

Mailing Address 1 NE Lagoon Island Ct

City State Zip Code
Stuart FL 34996-6514

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) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 08 / 2006

Transaction ID: C3421588

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 18 / 127
	<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Marie Sylla		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 502 W Broad St Apt 201		Transaction ID: C3338250
City Falls Church	State VA	Zip Code 22046-3208
Amount of Each Receipt this Period 250.00		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
FEC ID number of contributing federal political committee. C		
Name of Employer T-Mobile USA, Inc.	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	

Full Name (Last, First, Middle Initial) B. Anna M Timmons		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006
Mailing Address 1190 SW Chapman Way Apt 305		Transaction ID: C3426870
City Palm City	State FL	Zip Code 34990-2407
Amount of Each Receipt this Period 250.00		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
FEC ID number of contributing federal political committee. C		
Name of Employer Not employed	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Kathleen M.H. Wallman		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 9332 Ramey Ln		Transaction ID: C3338257
City Great Falls	State VA	Zip Code 22066
Amount of Each Receipt this Period 500.00		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
FEC ID number of contributing federal political committee. C		
Name of Employer Georgetown University	Occupation professor	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Michael Wetzel

Mailing Address PO Box 12699

City State Zip Code
Fort Pierce FL 34979-2699

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

Name of Employer Occupation
Sunrise Ford Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: C3422829

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)
R.J. White

Mailing Address 20 W Farmington St

City State Zip Code
Fenwick Island DE 19944-4519

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2006

Transaction ID: C3336323

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)
William 'Rick' Wolff

Mailing Address 1088 Park Ave
APT 8A

City State Zip Code
New York NY 10128-1132

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

Name of Employer Occupation
Lykos Capital Management Hedge Fund Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2006

Transaction ID: C3421593

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 20 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Gordon and Tracy Baskin

Mailing Address 1900 NW Cove Cir

City State Zip Code
Stuart FL 34994-9468

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

Name of Employer Occupation
Gastroenterology Consultants PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2006

Transaction ID: C3336612A

Amount of Each Receipt this Period
500.00

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

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2006

Transaction ID: C3336612AB

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]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Murray Berrie

Mailing Address 14745 Draft Horse Ln

City State Zip Code
Wellington FL 33414-1008

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: C3337258

Amount of Each Receipt this Period
50.00

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

* Earmarked Contribution:
See Below

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

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 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: C3337258B

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]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Murray Berrie

Mailing Address 14745 Draft Horse Ln

City State Zip Code
Wellington FL 33414-1008

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2006

Transaction ID: C3425390

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2006

Transaction ID: C3425390B

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]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	▶	50.00
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 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Phillip Elmore

Mailing Address 14550 Crazy Horse Ln

City State Zip Code
West Palm Beach FL 33418-7969

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

Name of Employer Savasort, Inc Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2006

Transaction ID: C3334392

Amount of Each Receipt this Period
100.00

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

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2006

Transaction ID: C3334392B

Amount of Each Receipt this Period
100.00

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Janice Fisher

Mailing Address 900 Delaware Ave

City State Zip Code
Fort Pierce FL 34950-8518

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

Name of Employer self 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 Y
08 / 09 / 2006

Transaction ID: C3425388

Amount of Each Receipt this Period
1000.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2006

Transaction ID: C3425388B

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]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Tammy Hancock

Mailing Address PO Box 1419

City State Zip Code
Sebring FL 33871-1419

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

Name of Employer Occupation
NCT Group CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: C3334345

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2006

Transaction ID: C3334345B

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]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Elizabeth Heston

Mailing Address 1100 SW Shoreline Dr
APT 320

City State Zip Code
Palm City FL 34990-4545

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) ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2006

Transaction ID: C3334258

Amount of Each Receipt this Period
250.00

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

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2006

Transaction ID: C3334258B

Amount of Each Receipt this Period
250.00

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Benjamin P. Lap

Mailing Address 320 N Gordon

City State Zip Code
Ft. Lauderdale FL 33301

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

Name of Employer Biotech Pharma Advisors, LLC Occupation CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2006

Transaction ID: C3425381

Amount of Each Receipt this Period
2000.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2006

Transaction ID: C3425381B

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]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Nancy Miller-Green

Mailing Address 1120 SE Buttonwood Cir

City State Zip Code
Stuart FL 34997-7506

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

Name of Employer Occupation
N/A N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 03 / 2006

Transaction ID: C3336610A

Amount of Each Receipt this Period
25.00

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

C. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 03 / 2006

Transaction ID: C3336610AB

Amount of Each Receipt this Period
25.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	▶	25.00
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 26 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Paul Ruthfield

Mailing Address 145 Legendary Cir

City State Zip Code
Palm Beach Gardens FL 33418-8470

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

Name of Employer Occupation
Morgan Stanley Stock Broker

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

250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2006

Transaction ID: C3339820

Amount of Each Receipt this Period
250.00

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

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

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

.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2006

Transaction ID: C3339820B

Amount of Each Receipt this Period
250.00

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 103 spinnaker lane

City State Zip Code
jupiter FL 33477

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

Name of Employer Occupation
schafer capital management, llc investment advisor

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

2000.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2006

Transaction ID: C3425380

Amount of Each Receipt this Period
2000.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2006

Transaction ID: C3425380B

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]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Alexander Seligman

Mailing Address 27010 Grand Central Pkwy
APT 15-O

City State Zip Code
Floral Park NY 11005-1115

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

Name of Employer Occupation
None Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2006

Transaction ID: C3336604A

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2006

Transaction ID: C3336604AB

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	▶	100.00
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 28 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Alexander Seligman

Mailing Address 27010 Grand Central Pkwy
APT 15-O

City State Zip Code
Floral Park NY 11005-1115

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

Name of Employer Occupation
None Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: C3338772

Amount of Each Receipt this Period
100.00

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

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2006

Transaction ID: C3338772B

Amount of Each Receipt this Period
100.00

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 5 E 22nd St
APT 20H

City State Zip Code
New York NY 10010-5327

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

Name of Employer Occupation
Restricted Securities Trading Network CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2006

Transaction ID: C3425389

Amount of Each Receipt this Period
250.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 127 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
--	--

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 .00

Date of Receipt
 / /

Transaction ID: C3425389B

Amount of Each Receipt this Period

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Joshua Smith

Mailing Address 112 Casa Grande Ct

City State Zip Code
Palm Beach Gardens FL 33418-1706

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

Name of Employer Occupation
none Chiropractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 / /

Transaction ID: C3337940

Amount of Each Receipt this Period

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

C. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 .00

Date of Receipt
 / /

Transaction ID: C3337940B

Amount of Each Receipt this Period

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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 30 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Andrew 'Andy' P Tobias

Mailing Address 787 NE 71st St

City Miami State FL Zip Code 33138-5717

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

Name of Employer self Occupation writer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2006

Transaction ID: C3338259

Amount of Each Receipt this Period
1000.00

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

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

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

Name of Employer Occupation Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2006

Transaction ID: C3338259B

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]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 2981 S Lookout Blvd

City Port Saint Lucie State FL Zip Code 34984-6102

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

Name of Employer Big Brothers Big Sisters Occupation Professional

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 12 / 2006

Transaction ID: C3425391

Amount of Each Receipt this Period
300.00

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

* Earmarked Contribution:
See Below

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

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

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

FOR LINE NUMBER: PAGE 31 / 127
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2006

Transaction ID: C3425391B

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Margol & Pennington, P.A.

Mailing Address 320 1st St N
Ste 609

City State Zip Code
Jacksonville Beach FL 32250-6909

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2006

Transaction ID: C3426445

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Rodney S Margol

Mailing Address 1 Independent Dr
STE 1700

City State Zip Code
Jacksonville FL 32202-5015

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

Name of Employer Occupation
Margol & Pennington Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2006

Transaction ID: C3426449

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 127
	<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)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
C. Rufus Pennington

Mailing Address 1 Independent Dr
STE 1700

City Jacksonville State FL Zip Code 32202-5015

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

Name of Employer Margol & Pennington Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: C3426451

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Reich & Mancini, P.A.

