

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

04 OCT 20 AM 9:56  
Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Alex Panofas US Senate Campaign

ADDRESS (number and street) 1985 N.W. 88th Court, #102

Check if different than previously reported. (ACC) Miami FL 33172

2. FEC IDENTIFICATION NUMBER C00000000

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

CITY STATE ZIP CODE STATE DISTRICT  
FL 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Report:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(c) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 12 2004 through 09 30 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlos M. Trueba

Signature of Treasurer Electronically Filed by Carlos M. Trueba Date 10 14 2004

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

Office Use Only							
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Alex Penelas US Senate Campaign

Report Covering the Period:

From:

M M D D Y Y Y Y  
0 8 1 2 2 0 0 4

To:

M M D D Y Y Y Y  
0 9 3 0 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	54215.00	3500615.81
(b) Total Contribution Refunds (from Line 20(d)).....	18000.00	18500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	38215.00	3482115.81
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	642745.21	3203214.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	1500.00	1932.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	641245.21	3201281.60
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	279302.05	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Alex Panelas US Senate Campaign

Report Covering the Period: From: M M D Y Y Y Y Y To: M M D Y Y Y Y Y  
08 12 2004 09 30 2004

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	47400.00	
(i) Itemized (use Schedule A).....	3815.00	
(ii) Unitemized.....		
(iii) TOTAL of contributions from Individuals..... ▶	51215.00	3409078.00
(b) Political Party Committees.....	0.00	2298.72
(c) Other Political Committees (such as PACS).....	1000.00	87241.09
(d) The Candidate.....	2000.00	2000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	54215.00	3500615.81
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	<b>0.00</b>	<b>0.00</b>
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	<b>1500.00</b>	<b>1932.56</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	<b>0.00</b>	<b>1000.00</b>
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	<b>55715.00</b>	<b>3503548.37</b>

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	642745.21	3203214.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	16000.00	18500.00
(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)).....	16000.00	18500.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	658745.21	3221714.16

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	882332.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	55715.00
25. SUBTOTAL (add Line 23 and Line 24).....	938047.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	658745.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	279302.05

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> Alex Penelas		<b>Candidate ID Number</b> S4FL00215		
<b>Name of Principal Campaign Committee</b> Alex Penelas US Senate Campaign		<b>Committee ID Number</b> C 00000000		
<b>Committee Address</b> 1985 N.W. 88th Court, #102				
<b>City</b> Miami	<b>State</b> FL	<b>ZIP</b> 33172		
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election				
	<b>Primary</b>		<b>General</b>	
1. Gross receipts of authorized committees .....	3229374.65		274173.72	
2. Aggregate amount of contributions from personal funds of the candidate .....	2000.00		0.00	
3. Gross receipts minus the candidate's personal contributions .....	3227374.65		274173.72	

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

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

FOR LINE NUMBER: PAGE 6/43

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Alex Perelise US Senate Campaign

Full Name (Last, First, Middle Initial) <b>A. Robert J Beckham</b>		Date of Receipt MM / DD / YY 08 / 23 / 2004	
Mailing Address 50 N. Laura Street Suite #3000		Transaction ID: C3921	
City Jacksonville	State FL	Zip Code 32202	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)	
Name of Employer Holland & Knight	Occupation Attorney		
Receipt For: 2004 <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>B. Joseph Cayre</b>		Date of Receipt MM / DD / YY 08 / 23 / 2004	
Mailing Address 417 Fifth Avenue 9th Floor		Transaction ID: C3929	
City New York	State NY	Zip Code 10016	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)	
Name of Employer Midtown Equities	Occupation Chairman		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		

Full Name (Last, First, Middle Initial) <b>C. Joseph Cayre</b>		Date of Receipt MM / DD / YY 08 / 23 / 2004	
Mailing Address 417 Fifth Avenue 9th Floor		Transaction ID: C3926	
City New York	State NY	Zip Code 10016	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)	
Name of Employer Midtown Equities	Occupation Chairman		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		

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

**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 7 / 43
	<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)  
Alex Pangelos US Senate Campaign