Mailing Address 1100 SW Saint Lucie West Blvd
Ste 103

City Port St Lucie State FL Zip Code 34986-1779

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: C3426517

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1625 SW Saint Andrews Dr

City Palm City State FL Zip Code 34990-2203

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

Name of Employer Reich & Mancini Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: C3426521

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 127
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Andrew A Reich

Mailing Address 1100 SW Saint Lucie West Blvd
Ste 103

City State Zip Code
Port St Lucie FL 34986-1779

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

Name of Employer Reich & Marcini PA Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: C3426524

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	29700.23

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

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

FOR LINE NUMBER: PAGE 34 / 127
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial)
A. American Fed of State, Cty, & Muni Employees PEOPL
 Mailing Address 1625 L St NW
 City State Zip Code
 Washington DC 20036
 FEC ID number of contributing federal political committee. **C** C00011114
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 06 / 2006
Transaction ID: C3336513
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. American Federation of Teachers COPE
 Mailing Address 555 NEW JERSEY AVE., NW
 City State Zip Code
 WASHINGTON DC 20001
 FEC ID number of contributing federal political committee. **C** C70002472
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 10 / 2006
Transaction ID: C3421633
 Amount of Each Receipt this Period
 4500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. AMERIPAC: THE FUND FOR A GREATER AMERICA
 Mailing Address 499 S Capitol St SW Suite 108
 City State Zip Code
 Washington DC 20003-4009
 FEC ID number of contributing federal political committee. **C** C00271338
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2006
Transaction ID: C3339680
 Amount of Each Receipt this Period
 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **8000.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 35 / 127
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 Third Street NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 04 / 2006

Transaction ID: C3419666

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAF

Mailing Address 753 STATE AVENUE SUITE 565

City State Zip Code
KANSAS CITY KS 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 15 / 2006

Transaction ID: C3336762

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)
International Union of Bricklayers & Allied Crafts

Mailing Address 3127 W Hallandale Beach Blvd # 10.1

City State Zip Code
Hallandale FL 33009-5150

FEC ID number of contributing federal political committee. **C** C00003632

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2006

Transaction ID: C3339216

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 127
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. International Union of Bricklayers & Allied Crafts		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006
Mailing Address 3127 W Hallandale Beach Blvd # 10.1		Transaction ID: C3421918
City Hallandale State FL Zip Code 33009-5150	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00003632		<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 ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. MACHINISTS NON-PARTISAN POLITICAL LEAGUE		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 1300 CONNECTICUT AVE NWSUITE 413		Transaction ID: C3338759
City WASHINGTON State DC Zip Code 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C70000435		<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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. OUR COMMON VALUES PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 101 W. Grand Ave. Suite 200		Transaction ID: C3338754
City Chicago State IL Zip Code 60610	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00399014		<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 ▼ 7000.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 127
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. OUR COMMON VALUES PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 101 W. Grand Ave. Suite 200		Transaction ID: C3491730
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00399014	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 7000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. UA Political Education Committee		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 901 Massachusetts Ave NW		Transaction ID: C3336517
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00012476	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 5000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	21500.00

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 38 / 127
	<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) Office Depot Mailing Address Prosperity Center		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
City State Zip Code Palm Beach Gardens FL 33410		Transaction ID: C3426904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 319.49
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 340.78	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) Office Depot Mailing Address Prosperity Center		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
City State Zip Code Palm Beach Gardens FL 33410		Transaction ID: C3426903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.29
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 340.78	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial) ACT BLUE Mailing Address PO Box 382110		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
City State Zip Code Cambridge MA 02238		Transaction ID: C3426903B
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.29
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Conduit total: 10,131.00 Election Cycle-to-Date ▼ .00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶	340.78
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 127
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 4242 Northlake Blvd

City State Zip Code
Palm Beach Gardens FL 33410-6223

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
532.49

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2006

Transaction ID: C3426905

Amount of Each Receipt this Period
532.49

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

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation
Conduit total: 10,131.00

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2006

Transaction ID: C3426905B

Amount of Each Receipt this Period
532.49

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	▶	532.49
TOTAL This Period (last page this line number only)	▶	873.27

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 127
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

A. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 9000 Southside Blvd

City State Zip Code
Jacksonville FL 32256-0793

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2883.08

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2006

Transaction ID: C3426900

Amount of Each Receipt this Period
629.41

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

*

SUBTOTAL of Receipts This Page (optional)	▶	629.41
TOTAL This Period (last page this line number only)	▶	629.41

**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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. A Reiger		Transaction ID: D132315 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address 1675 NW 14th Avenue Apt. #511		Amount of Each Disbursement this Period 998.37
City Boca Raton State FL Zip Code 33432	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. A Reiger		Transaction ID: D132316 Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 1675 NW 14th Avenue Apt. #511		Amount of Each Disbursement this Period 998.38
City Boca Raton State FL Zip Code 33432	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. A Reiger		Transaction ID: D132317 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2006
Mailing Address 1675 NW 14th Avenue Apt. #511		Amount of Each Disbursement this Period 352.61
City Boca Raton State FL Zip Code 33432	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2349.36
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Aaron Carotta		Transaction ID: D132318 Date of Disbursement 07 / 14 / 2006
Mailing Address 2500 Quantum Lakes Dr Ste 203		Amount of Each Disbursement this Period 4000.00
City Boynton Beach State FL Zip Code 33426-8323	Purpose of Disbursement Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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. Aaron Carotta		Transaction ID: D132319 Date of Disbursement 07 / 03 / 2006
Mailing Address 2500 Quantum Lakes Dr Ste 203		Amount of Each Disbursement this Period 5000.00
City Boynton Beach State FL Zip Code 33426-8323	Purpose of Disbursement Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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. Aaron Rents		Transaction ID: D132320 Date of Disbursement 07 / 14 / 2006
Mailing Address 1772 N Military Trl		Amount of Each Disbursement this Period 320.74
City West Palm Beach State FL Zip Code 33409-4714	Purpose of Disbursement Office Furniture Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	9320.74
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Aaron Rents		Transaction ID: D132321	
Mailing Address 1772 N Military Trl		Date of Disbursement 07 / 14 / 2006	
City West Palm Beach	State FL	Zip Code 33409-4714	Amount of Each Disbursement this Period 324.92
Purpose of Disbursement Office Furniture	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) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Aaron Rents		Transaction ID: D132322	
Mailing Address 1772 N Military Trl		Date of Disbursement 08 / 03 / 2006	
City West Palm Beach	State FL	Zip Code 33409-4714	Amount of Each Disbursement this Period 77.61
Purpose of Disbursement Office Furniture	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) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. Aaron Rents		Transaction ID: D132323	
Mailing Address 1772 N Military Trl		Date of Disbursement 08 / 03 / 2006	
City West Palm Beach	State FL	Zip Code 33409-4714	Amount of Each Disbursement this Period 175.44
Purpose of Disbursement Office Furniture	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) ▼		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	577.97
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Aaron Rents		Transaction ID: D132324	
Mailing Address 1772 N Military Trl		Date of Disbursement 08 / 03 / 2006	
City West Palm Beach	State FL	Zip Code 33409-4714	Amount of Each Disbursement this Period 791.01
Purpose of Disbursement Office Furniture	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) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Adobe System		Transaction ID: D132325	
Mailing Address 345 Park Ave		Date of Disbursement 07 / 18 / 2006	
City San Jose	State CA	Zip Code 95110-2704	Amount of Each Disbursement this Period 9.99
Purpose of Disbursement Office Expenses	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) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. Adobe System		Transaction ID: D132326	
Mailing Address 345 Park Ave		Date of Disbursement 08 / 16 / 2006	
City San Jose	State CA	Zip Code 95110-2704	Amount of Each Disbursement this Period 9.99
Purpose of Disbursement Office Expenses	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) ▼		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	810.99
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Alfred Reiger		Transaction ID: D132329 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6	
Mailing Address 1675NW 4th Avenue Apt. 511		Amount of Each Disbursement this Period 1250.00	
City Boca Raton State FL Zip Code 33432	Purpose of Disbursement Payroll Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Amerwest Air		Transaction ID: D132330 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6	
Mailing Address 2 N La Salle St		Amount of Each Disbursement this Period 234.30	
City Chicago State IL Zip Code 60602-3702	Purpose of Disbursement Airline Travel-Staff Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Amerwest Air		Transaction ID: D132331 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6	
Mailing Address 2 N La Salle St		Amount of Each Disbursement this Period 232.80	
City Chicago State IL Zip Code 60602-3702	Purpose of Disbursement Airline Travel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1717.10
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Auburn Quad Inc. (ActBlue)		Transaction ID: D132336 Date of Disbursement 08 / 06 / 2006	
Mailing Address PO Box 390729		Amount of Each Disbursement this Period 16.80	
City Cambridge State MA Zip Code 02139-0008	Purpose of Disbursement ActBlue Service Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Auburn Quad Inc. (ActBlue)		Transaction ID: D132337 Date of Disbursement 07 / 30 / 2006	
Mailing Address PO Box 390729		Amount of Each Disbursement this Period 48.25	
City Cambridge State MA Zip Code 02139-0008	Purpose of Disbursement ActBlue Service Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Auburn Quad Inc. (ActBlue)		Transaction ID: D138185 Date of Disbursement 08 / 13 / 2006	
Mailing Address PO Box 390729		Amount of Each Disbursement this Period 87.06	
City Cambridge State MA Zip Code 02139-0008	Purpose of Disbursement Act Blue Service Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	152.11
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Auburn Quad Inc. (ActBlue)		Transaction ID: D138186 Date of Disbursement 07 / 23 / 2006
Mailing Address PO Box 390729		Amount of Each Disbursement this Period 32.75
City Cambridge State MA Zip Code 02139-0008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Act Blue Service Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Auburn Quad Inc. (ActBlue)		Transaction ID: D138187 Date of Disbursement 07 / 16 / 2006
Mailing Address PO Box 390729		Amount of Each Disbursement this Period 5.15
City Cambridge State MA Zip Code 02139-0008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Act Blue Service Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Auburn Quad Inc. (ActBlue)		Transaction ID: D138188 Date of Disbursement 07 / 09 / 2006
Mailing Address PO Box 390729		Amount of Each Disbursement this Period 26.08
City Cambridge State MA Zip Code 02139-0008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Act Blue Service Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	63.98
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Auburn Quad Inc. (ActBlue)		Transaction ID: D138189 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6
Mailing Address PO Box 390729		Amount of Each Disbursement this Period 3.40
City Cambridge State MA Zip Code 02139-0008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Act Blue Service Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: D132339 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 9000 Southside Blvd		Amount of Each Disbursement this Period 3.00
City Jacksonville State FL Zip Code 32256-0793	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Service Charge Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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: D132284 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 9000 Southside Blvd		Amount of Each Disbursement this Period 1948.00
City Jacksonville State FL Zip Code 32256-0793	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 56-2535201 941 2nd Qrt Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1954.40
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: D132285 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 9000 Southside Blvd		Amount of Each Disbursement this Period 112.00
City Jacksonville State FL Zip Code 32256-0793	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 56-2535201 940 1st Qrt Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: D132286 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 9000 Southside Blvd		Amount of Each Disbursement this Period 25.00
City Jacksonville State FL Zip Code 32256-0793	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wire Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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: D132287 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 9000 Southside Blvd		Amount of Each Disbursement this Period 25.00
City Jacksonville State FL Zip Code 32256-0793	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wire Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	162.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Best Western		Transaction ID: D132340 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 300 Re Esplanade		Amount of Each Disbursement this Period 109.89
City Punta Gorda State FL Zip Code 33950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Punta Gorda	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Buongiorno Pizza		Transaction ID: D132341 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4379 Northlake Blvd		Amount of Each Disbursement this Period 58.00
City Palm Beach Gardens State FL Zip Code 33410-6253	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Palm Bch Gardens	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Catering By Windows		Transaction ID: D132342 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 5724 General Washington Dr		Amount of Each Disbursement this Period 1206.65
City Alexandria State VA Zip Code 22312-2407	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1374.54
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)
Tim Mahoney for Florida

A. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address 5565 Glenridge Connector NE City Atlanta State GA Zip Code 30342-4756 Purpose of Disbursement Cellular 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: D132343 Date of Disbursement 07 / 20 / 2006 Amount of Each Disbursement this Period 95.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Constant Contact Full Name (Last, First, Middle Initial) Mailing Address 1610 Trapelo Rd Ste 329 City Waltham State MA Zip Code 02451-7344 Purpose of Disbursement Email Software 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: D132344 Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 55.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. CPT of South Florida Full Name (Last, First, Middle Initial) Mailing Address 2699 Stirling Rd Ste A101 City Ft Lauderdale State FL Zip Code 33312-6543 Purpose of Disbursement Computer Consulting 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: D132345 Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 1098.05 <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) ▶	1248.34
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Daniel Mandell		Transaction ID: D132308 Date of Disbursement 07 / 05 / 2006	
Mailing Address 15310 Meadow Wood Dr		Amount of Each Disbursement this Period 1000.00	
City Wellington State FL Zip Code 33414-9005	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Daniel Mandell		Transaction ID: D132310 Date of Disbursement 07 / 15 / 2006	
Mailing Address 15310 Meadow Wood Dr		Amount of Each Disbursement this Period 825.50	
City Wellington State FL Zip Code 33414-9005	Purpose of Disbursement Payroll Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Daniel Mandell		Transaction ID: D132311 Date of Disbursement 08 / 01 / 2006	
Mailing Address 15310 Meadow Wood Dr		Amount of Each Disbursement this Period 825.50	
City Wellington State FL Zip Code 33414-9005	Purpose of Disbursement Payroll Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2651.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

A. Daniel Mandell Full Name (Last, First, Middle Initial) Mailing Address 15310 Meadow Wood Dr City Wellington State FL Zip Code 33414-9005 Purpose of Disbursement Payroll Expense 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: D132313 Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 825.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. David Nasr Full Name (Last, First, Middle Initial) Mailing Address 7050 Aliso Ave City West Palm Beach State FL Zip Code 33413-1040 Purpose of Disbursement Payroll Expense 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: D132346 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 1345.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. David Nasr Full Name (Last, First, Middle Initial) Mailing Address 7050 Aliso Ave City West Palm Beach State FL Zip Code 33413-1040 Purpose of Disbursement Payroll Expense 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: D132347 Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 1345.13 <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) ▶	3515.75
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Mr. Earl L. Denney, Jr.		Transaction ID: D132243 Date of Disbursement 07 / 20 / 2006	
Mailing Address 2127 Regents Blvd		Amount of Each Disbursement this Period 212.62	
City West Palm Bch State FL Zip Code 33409-7302	Purpose of Disbursement Mailing - Above & Beyond Reprograph	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received	

Full Name (Last, First, Middle Initial) B. Digital Office Connections		Transaction ID: D132348 Date of Disbursement 07 / 05 / 2006	
Mailing Address 6250 N Military Trl Suire 101		Amount of Each Disbursement this Period 115.02	
City West Palm Beach State FL Zip Code 33407-1407	Purpose of Disbursement Copier Maintenance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Digital Office Connections		Transaction ID: D132349 Date of Disbursement 08 / 01 / 2006	
Mailing Address 6250 N Military Trl Suire 101		Amount of Each Disbursement this Period 678.00	
City West Palm Beach State FL Zip Code 33407-1407	Purpose of Disbursement Copier Lease	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1005.64
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Dixie Printing & Letterpress Inc		Transaction ID: D132350 Date of Disbursement 07 / 17 / 2006
Mailing Address 504 24th St Ste I		Amount of Each Disbursement this Period 271.58
City West Palm Beach State FL Zip Code 33407-5464	Purpose of Disbursement Invoice #607023 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Domain Listing Corp.		Transaction ID: D132351 Date of Disbursement 07 / 17 / 2006
Mailing Address 27 N Wacker Dr Ste 650		Amount of Each Disbursement this Period 65.00
City Chicago State IL Zip Code 60606-2800	Purpose of Disbursement Website Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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. Duffys Draft House		Transaction ID: D132352 Date of Disbursement 07 / 17 / 2006
Mailing Address 4280 Northlake Blvd		Amount of Each Disbursement this Period 24.91
City Palm Beach Gardens State FL Zip Code 33410-6224	Purpose of Disbursement Staff Lunch Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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) ▶	361.49
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)
Tim Mahoney for Florida

A. Duffys Draft House Full Name (Last, First, Middle Initial) Mailing Address 4280 Northlake Blvd City Palm Beach Gardens State FL Zip Code 33410-6224 Purpose of Disbursement Candidate Lunch Expense 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: D132353 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 10.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Exxon Full Name (Last, First, Middle Initial) Mailing Address PO Box 43008 City Providence State RI Zip Code 02940-3008 Purpose of Disbursement Gasoline 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: D132354 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 57.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Fedex Full Name (Last, First, Middle Initial) Mailing Address 12050 US Highway One City North Palm Beach State FL Zip Code 33408 Purpose of Disbursement Postage 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: D132355 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 48.66 <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) ▶	116.94
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D132356 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 37.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach State FL Zip Code 33408		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D132357 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 13.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach State FL Zip Code 33408		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D132358 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 251.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach State FL Zip Code 33408		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	302.36
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D132359 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 259.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach State FL Zip Code 33408		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D132360 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 33.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach State FL Zip Code 33408		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D132361 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 125.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach State FL Zip Code 33408		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	418.97
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D132362 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 243.82
City North Palm Beach State FL Zip Code 33408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		Category/ Type
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. Fedex		Transaction ID: D132363 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 21.40
City North Palm Beach State FL Zip Code 33408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		Category/ Type
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) C. Fedex		Transaction ID: D132364 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 37.36
City North Palm Beach State FL Zip Code 33408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	302.58
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D132365 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 22.39
City North Palm Beach State FL Zip Code 33408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		Category/Type
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. Fedex		Transaction ID: D132366 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 20.09
City North Palm Beach State FL Zip Code 33408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		Category/Type
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) C. Fedex		Transaction ID: D132367 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 19.49
City North Palm Beach State FL Zip Code 33408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		Category/Type
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	61.97
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D132368 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 21.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach	State FL Zip Code 33408	
Purpose of Disbursement Postage		
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. Fedex		Transaction ID: D132369 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 48.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach	State FL Zip Code 33408	
Purpose of Disbursement Postage		
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) C. Fedex		Transaction ID: D132370 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 19.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach	State FL Zip Code 33408	
Purpose of Disbursement Postage		
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	89.44
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D132371 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 83.24	
City North Palm Beach State FL Zip Code 33408	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D132372 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 57.49	
City North Palm Beach State FL Zip Code 33408	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D132373 Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 9.80	
City North Palm Beach State FL Zip Code 33408	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	150.53
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D132374 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 10.27
City North Palm Beach State FL Zip Code 33408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		Category/ Type
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. Fedex		Transaction ID: D132375 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 11.31
City North Palm Beach State FL Zip Code 33408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		Category/ Type
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) C. Fedex		Transaction ID: D132376 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 19.49
City North Palm Beach State FL Zip Code 33408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	41.07
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D132377 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 22.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach State FL Zip Code 33408		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D132378 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 23.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach State FL Zip Code 33408		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D132379 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 12050 US Highway One		Amount of Each Disbursement this Period 61.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Palm Beach State FL Zip Code 33408		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	107.69
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Fletcher Rowley Chao Riddle, Inc.		Transaction ID: D132380 Date of Disbursement 08 / 08 / 2006
Mailing Address 223 8th Ave N Ste 300		Amount of Each Disbursement this Period 20535.59
City Nashville State TN Zip Code 37203-3513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fletcher Rowley Chao Riddle, Inc.		Transaction ID: D132381 Date of Disbursement 08 / 15 / 2006
Mailing Address 223 8th Ave N Ste 300		Amount of Each Disbursement this Period 100000.00
City Nashville State TN Zip Code 37203-3513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Floribbean Flo's		Transaction ID: D132382 Date of Disbursement 08 / 03 / 2006
Mailing Address 7644 Tamiami Trl Floribbean Flo's		Amount of Each Disbursement this Period 66.27
City Sarasota State FL Zip Code 34231-6840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gift Basket Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	120601.86
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Floribbean Flo's		Transaction ID: D132383 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 7644 Tamiami Trl Floribbean Flo's		Amount of Each Disbursement this Period 65.59
City Sarasota State FL Zip Code 34231-6840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gift Basket		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Floribbean Flo's		Transaction ID: D132384 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 7644 Tamiami Trl Floribbean Flo's		Amount of Each Disbursement this Period 66.90
City Sarasota State FL Zip Code 34231-6840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gift Basket		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Floribbean Flo's		Transaction ID: D132385 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 7644 Tamiami Trl Floribbean Flo's		Amount of Each Disbursement this Period 68.33
City Sarasota State FL Zip Code 34231-6840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gift Basket		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	200.82
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)