Full Name (Last, First, Middle Initial) A. Adam Crain		Date of Receipt 08 31 2004
Mailing Address 285D Connecticut Avenue NW		Transaction ID: C3982
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Real Estate	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Rafael L Cruz		Date of Receipt 08 25 2004
Mailing Address 401 Casuarina Concourse		Transaction ID: C3953
City Coral Gables	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Trade Station Group	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) C. Rafael L Cruz		Date of Receipt 08 25 2004
Mailing Address 401 Casuarina Concourse		Transaction ID: C3954
City Coral Gables	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Trade Station Group	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<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)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Water Delgado		Date of Receipt 08 23 2004
Mailing Address 10777 N Bayshore Drive		Transaction ID: C3917
City Miami	State FL	Zip Code 33161
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Delant Construction	Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(1)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Christopher A. Espinosa		Date of Receipt 08 23 2004
Mailing Address 211 S.W. 55 Avenue		Transaction ID: C3914
City Coral Gables	State FL	Zip Code 33134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Real Estate Investor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(1)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Jorge Gonzalez		Date of Receipt 08 23 2004
Mailing Address 14878 S.W. 140th Street		Transaction ID: C3916
City Miami	State FL	Zip Code 33196
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Accountant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(1)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1000.00	

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



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

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

FOR LINE NUMBER: PAGE 9 / 43

(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)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. <b>M Nasir Hamoudi</b>		Date of Receipt MM/DD/YYYY 08/31/2004
Mailing Address 4571 Lake In The Woods Drive		Transaction ID: C3981
City <b>Spring Hill</b>	State FL	Zip Code 34607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Self-employed	Occupation Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <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) B. <b>Mohammed Ayman Joud</b>		Date of Receipt MM/DD/YYYY 08/31/2004
Mailing Address 3382 St. Ives Blvd		Transaction ID: C3978
City <b>Spring Hill</b>	State FL	Zip Code 34609
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <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. <b>Abdusalam Khadi</b>		Date of Receipt MM/DD/YYYY 08/31/2004
Mailing Address 13442 Rudi Loop		Transaction ID: C3974
City <b>Spring Hill</b>	State FL	Zip Code 34609
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Medical Office	Occupation Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	1550.00
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 10/43	
	<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)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Jeffrey E Levey		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2004
Mailing Address 12200 S.W. 69th Place		Transaction ID: C3919
City Pinecrest Postal 5	State FL	Zip Code 33156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
Receipt For: 2004 <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. Guillermo N Layas		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2004
Mailing Address P.O. Box #4531		Transaction ID: C3935
City Hialeah	State FL	Zip Code 33014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Florida State Mortgage Co.	Occupation VP	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Stacey J Lucchino		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2004
Mailing Address 2 Avery Street Apartment #21-B		Transaction ID: C3924
City Boston	State MA	Zip Code 02111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 43	
	<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)  
**Alex Penelas US Senate Campaign**

<b>A.</b> Full Name (Last, First, Middle Initial) Arne Maxson		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2004	
Mailing Address 4014 Saxon Drive		Transaction ID: C3913	
City State Zip Code New Smyrna Beach FL 32169	Amount of Each Receipt this Period 100.00		
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)(4)41a-1)	
Name of Employer Occupation Retired	Election Cycle-to-Date 400.00		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>B.</b> Full Name (Last, First, Middle Initial) Debra Mahigan		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2004	
Mailing Address 338 East Street		Transaction ID: C3923	
City State Zip Code Hingham MA 02043	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)(4)41a-1)	
Name of Employer Occupation Self-employed Restaurateur	Election Cycle-to-Date 500.00		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>C.</b> Full Name (Last, First, Middle Initial) Pedro Luis Morales		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2004	
Mailing Address 5503 S.W. 138th Court		Transaction ID: C3963	
City State Zip Code Miami FL 33175	Amount of Each Receipt this Period 2000.00		
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)(4)41a-1)	
Name of Employer Occupation Self-employed Landscaping	Election Cycle-to-Date 2000.00		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2600.00
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 12 / 43

(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)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) <b>A. Guillermo Moran</b>		Date of Receipt MONTH DAY YEAR 08 25 2004	
Mailing Address 15120 SW 51st Street		Transaction ID: C3934	
City Miami	State FL	Zip Code 33127	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))	
Name of Employer Florida State Mortgage Company	Occupation Branch Manager		
Receipt For: 2004 <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>B. Robyn M Moroso</b>		Date of Receipt MONTH DAY YEAR 08 30 2004	
Mailing Address 1501 N.E. 12th Place		Transaction ID: C3968	
City Miami	State FL	Zip Code 33139	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)(4)(1))	
Name of Employer La Mansion LLC	Occupation Real Estate - Office Manager		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3250.00		

Full Name (Last, First, Middle Initial) <b>C. Azzam Mufah</b>		Date of Receipt MONTH DAY YEAR 08 31 2004	
Mailing Address 7337 Royal Oak Drive		Transaction ID: C3976	
City Spring Hill	State FL	Zip Code 34807	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)(4)(1))	
Name of Employer Self-employed	Occupation Doctor		
Receipt For: 2004 <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)	1750.00
TOTAL This Period (last page this line number only)	

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

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

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NAME OF COMMITTEE (In Full)  
Alex Panaloe US Senate Campaign

Full Name (Last, First, Middle Initial) A. <u>Marisa M Naves</u>		Date of Receipt MM/DD/YYYY 08/25/2004
Mailing Address <u>8488 S.W. 94th Street</u>		Transaction ID: <u>C3938</u>
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33156</u>
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>1500.00</u>
Name of Employer	Occupation <u>Housewife</u>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date <u>1500.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Mahmoud A Nimer</u>		Date of Receipt MM/DD/YYYY 08/31/2004
Mailing Address <u>5040 Willow Oak Lane</u>		Transaction ID: <u>C3975</u>
City <u>Weeki Wachee</u>	State <u>FL</u>	Zip Code <u>34607</u>
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>500.00</u>
Name of Employer <u>Self-employed</u>	Occupation <u>Doctor</u>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date <u>500.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Naomi Adessa Needles</u>		Date of Receipt MM/DD/YYYY 08/25/2004
Mailing Address <u>2238 S. Miami Avenue</u>		Transaction ID: <u>C3939</u>
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33129</u>
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>2000.00</u>
Name of Employer	Occupation <u>Housewife</u>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date <u>2000.00</u>	

SUBTOTAL of Receipts This Page (optional) .....	<b>4000.00</b>
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 / 43	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Thomas P Oconnell		Date of Receipt 08 30 2004
Mailing Address 2184 N.W. 159th Avenue		Transaction ID: C3960
City Pembroke Pines	State FL	Zip Code 33028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Thomas Oconnell Law Office	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))
Receipt For: 2004 <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. Samuel William Olier, Jr		Date of Receipt 08 28 2004
Mailing Address P.O. Box #366		Transaction ID: C3968
City Tallahassee	State FL	Zip Code 32302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pitman Law Group, PL	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Cristina Padron		Date of Receipt 08 30 2004
Mailing Address 1040 Alfonso Avenue		Transaction ID: C3964
City Coral Gables	State FL	Zip Code 33148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))
Receipt For: 2004 <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)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Sheldon B Falley		Date of Receipt M M / D D / Y Y / Y Y 08 / 30 / 2004
Mailing Address 1497 N.W. 7th Street		Transaction ID: C3965
City Miami	State FL	Zip Code 33125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Christy Perez		Date of Receipt M M / D D / Y Y / Y Y 08 / 30 / 2004
Mailing Address 1356 West 82nd Street		Transaction ID: C3969
City Hialeah	State FL	Zip Code 33014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer La Mission	Occupation Receptionist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Richard L Piepler		Date of Receipt M M / D D / Y Y / Y Y 08 / 23 / 2004
Mailing Address 75 Rockefeller Center		Transaction ID: C3926
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Home Box Office	Occupation Executive V.P.	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2004 <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) .....	2500.00
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Alax Panelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Steven Raltner		Date of Receipt M M / D D / Y Y - Y Y 08 / 23 / 2004
Mailing Address 375 Park Avenue		Transaction ID: C3927
City New York	State NY	Zip Code 10162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Quadrangle Group	Occupation Partner - Private Equity	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <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. Mallam Rehem		Date of Receipt M M / D D / Y Y - Y Y 08 / 31 / 2004
Mailing Address 11492 Stoneville Ct		Transaction ID: C3977
City Spring Hill	State FL	Zip Code 34809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <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. Brittany Revitz		Date of Receipt M M / D D / Y Y - Y Y 08 / 31 / 2004
Mailing Address 10865 N.E. Quay Bridge Court		Transaction ID: C3984
City Miami	State FL	Zip Code 33138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation Student	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 2000.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 43
	<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)  
Alex Paredas US Senate Campaign