<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Florida Democratic Party		Transaction ID: D132288 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 214 S Bronough St		Amount of Each Disbursement this Period 1000.00
City Tallahassee State FL Zip Code 32301-1705	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Dues Payment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Florida House		Transaction ID: D132386 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 6
Mailing Address Number 1 Second Street, NE		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Location Rental Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fort Lauderdale Grande		Transaction ID: D132387 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 1881 SE 17th St		Amount of Each Disbursement this Period 1033.47
City Ft Lauderdale State FL Zip Code 33316-3015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging for JJ Dinner Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3533.47
TOTAL This Period (last page this line number only) ▶

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

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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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. G & D Real Estate Holdings LLC		Transaction ID: D132388 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 6
Mailing Address 4114 Northlake Blvd Second Floor		Amount of Each Disbursement this Period 2130.00
City State Zip Code Palm Beach Gardens FL 33410-6271	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent July'06	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. G & D Real Estate Holdings LLC		Transaction ID: D132389 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4114 Northlake Blvd Second Floor		Amount of Each Disbursement this Period 2130.00
City State Zip Code Palm Beach Gardens FL 33410-6271	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent August'06	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Glades County DEC		Transaction ID: D132390 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 8230 Caloosahatchee Dr SW		Amount of Each Disbursement this Period 50.00
City State Zip Code Moore Haven FL 33471-8028	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Glades County Booklet Ad for JJ Din	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4310.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Gordon & Doner P.A.		Transaction ID: D132391 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 6
Mailing Address 4114 Northlake Blvd Second Floor		Amount of Each Disbursement this Period 650.00
City Palm Beach Gardens State FL Zip Code 33410-6271	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone July'06 Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Gordon & Doner P.A.		Transaction ID: D132392 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4114 Northlake Blvd Second Floor		Amount of Each Disbursement this Period 650.00
City Palm Beach Gardens State FL Zip Code 33410-6271	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone August'06 Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Edward Grysiwicz		Transaction ID: D132289 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 11 Bay Cove Ln		Amount of Each Disbursement this Period 3000.00
City Newport Beach State CA Zip Code 92660-6230	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IT/Website Consulting Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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)
Tim Mahoney for Florida

A. Edward Grysiewicz Full Name (Last, First, Middle Initial) Mailing Address 11 Bay Cove Ln City Newport Beach State CA Zip Code 92660-6230 Purpose of Disbursement IT/Website Consulting 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: D132290 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Halloran Development Full Name (Last, First, Middle Initial) Mailing Address 2508 Dewitt Ave City Alexandria State VA Zip Code 22301-1104 Purpose of Disbursement General Consulting 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: D132398 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 6500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Halloran Development Full Name (Last, First, Middle Initial) Mailing Address 2508 Dewitt Ave City Alexandria State VA Zip Code 22301-1104 Purpose of Disbursement General Consulting 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: D132399 Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 6500.00 <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) ▶	16000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Halloran Development		Transaction ID: D132394 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 2508 Dewitt Ave		Amount of Each Disbursement this Period 13000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22301-1104	Purpose of Disbursement General Consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Halloran Development		Transaction ID: D132395 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 2508 Dewitt Ave		Amount of Each Disbursement this Period 6500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22301-1104	Purpose of Disbursement General Consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hamilton Beattie and Staff		Transaction ID: D132291 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 102 S 10th St		Amount of Each Disbursement this Period 5348.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fernandina Beach State FL Zip Code 32034-3641	Purpose of Disbursement Public Opinion Consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	24848.85
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)
Tim Mahoney for Florida

<p>A. Hamilton Beattie and Staff</p> <p>Full Name (Last, First, Middle Initial) Hamilton Beattie and Staff</p> <p>Mailing Address 102 S 10th St</p> <p>City Fernandina Beach State FL Zip Code 32034-3641</p> <p>Purpose of Disbursement Public Opinion Consulting</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: D132292</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19651.15"/></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>B. HC*Alumni Dir</p> <p>Full Name (Last, First, Middle Initial) HC*Alumni Dir</p> <p>Mailing Address 5721 Bayside Rd</p> <p>City Virginia Beach State VA Zip Code 23455-3015</p> <p>Purpose of Disbursement Alumni Directory</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: D132400</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="97.94"/></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>C. Hess</p> <p>Full Name (Last, First, Middle Initial) Hess</p> <p>Mailing Address 1216 Northlake Blvd</p> <p>City Lake Park State FL Zip Code 33403-2050</p> <p>Purpose of Disbursement Gasoline</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: D132401</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.87"/></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>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="19797.96"/></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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. I Buy By Web		Transaction ID: D132402 Date of Disbursement 08 / 11 / 2006	
Mailing Address 85 Enterprise Ste 100		Amount of Each Disbursement this Period 189.76	
City Aliso Viejo State CA Zip Code 92656-2627	Purpose of Disbursement Telephone Equipment Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Inf*American Church		Transaction ID: D132403 Date of Disbursement 07 / 25 / 2006	
Mailing Address 5711 S 86th Cir		Amount of Each Disbursement this Period 286.20	
City Omaha State NE Zip Code 68127-4146	Purpose of Disbursement Church Directory Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Internet Corporation Listing Service		Transaction ID: D132404 Date of Disbursement 07 / 17 / 2006	
Mailing Address 303 Park Ave S Ste 1073		Amount of Each Disbursement this Period 35.00	
City New York State NY Zip Code 10010-3601	Purpose of Disbursement Annual Listing Aug 1, 2006-Aug 1, 2 Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	510.96
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Intuit*Quickbooks		Transaction ID: D132293 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 42.85
City Mountain View State CA Zip Code 94043-1126	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting Software Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Intuit*Quickbooks		Transaction ID: D132294 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 73.66
City Mountain View State CA Zip Code 94043-1126	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting Software Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Intuit*Quickbooks		Transaction ID: D132295 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 42.85
City Mountain View State CA Zip Code 94043-1126	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting Software Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	159.36
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. J2		Transaction ID: D132408 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 6922 Hollywood Blvd FI 5		Amount of Each Disbursement this Period 10.00
City Los Angeles State CA Zip Code 90028-6117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Blast Fax Service		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. J2		Transaction ID: D132409 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 6922 Hollywood Blvd FI 5		Amount of Each Disbursement this Period 10.00
City Los Angeles State CA Zip Code 90028-6117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Blast Fax Service		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. J2		Transaction ID: D132410 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 6922 Hollywood Blvd FI 5		Amount of Each Disbursement this Period 15.00
City Los Angeles State CA Zip Code 90028-6117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Blast Fax Service		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	35.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Joanna Belanger		Transaction ID: D132406 Date of Disbursement 08 / 01 / 2006
Mailing Address 7050 Aliso Avenue		Amount of Each Disbursement this Period 885.67
City West Palm Beach State FL Zip Code 33413	Purpose of Disbursement Reimbursement of Travel 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. Joanna Belanger		Transaction ID: D132407 Date of Disbursement 08 / 15 / 2006
Mailing Address 7050 Aliso Avenue		Amount of Each Disbursement this Period 1329.69
City West Palm Beach State FL Zip Code 33413	Purpose of Disbursement Payroll Expense 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. Jupiter Democratic Club		Transaction ID: D132411 Date of Disbursement 07 / 05 / 2006
Mailing Address 5250 N Ocean Dr Apt 16S		Amount of Each Disbursement this Period 50.00
City Singer Island State FL Zip Code 33404-2654	Purpose of Disbursement Politics and Pancake Breakfast Book 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) ▶	2265.36
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Kaufman Daenzer Instruments		Transaction ID: D132412 Date of Disbursement 08 / 03 / 2006
Mailing Address 1961 10the Avenue North		Amount of Each Disbursement this Period 186.38
City Lake Worth State FL Zip Code 33461	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Audio Equipment Rental	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lowe's		Transaction ID: D132413 Date of Disbursement 07 / 10 / 2006
Mailing Address 401 N Congress Ave		Amount of Each Disbursement this Period 20.29
City Lake Park State FL Zip Code 33403-1803	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lowe's		Transaction ID: D132414 Date of Disbursement 07 / 10 / 2006
Mailing Address 402 N Congress Avenue		Amount of Each Disbursement this Period 40.43
City Lake Park State FL Zip Code 33404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	247.10
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Lowe's		Transaction ID: D132415 Date of Disbursement 07 / 12 / 2006
Mailing Address 403 N Congress Ave		Amount of Each Disbursement this Period 89.28
City Lake Park State FL Zip Code 33403-1803	Purpose of Disbursement Office Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Lowe's		Transaction ID: D132416 Date of Disbursement 07 / 19 / 2006
Mailing Address 404 N Congress Avenue		Amount of Each Disbursement this Period 17.00
City Lake Park State FL Zip Code 33406	Purpose of Disbursement Office Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Mr. Lake H. Lytal, Sr.		Transaction ID: D132240 Date of Disbursement 07 / 26 / 2006
Mailing Address 515 N FLAGLER DR NORT		Amount of Each Disbursement this Period 212.61
City West Palm Beach State FL Zip Code 33401	Purpose of Disbursement Above & Beyond Reprographics Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received