A. Full Name (Last, First, Middle Initial) Genna Revitz		Date of Receipt 08 31 2004
Mailing Address 10865 N.E. Quay Bridge Court		Transaction ID: C3985
City Miami	State FL	Zip Code 33138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation Student	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 2000.00	

B. Full Name (Last, First, Middle Initial) Julie Richardson		Date of Receipt 08 23 2004
Mailing Address 50 Kennedy Plaza 18th Floor		Transaction ID: C3925
City Providence	State RI	Zip Code 02903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Providence Equity Partner- s, Inc.	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) Jorge Rivera		Date of Receipt 08 23 2004
Mailing Address 8343 Lake Patricia Dr		Transaction ID: C3915
City Miami Lakes	State FL	Zip Code 33014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 18/43  
(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)  
Alex Peneias US Senate Campaign

Full Name (Last, First, Middle Initial) A. Scott Robins		Date of Receipt 08 23 2004
Mailing Address 1800 W. 24th Street Sunset Island III		Transaction ID: C3920
City Miami Beach	State FL	Zip Code 33140
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period: 1500.00
Name of Employer: Scott Rubins Companies	Occupation: President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date: 1500.00	

Full Name (Last, First, Middle Initial) B. Rene Rodriguez		Date of Receipt 08 23 2004
Mailing Address 8510 N.W. 164th Street		Transaction ID: C3918
City Miami Lakes	State FL	Zip Code 33016
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period: 2000.00
Name of Employer: Self-employed	Occupation: Real Estate Investor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date: 2000.00	

Full Name (Last, First, Middle Initial) C. Abd E Salhab		Date of Receipt 08 31 2004
Mailing Address 4484 Lake In The Woods Drive		Transaction ID: C3973
City Spring Hill	State FL	Zip Code 34607
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period: 250.00
Name of Employer:	Occupation: Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)
Receipt For: 2004 <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)	3750.00
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 18 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial)

A. Deborah Samuel

Mailing Address: 3110 N.E. 2nd Avenue

City State Zip Code  
Miami FL 33137

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation  
Housewife

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
08 / 25 / 2004

Transaction ID: C3937

Amount of Each Receipt this Period

2000.00

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

Full Name (Last, First, Middle Initial)

B. Michael Samuel

Mailing Address: 3110 N.E. 2nd Avenue

City State Zip Code  
Miami FL 33137

FEC ID number of contributing federal political committee.

C

Name of Employer  
Midtown Group

Occupation  
Executive

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
08 / 25 / 2004

Transaction ID: C3936

Amount of Each Receipt this Period

2000.00

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

Full Name (Last, First, Middle Initial)

C. George E. Schulz, Jr.

Mailing Address: 773B Hollyridge Circle

City State Zip Code  
Jacksonville FL 32256

FEC ID number of contributing federal political committee.