SUBTOTAL of Disbursements This Page (optional) ▶	318.89
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Mack Crouse Group LLC		Transaction ID: D132296 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4900 Seminary Rd		Amount of Each Disbursement this Period 309.00
City Alexandria State VA Zip Code 22311-1860	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Direct Mail Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matt Barnes-Smith		Transaction ID: D132417 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4114 Northlake Blvd Ste 300		Amount of Each Disbursement this Period 1107.69
City Palm Beach Gardens State FL Zip Code 33410-6281	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matt Barnes-Smith		Transaction ID: D132418 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 4114 Northlake Blvd Ste 300		Amount of Each Disbursement this Period 553.85
City Palm Beach Gardens State FL Zip Code 33410-6281	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1970.54
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. MTI*Crucial Technology		Transaction ID: D132419 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 3475 E Commercial Ct		Amount of Each Disbursement this Period 177.60
City Meridian State ID Zip Code 83642-6041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Memory	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Adam Nashban		Transaction ID: D132297 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 4879 Via Palm Lks 610		Amount of Each Disbursement this Period 2255.50
City West Palm Beach State FL Zip Code 33417-3105	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Adam Nashban		Transaction ID: D132299 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 4879 Via Palm Lks 610		Amount of Each Disbursement this Period 2255.50
City West Palm Beach State FL Zip Code 33417-3105	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4688.60
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Mr. Adam Nashban		Transaction ID: D132303 Date of Disbursement 08 / 15 / 2006
Mailing Address 4879 Via Palm Lks 610		Amount of Each Disbursement this Period 2255.50
City West Palm Beach State FL Zip Code 33417-3105	Purpose of Disbursement Payroll Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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. Mr. Adam Nashban		Transaction ID: D132301 Date of Disbursement 08 / 01 / 2006
Mailing Address 4879 Via Palm Lks 610		Amount of Each Disbursement this Period 2255.50
City West Palm Beach State FL Zip Code 33417-3105	Purpose of Disbursement Payroll Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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. Office Depot		Transaction ID: D132420 Date of Disbursement 07 / 24 / 2006
Mailing Address Prosperity Center		Amount of Each Disbursement this Period 554.81
City Palm Beach Gardens State FL Zip Code 33410	Purpose of Disbursement Office Supplies Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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) ▶	5065.81
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: D132421 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address Prosperity Center		Amount of Each Disbursement this Period 1277.98
City State Zip Code Palm Beach Gardens FL 33410	Purpose of Disbursement Office Supplies	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: D132422 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address Prosperity Center		Amount of Each Disbursement this Period 15.96
City State Zip Code Palm Beach Gardens FL 33410	Purpose of Disbursement Office Supplies	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: D132423 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 4242 Northlake Blvd		Amount of Each Disbursement this Period 195.90
City State Zip Code Palm Beach Gardens FL 33410-6223	Purpose of Disbursement Office Supplies	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1489.84
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: D132424 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 4242 Northlake Blvd		Amount of Each Disbursement this Period 1159.72
City State Zip Code Palm Beach Gardens FL 33410-6223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Max		Transaction ID: D132425 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 4242 Northlake Blvd		Amount of Each Disbursement this Period 54.80
City State Zip Code Palm Beach Gardens FL 33410-6223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: D132426 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 4242 Northlake Blvd		Amount of Each Disbursement this Period 10.64
City State Zip Code Palm Beach Gardens FL 33410-6223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1225.16
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)
Tim Mahoney for Florida

<p>A. Office Max</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4242 Northlake Blvd</p> <p>City Palm Beach Gardens State FL Zip Code 33410-6223</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D132427</p> <p>Date of Disbursement</p> <p>08 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>40.58</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>B. Office Max</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4242 Northlake Blvd</p> <p>City Palm Beach Gardens State FL Zip Code 33410-6223</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D132428</p> <p>Date of Disbursement</p> <p>08 / 14 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>100.52</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>C. Order1.net Mailer</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 13612 Pine Villa Ln March 5 Enterprises</p> <p>City Fort Myers State FL Zip Code 33912-1616</p> <p>Purpose of Disbursement Software</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: D132429</p> <p>Date of Disbursement</p> <p>08 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>99.95</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>SUBTOTAL of Disbursements This Page (optional)</p>	<p>241.05</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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Page Computer Inc		Transaction ID: D132430 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 4655 Melrose Ave		Amount of Each Disbursement this Period 871.27
City Los Angeles State CA Zip Code 90029-3342	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Repair/Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Palm Beach County Democratic Party		Transaction ID: D132431 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 6266 S Congress Ave Ste L11		Amount of Each Disbursement this Period 1500.00
City Lantana State FL Zip Code 33462-2308	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Jefferson Jackson Dinner Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PC*Connection		Transaction ID: D132432 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 730 Milford Rd		Amount of Each Disbursement this Period 838.43
City Merrimack State NH Zip Code 03054-4612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3209.70
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Publix		Transaction ID: D132433 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address Garden Square Plaza		Amount of Each Disbursement this Period 15.60
City State Zip Code Palm Beach Gardens FL 33410	Purpose of Disbursement Office Expenses	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Publix		Transaction ID: D132434 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address Garden Square Plaza		Amount of Each Disbursement this Period 49.42
City State Zip Code Palm Beach Gardens FL 33410	Purpose of Disbursement Office Expenses	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Publix		Transaction ID: D132435 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address Garden Square Plaza		Amount of Each Disbursement this Period 7.80
City State Zip Code Palm Beach Gardens FL 33410	Purpose of Disbursement Office Expenses	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	72.82
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Publix		Transaction ID: D132436 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address Garden Square Plaza		Amount of Each Disbursement this Period 31.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Palm Beach Gardens FL 33410	Category/ Type	
Purpose of Disbursement Office Expenses		
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. Publix		Transaction ID: D132437 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address Garden Square Plaza		Amount of Each Disbursement this Period 117.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Palm Beach Gardens FL 33410	Category/ Type	
Purpose of Disbursement Office Expenses		
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. Punta Gorda Chamber of Commerce		Transaction ID: D132438 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 1200 W Retta Esplanade Ste E43		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Punta Gorda FL 33950-5325	Category/ Type	
Purpose of Disbursement Booth Rental		
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) ▶	298.20
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)
Tim Mahoney for Florida

A. River City Grill Full Name (Last, First, Middle Initial) Mailing Address 131 W Marion Ave City Punta Gorda State FL Zip Code 33950 Purpose of Disbursement Fundraising Lunch 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: D132443 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 91.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Ronald L. Luk Full Name (Last, First, Middle Initial) Mailing Address 4114 Northlake Blvd Second Floor City Palm Beach Gardens State FL Zip Code 33410-6271 Purpose of Disbursement Payroll Expense 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: D132441 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 1218.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Ronald L. Luk Full Name (Last, First, Middle Initial) Mailing Address 4114 Northlake Blvd Second Floor City Palm Beach Gardens State FL Zip Code 33410-6271 Purpose of Disbursement Payroll Expense 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: D132442 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 1040.37 <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) ▶	2350.49
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Sam Nasr		Transaction ID: D132445 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4114 Northlake Blvd Second Floor		Amount of Each Disbursement this Period 805.50
City Palm Beach Gardens State FL Zip Code 33410-6271	Purpose of Disbursement Payroll Expense 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. Sam Nasr		Transaction ID: D132446 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 4114 Northlake Blvd Second Floor		Amount of Each Disbursement this Period 805.50
City Palm Beach Gardens State FL Zip Code 33410-6271	Purpose of Disbursement Payroll Expense 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. Kathryn Sealey		Transaction ID: D132304 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 311 SW 10th Ter		Amount of Each Disbursement this Period 690.00
City Hallandale Beach State FL Zip Code 33009-6124	Purpose of Disbursement Accounting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 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) ▶	2301.00
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Kathryn Sealey		Transaction ID: D132305 Date of Disbursement 08 / 03 / 2006	
Mailing Address 311 SW 10th Ter		Amount of Each Disbursement this Period 1579.93	
City Hallandale Beach State FL Zip Code 33009-6124	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Shell Oil		Transaction ID: D132447 Date of Disbursement 07 / 19 / 2006	
Mailing Address 3905 Northlake Blvd		Amount of Each Disbursement this Period 41.01	
City Palm Beach Gardens State FL Zip Code 33403-1504	Purpose of Disbursement Gasoline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D132448 Date of Disbursement 07 / 12 / 2006	
Mailing Address 1260 Northlake Blvd		Amount of Each Disbursement this Period 562.39	
City Palm Beach Gardens State FL Zip Code 33403-2050	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2183.33
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 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)
Tim Mahoney for Florida

A. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 1260 Northlake Blvd City Palm Beach Gardens State FL Zip Code 33403-2050 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D132449 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 144.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 1260 Northlake Blvd City Palm Beach Gardens State FL Zip Code 33403-2050 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D132450 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 195.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 1260 Northlake Blvd City Palm Beach Gardens State FL Zip Code 33403-2050 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D132451 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 273.61 <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) ▶	613.33
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 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)
Tim Mahoney for Florida

A. Target Full Name (Last, First, Middle Initial) Mailing Address 10155 Okeechobee Blvd City West Palm Beach State FL Zip Code 33411-1404 Purpose of Disbursement Office Expenses 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: D132452 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 142.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Terrabox Full Name (Last, First, Middle Initial) Mailing Address 2118 Benjamin Rd City Irving State TX Zip Code 75060-5107 Purpose of Disbursement Invoice #129 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: D132453 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. TFL*Avant-Gardens Full Name (Last, First, Middle Initial) Mailing Address 9280 SW 24th Ter City Miami State FL Zip Code 33165-8127 Purpose of Disbursement Floral Arrangement 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: D132454 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 74.85 <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) ▶	366.91
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. The Clinton Group		Transaction ID: D132455 Date of Disbursement 07 / 05 / 2006
Mailing Address 1350 Connecticut Ave NW Attn: Steve Zuppas		Amount of Each Disbursement this Period 449.88
City Washington State DC Zip Code 20036-1722	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Invoice #178-5 Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Home Depot		Transaction ID: D132456 Date of Disbursement 07 / 03 / 2006
Mailing Address 3860 Northlake Blvd		Amount of Each Disbursement this Period 7.19
City Lake Park State FL Zip Code 33403-1536	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Maccabee Group		Transaction ID: D132306 Date of Disbursement 07 / 05 / 2006
Mailing Address 3509 Connecticut Ave NW # 805		Amount of Each Disbursement this Period 9098.57
City Washington State DC Zip Code 20008-2400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Research Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9555.64
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)
Tim Mahoney for Florida

A. Tropical Smoothies Full Name (Last, First, Middle Initial) Mailing Address 4276 Northlake Blvd City Palm Beach Gardens State FL Zip Code 33410-6224 Purpose of Disbursement Staff Lunch Expense 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: D132458 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 21.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. United States Treasury Full Name (Last, First, Middle Initial) Mailing Address 1500 Pennsylvania Ave NW City Washington State DC Zip Code 20220-0001 Purpose of Disbursement 56-2535201 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: D132307 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 2546.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. US Airways Full Name (Last, First, Middle Initial) Mailing Address 2 N La Salle St City Chicago State IL Zip Code 60602-3702 Purpose of Disbursement Airline Travel-Candidate 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: D132459 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 207.10 <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) ▶	2774.62
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: D132460 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 904 Park Ave		Amount of Each Disbursement this Period 10.80
City Lake Park State FL Zip Code 33403-2404	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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. USPS		Transaction ID: D132461 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 904 Park Ave		Amount of Each Disbursement this Period 39.00
City Lake Park State FL Zip Code 33403-2404	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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. USPS		Transaction ID: D132462 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 904 Park Ave		Amount of Each Disbursement this Period 7.02
City Lake Park State FL Zip Code 33403-2404	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input 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) ▶	56.82
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: D132463 Date of Disbursement 08 / 03 / 2006	
Mailing Address 904 Park Ave		Amount of Each Disbursement this Period 35.10	
City Lake Park State FL Zip Code 33403-2404	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Varsity Travel		Transaction ID: D132327 Date of Disbursement 07 / 19 / 2006	
Mailing Address 2401 Highway 287 N Ste 201		Amount of Each Disbursement this Period 30.00	
City Mansfield State TX Zip Code 76063-7597	Purpose of Disbursement Travel Agent Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Zephyrhills		Transaction ID: D132464 Date of Disbursement 07 / 27 / 2006	
Mailing Address 6661 Dixie Hwy Suite 4		Amount of Each Disbursement this Period 52.96	
City Louisville State KY Zip Code 40258	Purpose of Disbursement Zephyrhills Water	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	118.06
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Mr. Adam Nashban		Transaction ID: D132298 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 4879 Via Palm Lks 610		Amount of Each Disbursement this Period 203.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Palm Beach State FL Zip Code 33417-3105	Purpose of Disbursement Reimbursement of Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Adam Nashban		Transaction ID: D141543 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 4879 Via Palm Lks 610		Amount of Each Disbursement this Period 106.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City West Palm Beach State FL Zip Code 33417-3105	Purpose of Disbursement Auto Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Publix		Transaction ID: D141595 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address Garden Square Plaza		Amount of Each Disbursement this Period 56.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Palm Beach Gardens State FL Zip Code 33410	Purpose of Disbursement Gifts Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	203.03
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Unknown-Pizza		Transaction ID: D141753 Date of Disbursement 07 / 05 / 2006	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		40.00	
Purpose of Disbursement Consultants/Staff		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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. Mr. Adam Nashban		Transaction ID: D132300 Date of Disbursement 07 / 15 / 2006	
Mailing Address 4879 Via Palm Lks 610		Amount of Each Disbursement this Period	
City West Palm Beach State FL Zip Code 33417-3105		607.52	
Purpose of Disbursement Reimbursement of Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lowe's		Transaction ID: D141582 Date of Disbursement 07 / 15 / 2006	
Mailing Address 404 N Congress Avenue		Amount of Each Disbursement this Period	
City Lake Park State FL Zip Code 33406		75.00	
Purpose of Disbursement Office Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▶		607.52
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)
Tim Mahoney for Florida

A. Lowe's Full Name (Last, First, Middle Initial) Mailing Address 404 N Congress Avenue City Lake Park State FL Zip Code 33406 Purpose of Disbursement Office Furniture 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: D141585 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 532.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Mr. Adam Nashban Full Name (Last, First, Middle Initial) Mailing Address 4879 Via Palm Lks 610 City West Palm Beach State FL Zip Code 33417-3105 Purpose of Disbursement Reimbursement of Expenses 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: D132302 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 324.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Aaron Rents Full Name (Last, First, Middle Initial) Mailing Address 1772 N Military Trl City West Palm Beach State FL Zip Code 33409-4714 Purpose of Disbursement Office Expenses 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: D141571 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	324.45
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: D141575 Date of Disbursement 08 / 01 / 2006
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 203.00
City Atlanta State GA Zip Code 30342-4756	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cellular Candidate Name	Category/Type	[MEMO ITEM]
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. Lowe's		Transaction ID: D141583 Date of Disbursement 08 / 01 / 2006
Mailing Address 404 N Congress Avenue		Amount of Each Disbursement this Period 20.00
City Lake Park State FL Zip Code 33406	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type	[MEMO ITEM]
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. Mr. Adam Nashban		Transaction ID: D141544 Date of Disbursement 08 / 01 / 2006
Mailing Address 4879 Via Palm Lks 610		Amount of Each Disbursement this Period 40.38
City West Palm Beach State FL Zip Code 33417-3105	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Auto Candidate Name	Category/Type	[MEMO ITEM]
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) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Publix		Transaction ID: D141596 Date of Disbursement 08 / 01 / 2006
Mailing Address Garden Square Plaza		Amount of Each Disbursement this Period 1.07
City Palm Beach Gardens State FL Zip Code 33410	Purpose of Disbursement Office Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Unknown-Pizza		Transaction ID: D141754 Date of Disbursement 08 / 01 / 2006
Mailing Address		Amount of Each Disbursement this Period 40.00
City State Zip Code	Purpose of Disbursement Consultants/Staff Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Daniel Mandell		Transaction ID: D132309 Date of Disbursement 07 / 05 / 2006
Mailing Address 15310 Meadow Wood Dr		Amount of Each Disbursement this Period 20.00
City Wellington State FL Zip Code 33414-9005	Purpose of Disbursement Reimbursement of Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	20.00
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Mr. Daniel Mandell		Transaction ID: D141562 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 15310 Meadow Wood Dr Finance		Amount of Each Disbursement this Period 20.00
City Wellington State FL Zip Code 33414-9005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Purpose of Disbursement Office Expenses		Category/ Type
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. Daniel Mandell		Transaction ID: D132312 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 15310 Meadow Wood Dr		Amount of Each Disbursement this Period 30.71
City Wellington State FL Zip Code 33414-9005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement of Expenses		Category/ Type
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) C. Mr. Daniel Mandell		Transaction ID: D141563 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 15310 Meadow Wood Dr Finance		Amount of Each Disbursement this Period 30.71
City Wellington State FL Zip Code 33414-9005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Purpose of Disbursement Auto		Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	30.71
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Daniel Gimbel		Transaction ID: D132314 Date of Disbursement 08 / 01 / 2006	
Mailing Address 3206 32nd Ct		Amount of Each Disbursement this Period 72.63	
City Jupiter State FL Zip Code 33477-9347	Purpose of Disbursement Reimbursement of Expenses Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Daniel Gimbel		Transaction ID: D141628 Date of Disbursement 08 / 01 / 2006	
Mailing Address 3206 32nd Ct		Amount of Each Disbursement this Period 68.58	
City Jupiter State FL Zip Code 33477-9347	Purpose of Disbursement Auto Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Publix		Transaction ID: D141597 Date of Disbursement 08 / 01 / 2006	
Mailing Address Garden Square Plaza		Amount of Each Disbursement this Period 1.07	
City Palm Beach Gardens State FL Zip Code 33410	Purpose of Disbursement Office Expenses Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	72.63
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Walgreens		Transaction ID: D141570 Date of Disbursement 08 / 01 / 2006
Mailing Address 200 Wilmot Rd		Amount of Each Disbursement this Period 2.98
City Deerfield State IL Zip Code 60015-4620	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type	[MEMO ITEM]
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. Alfred Reiger		Transaction ID: D132328 Date of Disbursement 07 / 05 / 2006
Mailing Address 1675NW 4th Avenue Apt. 511		Amount of Each Disbursement this Period 98.56
City Boca Raton State FL Zip Code 33432	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement Candidate Name	Category/Type	[MEMO ITEM]
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. Alfred Reiger		Transaction ID: D141573 Date of Disbursement 07 / 05 / 2006
Mailing Address 1675NW 4th Avenue Apt. 511		Amount of Each Disbursement this Period 79.05
City Boca Raton State FL Zip Code 33432	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Auto Candidate Name	Category/Type	[MEMO ITEM]
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) ▶	98.56
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Dunkin Donuts		Transaction ID: D141557 Date of Disbursement 07 / 05 / 2006
Mailing Address 1999 NW Boca Raton Blvd		Amount of Each Disbursement this Period 19.51
City Boca Raton State FL Zip Code 33432-1601	Purpose of Disbursement Consultants/Staff 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 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Halloran Development		Transaction ID: D132393 Date of Disbursement 07 / 05 / 2006
Mailing Address 2508 Dewitt Ave		Amount of Each Disbursement this Period 3229.08
City Alexandria State VA Zip Code 22301-1104	Purpose of Disbursement Travel reimbursement 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. Barnes & Noble		Transaction ID: D141553 Date of Disbursement 07 / 05 / 2006
Mailing Address 700 S Rosemary Ave		Amount of Each Disbursement this Period 42.80
City West Palm Beach State FL Zip Code 33401-6313	Purpose of Disbursement Office Expenses 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 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	3229.08
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)

<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Delta Air		Transaction ID: D141534 Date of Disbursement 07 / 05 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 543.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Atlanta State GA Zip Code 30320-6001		
Purpose of Disbursement Airline Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fairfield Inn & Suites		Transaction ID: D141674 Date of Disbursement 07 / 05 / 2006	
Mailing Address 3400 Airport Road		Amount of Each Disbursement this Period 960.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Boca Raton State FL Zip Code 33431			
Purpose of Disbursement Lodging Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Hertz		Transaction ID: D141685 Date of Disbursement 07 / 05 / 2006	
Mailing Address 14501 Hertz Quail Springs Parkway		Amount of Each Disbursement this Period 658.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Oklahoma City State OK Zip Code 73134			
Purpose of Disbursement Auto Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: D141591 Date of Disbursement 07 / 05 / 2006	
Mailing Address Prosperity Center		Amount of Each Disbursement this Period 11.71	
City Palm Beach Gardens State FL Zip Code 33410	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: D141592 Date of Disbursement 07 / 05 / 2006	
Mailing Address Prosperity Center		Amount of Each Disbursement this Period 338.33	
City Palm Beach Gardens State FL Zip Code 33410	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Unknown-Cab		Transaction ID: D141743 Date of Disbursement 07 / 05 / 2006	
Mailing Address		Amount of Each Disbursement this Period 106.00	
City State Zip Code	Purpose of Disbursement Auto	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▼	Category/Type	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: D141612 Date of Disbursement 07 / 05 / 2006	
Mailing Address 2 N La Salle St		Amount of Each Disbursement this Period 144.30	
City Chicago State IL Zip Code 60602-3702	Purpose of Disbursement Airline Candidate Name	Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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. US Airways		Transaction ID: D141613 Date of Disbursement 07 / 05 / 2006	
Mailing Address 2 N La Salle St		Amount of Each Disbursement this Period 154.30	
City Chicago State IL Zip Code 60602-3702	Purpose of Disbursement Airline Candidate Name	Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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. US Airways		Transaction ID: D141614 Date of Disbursement 07 / 05 / 2006	
Mailing Address 2 N La Salle St		Amount of Each Disbursement this Period 269.00	
City Chicago State IL Zip Code 60602-3702	Purpose of Disbursement Airline Candidate Name	Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▶	0.00
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Halloran Development		Transaction ID: D132396 Date of Disbursement 07 / 15 / 2006
Mailing Address 2508 Dewitt Ave		Amount of Each Disbursement this Period 1650.85
City Alexandria State VA Zip Code 22301-1104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel reimbursement	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. European Village Resort		Transaction ID: D141672 Date of Disbursement 07 / 15 / 2006
Mailing Address 101 Palm Harbor Parkway		Amount of Each Disbursement this Period 105.30
City Palm Coast State FL Zip Code 32137	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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. Fairfield Inn & Suites		Transaction ID: D141675 Date of Disbursement 07 / 15 / 2006
Mailing Address 3400 Airport Road		Amount of Each Disbursement this Period 252.57
City Boca Raton State FL Zip Code 33431	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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) ▶	1650.85
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Halloran Development		Transaction ID: D141684 Date of Disbursement 07 / 15 / 2006	
Mailing Address 2508 Dewitt Ave		Amount of Each Disbursement this Period 457.20	
City Alexandria State VA Zip Code 22301-1104	Purpose of Disbursement Auto	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Hertz		Transaction ID: D141686 Date of Disbursement 07 / 15 / 2006	
Mailing Address 14501 Hertz Quail Springs Parkway		Amount of Each Disbursement this Period 84.33	
City Oklahoma City State OK Zip Code 73134	Purpose of Disbursement Auto	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Marriott		Transaction ID: D141558 Date of Disbursement 07 / 15 / 2006	
Mailing Address 630 Clearwater Park Rd		Amount of Each Disbursement this Period 387.98	
City West Palm Beach State FL Zip Code 33401-6232	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▼	Category/Type	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Radio Shack		Transaction ID: D141631 Date of Disbursement 07 / 15 / 2006	
Mailing Address 4210 Northlake Blvd.		Amount of Each Disbursement this Period 51.09	
City Palm Beach Gardens	State FL	Zip Code 33410	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Office Expenses		Category/ Type	
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. US Airways		Transaction ID: D141615 Date of Disbursement 07 / 15 / 2006	
Mailing Address 2 N La Salle St		Amount of Each Disbursement this Period 312.38	
City Chicago	State IL	Zip Code 60602-3702	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Airline		Category/ Type	
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) C. Halloran Development		Transaction ID: D132397 Date of Disbursement 08 / 01 / 2006	
Mailing Address 2508 Dewitt Ave		Amount of Each Disbursement this Period 5000.00	
City Alexandria	State VA	Zip Code 22301-1104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reimbursement of Expenses		Category/ Type	
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:			

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use 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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Aristotle Int'l Inc.		Transaction ID: D141645 Date of Disbursement 08 / 01 / 2006	
Mailing Address 205 Pennsylvania Ave, SE,		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Fund Raising	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Joanna Belanger		Transaction ID: D132405 Date of Disbursement 08 / 01 / 2006	
Mailing Address 7050 Aliso Avenue		Amount of Each Disbursement this Period 228.10	
City West Palm Beach State FL Zip Code 33413	Purpose of Disbursement Reimbursement of Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Publix		Transaction ID: D141598 Date of Disbursement 08 / 01 / 2006	
Mailing Address Garden Square Plaza		Amount of Each Disbursement this Period 12.00	
City Palm Beach Gardens State FL Zip Code 33410	Purpose of Disbursement Office Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	228.10
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Southwest Air		Transaction ID: D141723 Date of Disbursement 08 / 01 / 2006	
Mailing Address Customer Relations/Rapid Rewards P		Amount of Each Disbursement this Period 206.10	
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement Airline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Unknown-Meals		Transaction ID: D141750 Date of Disbursement 08 / 01 / 2006	
Mailing Address		Amount of Each Disbursement this Period 10.00	
City State Zip Code	Purpose of Disbursement Candidate	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Ronald L. Luk		Transaction ID: D132439 Date of Disbursement 07 / 15 / 2006	
Mailing Address 4114 Northlake Blvd Second Floor		Amount of Each Disbursement this Period 832.57	
City Palm Beach Gardens State FL Zip Code 33410-6271	Purpose of Disbursement Payroll Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	832.57
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)