C

Name of Employer  
Holland & Knight

Occupation  
Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
08 / 23 / 2004

Transaction ID: C3922

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(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 20 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Alex Panefas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Samir M Shakhfeh		Date of Receipt MM / DD / YYYY 08 / 31 / 2004
Mailing Address 14361 Hunt Club Lane		Transaction ID: C398D
City Brooksville	State FL	Zip Code 34609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Alice Snow Robinson		Date of Receipt MM / DD / YYYY 08 / 30 / 2004
Mailing Address 1906 Kentsdale Lane		Transaction ID: C396B
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ACS Systems	Occupation Quality Control	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Fawad M Soltman		Date of Receipt MM / DD / YYYY 08 / 31 / 2004
Mailing Address 7533 Jarnel Drive		Transaction ID: C3979
City Spring Hill	State FL	Zip Code 34507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Surgeon	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Alex Peneles US Senate Campaign

Full Name (Last, First, Middle Initial) A. Raymond Tye		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2004
Mailing Address 175 Campanelli Drive		Transaction ID: C3966
City Braintree	State MA	Zip Code 02184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer United Liquors Ltd	Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)(4)41a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jill M Weiner		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2004
Mailing Address 155 Martin Lane		Transaction ID: C3967
City Alexandria	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ACS Systems	Occupation Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)(4)41a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dickerson Wright		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2004
Mailing Address 14175 Biscayne Place		Transaction ID: C3965
City Poway	State CA	Zip Code 92064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer US Laboratories, Inc.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)(4)41a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	47400.00

**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 22 / 43	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13b	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. ACS PAC		Date of Receipt M M D D Y Y Y Y 08 30 2004
Mailing Address P.O. Box #219002		Transaction ID: C3970
City Dallas	State TX	Zip Code 75221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt This Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 23 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial)

A. Tomicelli For US Senate

Mailing Address 14 E 60th Street  
Suite #1002

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Government

Occupation  
Candidate for US Senate

Receipt For: 2004  
 Primary  General  
 Other (specify) ●

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

08 31 2004

Transaction ID: C3883

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)(4)41a-4)

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

2000.00

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 43

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

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NAME OF COMMITTEE (In Full)

Alex Panelas US Senate Campaign

Full Name (Last, First, Middle Initial)