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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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Inns of America		Transaction ID: D141689 Date of Disbursement 07 / 15 / 2006
Mailing Address 4123 Northlake Blvd		Amount of Each Disbursement this Period 78.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City State Zip Code Palm Beach Gardens FL 33410		
Purpose of Disbursement Lodging	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Maroone Rent a Car		Transaction ID: D141634 Date of Disbursement 07 / 15 / 2006
Mailing Address		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City State Zip Code		
Purpose of Disbursement Auto	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Palm Beach Transportation Group, LLC		Transaction ID: D141710 Date of Disbursement 07 / 15 / 2006
Mailing Address 1700 N Florida Mango Road		Amount of Each Disbursement this Period 55.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City State Zip Code West palm Beach FL 33409		
Purpose of Disbursement Auto	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: D141616 Date of Disbursement 07 / 15 / 2006	
Mailing Address 2 N La Salle St		Amount of Each Disbursement this Period 349.00	
City Chicago State IL Zip Code 60602-3702	Purpose of Disbursement Airline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Ronald L. Luk		Transaction ID: D132440 Date of Disbursement 08 / 01 / 2006	
Mailing Address 4114 Northlake Blvd Second Floor		Amount of Each Disbursement this Period 358.47	
City Palm Beach Gardens State FL Zip Code 33410-6271	Purpose of Disbursement Reimbursement of Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Maroone Rent a Car		Transaction ID: D141635 Date of Disbursement 08 / 01 / 2006	
Mailing Address		Amount of Each Disbursement this Period 350.00	
City State Zip Code	Purpose of Disbursement Auto	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	358.47
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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. The Home Depot		Transaction ID: D141608 Date of Disbursement 08 / 01 / 2006
Mailing Address 3860 Northlake Blvd		Amount of Each Disbursement this Period 8.47
City Lake Park State FL Zip Code 33403-1536	Purpose of Disbursement Office Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Sam Nasr		Transaction ID: D132444 Date of Disbursement 08 / 01 / 2006
Mailing Address 4114 Northlake Blvd Second Floor		Amount of Each Disbursement this Period 749.52
City Palm Beach Gardens State FL Zip Code 33410-6271	Purpose of Disbursement Reimbursement of Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Break Time		Transaction ID: D141648 Date of Disbursement 08 / 01 / 2006
Mailing Address 1302 S Main		Amount of Each Disbursement this Period 6.29
City Sikeston State MO Zip Code 63801	Purpose of Disbursement Consultants/Staff Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	749.52
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)
Tim Mahoney for Florida

A. Break Time Full Name (Last, First, Middle Initial) Mailing Address 1302 S Main City Sikeston State MO Zip Code 63801 Purpose of Disbursement Auto 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: D141649 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 54.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Buckstop Full Name (Last, First, Middle Initial) Mailing Address 611 E Jackson City Spearfish State SD Zip Code 57783 Purpose of Disbursement Consultants/Staff 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: D141651 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 11.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Chevron Full Name (Last, First, Middle Initial) Mailing Address 8219 W Flagler St City Miami State FL Zip Code 33144-2027 Purpose of Disbursement Auto 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: D141528 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 32.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

A. Country Store Full Name (Last, First, Middle Initial) Mailing Address 3153 Loliet Ave City Missouri Valley State IA Zip Code 51555 Purpose of Disbursement Consultants/Staff 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: D141656 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 9.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Country Store Full Name (Last, First, Middle Initial) Mailing Address 3153 Loliet Ave City Missouri Valley State IA Zip Code 51555 Purpose of Disbursement Auto 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: D141657 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 61.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Days Inn Full Name (Last, First, Middle Initial) Mailing Address Wyndham Worldwide Corporation 1 Sy City Parsippany State NJ Zip Code 7054 Purpose of Disbursement Lodging 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: D141661 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 73.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
--	--	--

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Diamond Shamrock		Transaction ID: D141663 Date of Disbursement 08 / 01 / 2006
Mailing Address 12499 Blueridge		Amount of Each Disbursement this Period 3.19
City Grandview State MO Zip Code	Purpose of Disbursement Consultants/Staff 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 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Diamond Shamrock		Transaction ID: D141664 Date of Disbursement 08 / 01 / 2006
Mailing Address 12499 Blueridge		Amount of Each Disbursement this Period 34.15
City Grandview State MO Zip Code	Purpose of Disbursement Auto 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 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Don's Crossroads		Transaction ID: D141668 Date of Disbursement 08 / 01 / 2006
Mailing Address 11859 Highway 96		Amount of Each Disbursement this Period 13.06
City Miller State MO Zip Code 65707	Purpose of Disbursement Consultants/Staff 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 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 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)
Tim Mahoney for Florida

<p>A. Don's Crossroads</p> <p>Full Name (Last, First, Middle Initial) Miller</p> <p>Mailing Address 11859 Highway 96</p> <p>City Miller State MO Zip Code 65707</p> <p>Purpose of Disbursement Auto</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: D141669</p> <p>Date of Disbursement 08 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 52.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</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>B. Food N Fuel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2505 W Russell</p> <p>City Sioux Falls State SD Zip Code</p> <p>Purpose of Disbursement Auto</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: D141680</p> <p>Date of Disbursement 08 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 18.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</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>C. Kwil Shop #39</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City Gillette State WY Zip Code</p> <p>Purpose of Disbursement Consultants/Staff</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: D141700</p> <p>Date of Disbursement 08 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 8.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</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>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</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)
Tim Mahoney for Florida

A. Kwil Shop #39 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Auto 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: D141701 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 47.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Petro #23 Ocala Full Name (Last, First, Middle Initial) Mailing Address 7401 West Highway #318 City State Zip Code Reddick FL 32686 Purpose of Disbursement Consultants/Staff 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: D141711 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 4.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Petro #23 Ocala Full Name (Last, First, Middle Initial) Mailing Address 7401 West Highway #318 City State Zip Code Reddick FL 32686 Purpose of Disbursement Auto 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: D141712 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 68.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Phillips #2629		Transaction ID: D141714 Date of Disbursement 08 / 01 / 2006	
Mailing Address 190&USHwy83		Amount of Each Disbursement this Period 61.72	
City State Zip Code	Purpose of Disbursement Auto	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM]	
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. Pilot		Transaction ID: D141715 Date of Disbursement 08 / 01 / 2006	
Mailing Address 650 Highway 299		Amount of Each Disbursement this Period 11.96	
City State Zip Code Wildwood GA 30757	Purpose of Disbursement Consultants/Staff	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM]	
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. Pilot		Transaction ID: D141716 Date of Disbursement 08 / 01 / 2006	
Mailing Address 650 Highway 299		Amount of Each Disbursement this Period 63.30	
City State Zip Code Wildwood GA 30757	Purpose of Disbursement Auto	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM]	
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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Mahoney for Florida

A. Rath Inn Full Name (Last, First, Middle Initial) Mailing Address 3155 Joliet Ave City Missouri State IA Zip Code 5155 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D141720 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 52.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

B. Run and Go Full Name (Last, First, Middle Initial) Mailing Address 2975 Grand Ave City Billings State MT Zip Code 59102 Purpose of Disbursement Auto Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D141722 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 43.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

C. Waffle House Full Name (Last, First, Middle Initial) Mailing Address 4282 Highway 138 City Stockbridge State GA Zip Code 30281 Purpose of Disbursement Consultants/Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D141760 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 17.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	277974.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" 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)
Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) A. Timothy E Mahoney		Transaction ID: D140195 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 355 Castlerock Rd		Amount of Each Disbursement this Period 2000.00
City Venus State FL Zip Code 33960	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Repayment to Candidate Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Timothy E Mahoney		Transaction ID: D132465 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 355 Castlerock Rd		Amount of Each Disbursement this Period 228000.00
City Venus State FL Zip Code 33960	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Repayment to Candidate Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	230000.00
TOTAL This Period (last page this line number only)	230000.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 125 / 127
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Tim Mahoney for Florida

Transaction ID: L463

LOAN SOURCE Full Name (Last, First, Middle Initial) Timothy E Mahoney (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 355 Castlerock Rd	
City Venus State FL ZIP Code 33960	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
228000.00	228000.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 2006	11/15/2006	.0500 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 126 / 127
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Tim Mahoney for Florida

Transaction ID: L472

LOAN SOURCE Full Name (Last, First, Middle Initial) Timothy E Mahoney (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 355 Castlerock Rd	
City Venus State FL ZIP Code 33960	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
78400.00	0.00	78400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 3 0 Y Y Y Y 2 0 0 5	12/31/2006	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	78400.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 127 / 127
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Tim Mahoney for Florida

Transaction ID: L473

LOAN SOURCE Full Name (Last, First, Middle Initial) Timothy E Mahoney	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 355 Castlerock Rd	
City Venus State FL ZIP Code 33960	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21000.00	2000.00	19000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2006		.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	19000.00
TOTALS This Period (last page in this line only)	97400.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	