Quantum Results

Mailing Address 300 Aragon Avenue

City

Coral Gables

State

FL

Zip Code

33143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2004

Primary

General

Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM/DD/YYYY  
08/25/2004

Transaction ID: C3931

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

1500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)  
Alex Panelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Abar Hutton Media, LLC		Transaction ID: D1008 Date of Disbursement 08 / 16 / 2004
Mailing Address 6190 Grovedale Court Suite #200		Amount of Each Disbursement this Period 444141.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria	State VA	
Zip Code 22310	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Abar Hutton Media, LLC		Transaction ID: D1018 Date of Disbursement 08 / 20 / 2004
Mailing Address 6190 Grovedale Court Suite #200		Amount of Each Disbursement this Period 35000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria	State VA	
Zip Code 22310	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Abar Hutton Media, LLC		Transaction ID: D1030 Date of Disbursement 08 / 25 / 2004
Mailing Address 6190 Grovedale Court Suite #200		Amount of Each Disbursement this Period 35000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria	State VA	
Zip Code 22310	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	514141.40
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)				PAGE 26 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Abar Hutton Media, LLC		Transaction ID: D1031 Date of Disbursement 08 / 26 / 2004	
Mailing Address 6190 Grovedale Court Suite #200		Amount of Each Disbursement this Period 20000.00	
City Alexandria	State VA	Zip Code 22310	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Purpose of Disbursement Media Buy		Category/Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D1047 Date of Disbursement 09 / 17 / 2004	
Mailing Address P.O. Box #360001		Amount of Each Disbursement this Period 8442.06	
City FL Lauderdale	State FL	Zip Code 33336	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Purpose of Disbursement Travel Expenses		Category/Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D1048 Date of Disbursement 09 / 17 / 2004	
Mailing Address P.O. Box #360001		Amount of Each Disbursement this Period 49.90	
City FL Lauderdale	State FL	Zip Code 33336	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Purpose of Disbursement Office Supplies		Category/Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	26491.96
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)	PAGE 27 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Marcus Bach		Transaction ID: D1007 Date of Disbursement 08 / 20 / 2004
Mailing Address 2150 S.W. 13th Avenue		Amount of Each Disbursement this Period 1400.00
City Miami	State FL Zip Code 33145	
Purpose of Disbursement Consulting Fees		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Marcus Bach		Transaction ID: D1012 Date of Disbursement 08 / 20 / 2004
Mailing Address 2150 S.W. 13th Avenue		Amount of Each Disbursement this Period 205.80
City Miami	State FL Zip Code 33145	
Purpose of Disbursement Travel Expenses - Reimb		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Marcus Bach		Transaction ID: D1036 Date of Disbursement 08 / 31 / 2004
Mailing Address 2150 S.W. 13th Avenue		Amount of Each Disbursement this Period 397.05
City Miami	State FL Zip Code 33145	
Purpose of Disbursement Travel Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	2002.85
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	FDR LINE NUMBER: (check only one)	PAGE 28 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
Alex Panelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Bell South		Transaction ID: D1009 Date of Disbursement 08 / 20 / 2004
Mailing Address P.O. Box #5731		Amount of Each Disbursement this Period 39.19
City Fort Lauderdale	State FL	
Zip Code 33310	Purpose of Disbursement Fax Line	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. BVK Maka		Transaction ID: D1034 Date of Disbursement 08 / 27 / 2004
Mailing Address 840 Brickell Avenue		Amount of Each Disbursement this Period 934.20
City Miami	State FL	
Zip Code 33131	Purpose of Disbursement Media Buy	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: D1010 Date of Disbursement 08 / 20 / 2004
Mailing Address P.O. Box #772349 (MIA)		Amount of Each Disbursement this Period 310.79
City Ocala	State FL	
Zip Code 34477-2349	Purpose of Disbursement Cellular phone	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	934.20
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)				PAGE 29 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: D1042 Date of Disbursement 09 / 17 / 2004	
Mailing Address P.O. Box #772349		Amount of Each Disbursement this Period 272.71	
City Ocala	State FL	Zip Code 34477-2349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Cellular phone		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: D1057 Date of Disbursement 09 / 22 / 2004	
Mailing Address P.O. Box #772349		Amount of Each Disbursement this Period 275.48	
City Ocala	State FL	Zip Code 34477-2349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Cellular phone		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. City National Bank		Transaction ID: D1039 Date of Disbursement 08 / 24 / 2004	
Mailing Address 8725 N.W. 18th Terrace		Amount of Each Disbursement this Period 22.25	
City Miami	State FL	Zip Code 33172	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Provisional checks		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	570.44
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)	PAGE 30 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. City National Bank		Transaction ID: D1040 Date of Disbursement MM / DD / YYYY 08 / 24 / 2004
Mailing Address 8725 N.W. 18th Terrace		Amount of Each Disbursement this Period 136.91
City Miami	State FL Zip Code 33172	
Purpose of Disbursement Debit checks		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
State: District:		

Full Name (Last, First, Middle Initial) B. Cox Radio, Inc.		Transaction ID: D1015 Date of Disbursement MM / DD / YYYY 08 / 20 / 2004
Mailing Address 2741 North 29th Avenue		Amount of Each Disbursement this Period 5620.00
City Hollywood	State FL Zip Code 33020	
Purpose of Disbursement Radio Advertising		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004
State: District:		

Full Name (Last, First, Middle Initial) C. Cox Radio, Inc.		Transaction ID: D1019 Date of Disbursement MM / DD / YYYY 08 / 23 / 2004
Mailing Address 2741 North 29th Avenue		Amount of Each Disbursement this Period 3500.00
City Hollywood	State FL Zip Code 33020	
Purpose of Disbursement Radio Advertising		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	9256.91
TOTAL This Period (last page fills line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 43

17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial)  
A. Cyberhouse, Inc.

Transaction ID: D1043  
Date of Disbursement  
09 / 17 / 2004

Mailing Address 9957 S.W. 58th Street

City Miami State FL Zip Code 33173

Amount of Each Disbursement this Period

Purpose of Disbursement  
Labor

001  
Category/  
Type

768.75  
 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)  
B. Eliar Fernandez

Transaction ID: D1044  
Date of Disbursement  
09 / 17 / 2004

Mailing Address 1364 West 84th Street

City Hialeah State FL Zip Code 33014

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel Expenses

002  
Category/  
Type

820.65  
 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)  
C. Merchant Services

Transaction ID: D1037  
Date of Disbursement  
08 / 15 / 2004

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Amount of Each Disbursement this Period

Purpose of Disbursement  
Service Charge

001  
Category/  
Type

20.00  
 Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1809.40

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)	PAGE 32 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Merchant Services		Transaction ID: D1041 Date of Disbursement 09 / 16 / 2004
Mailing Address: 7300 Chapman Highway		Amount of Each Disbursement this Period 34.36
City: Knoxville	State: TN Zip Code: 37920	
Purpose of Disbursement: Service Charge		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 001
State: District:		

Full Name (Last, First, Middle Initial) B. Farooq Miha		Transaction ID: D1005 Date of Disbursement 08 / 17 / 2004
Mailing Address: 13007 Arborview Place		Amount of Each Disbursement this Period 800.00
City: Tampa	State: FL Zip Code: 33618	
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	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 001
State: District:		

Full Name (Last, First, Middle Initial) C. P & M Advertising, Inc.		Transaction ID: D1035 Date of Disbursement 08 / 30 / 2004
Mailing Address: 7848 Coral Way		Amount of Each Disbursement this Period 1000.00
City: Miami	State: FL Zip Code: 33155	
Purpose of Disbursement: Media Buy		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 004
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	1834.36
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)				PAGE 33 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Alex Peneas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D1051 Date of Disbursement 08 / 15 / 2004	
Mailing Address 2801 S.W. 149th Avenue Suite #110		Amount of Each Disbursement this Period 75.00	
City Miramar	State FL	Zip Code 33027	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.63
Purpose of Disbursement Garnishment Withholding		Category/ Type 001	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: D1050 Date of Disbursement 08 / 15 / 2004	
Mailing Address 2801 S.W. 149th Avenue Suite #110		Amount of Each Disbursement this Period 1242.47	
City Miramar	State FL	Zip Code 33027	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.63
Purpose of Disbursement Payroll Taxes		Category/ Type 001	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: D1049 Date of Disbursement 08 / 15 / 2004	
Mailing Address 2801 S.W. 149th Avenue Suite #110		Amount of Each Disbursement this Period 2853.97	
City Miramar	State FL	Zip Code 33027	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.63
Purpose of Disbursement Payroll		Category/ Type 001	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	4171.44
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)

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17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
Alex Panelas US Senate Campaign

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 2801 S.W. 149th Avenue  
Suite #110

City Miramar State FL Zip Code 33027

Purpose of Disbursement  
Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D1038

Date of Disbursement

08 / 15 / 2004

Amount of Each Disbursement this Period

118.20

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 2801 S.W. 149th Avenue  
Suite #110

City Miramar State FL Zip Code 33027

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D1052

Date of Disbursement

09 / 01 / 2004

Amount of Each Disbursement this Period

2853.97

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 2801 S.W. 149th Avenue  
Suite #110

City Miramar State FL Zip Code 33027

Purpose of Disbursement  
Garnishment Withholding

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D1054

Date of Disbursement

09 / 01 / 2004

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3047.17

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 35 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D1053 Date of Disbursement 09 / 01 / 2004	
Mailing Address 2801 S.W. 149th Avenue Suite #110		Amount of Each Disbursement this Period 1242.47	
City Miramar	State FL	Zip Code 33027	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll Taxes		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: D1055 Date of Disbursement 09 / 15 / 2004	
Mailing Address 2801 S.W. 149th Avenue Suite #110		Amount of Each Disbursement this Period 1506.68	
City Miramar	State FL	Zip Code 33027	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: D1056 Date of Disbursement 09 / 15 / 2004	
Mailing Address 2801 S.W. 149th Avenue Suite #110		Amount of Each Disbursement this Period 846.42	
City Miramar	State FL	Zip Code 33027	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll Taxes		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	3395.47
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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17 20a  18 20b  19a 20c  19b 21

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NAME OF COMMITTEE (In Full)  
Alex Paneles US Senate Campaign

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D1058 Date of Disbursement 09 / 30 / 2004	
Mailing Address 2801 S.W. 149th Avenue Suite #110		Amount of Each Disbursement This Period 1508.58	
City Miramar	State FL	Zip Code 33027	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: D1059 Date of Disbursement 09 / 30 / 2004	
Mailing Address 2801 S.W. 149th Avenue Suite #110		Amount of Each Disbursement This Period 646.42	
City Miramar	State FL	Zip Code 33027	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll Taxes		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. QBA Consulting		Transaction ID: D1029 Date of Disbursement 08 / 25 / 2004	
Mailing Address 300 Aragon Avenue Suite #300		Amount of Each Disbursement This Period 1500.00	
City Coral Gables	State FL	Zip Code 33143	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Expenses		Category/ Type 007	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	3653.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Quantum Results		Transaction ID: D1026 Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2004
Mailing Address 300 Aragon Avenue		Amount of Each Disbursement this Period 0.00
City Coral Gables	State FL	
Zip Code 33143	Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Rodriguez, Trusba & Co., CPA		Transaction ID: D1045 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2004
Mailing Address 1885 N.W. 88th Court Suite #101		Amount of Each Disbursement this Period 2700.00
City Miami	State FL	
Zip Code 33172	Purpose of Disbursement Accounting and reporting services001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. RT & C Holdings		Transaction ID: D1046 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2004
Mailing Address 1885 N.W. 88th Court Suite #101		Amount of Each Disbursement this Period 300.00
City Miami	State FL	
Zip Code 33172	Purpose of Disbursement Rent - September 2004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 38 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Shrum Devine Donilon		Transaction ID: D1017 Date of Disbursement 08 / 20 / 2004	
Mailing Address 3299 K Street NW		Amount of Each Disbursement this Period 55435.71	
City Washington	State DC	Zip Code 20007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Media Buy		004 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: D1004 Date of Disbursement 08 / 17 / 2004	
Mailing Address P.O. Box #740602		Amount of Each Disbursement this Period 211.61	
City Cincinnati	State OH	Zip Code 45274-0602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Cellular Phone		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. The Gospel Truth		Transaction ID: D1016 Date of Disbursement 08 / 20 / 2004	
Mailing Address 555 NE 15th Street Suite #215		Amount of Each Disbursement this Period 750.00	
City Miami	State FL	Zip Code 33132	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Advertising		004 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	56397.32
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)  
Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Mark Thibault		Transaction ID: D1011 Date of Disbursement MM/DD/YYYY 08/20/2004
Mailing Address 4800 S.W. 5th Terrace		Amount of Each Disbursement this Period 599.61
City Miami	State FL Zip Code 33134	
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	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Mark Thibault		Transaction ID: D1013 Date of Disbursement MM/DD/YYYY 08/20/2004
Mailing Address 4800 S.W. 5th Terrace		Amount of Each Disbursement this Period 3750.00
City Miami	State FL Zip Code 33134	
Purpose of Disbursement Fundraising Consulting	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. WOBA		Transaction ID: D1032 Date of Disbursement MM/DD/YYYY 08/27/2004
Mailing Address 800 Douglas Road Annex Bldg. Suite #111		Amount of Each Disbursement this Period 2213.00
City Coral Gables	State FL Zip Code 33134	
Purpose of Disbursement Media Buy - Radio	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 004	

SUBTOTAL of Disbursements This Page (optional)	6562.61
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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17  18  19a  19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Alex Penelas US Senate Campaign

Full Name (Last, First, Middle Initial)

A. **WSAN**

Mailing Address 2100 Coral Way  
Suite #128

City State Zip Code  
Coral Gables FL 33145

Purpose of Disbursement  
Media Buy - Radio Caracol

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D1033

Date of Disbursement

08 / 27 / 2004

Amount of Each Disbursement this Period

3060.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. **Mark Thibault**

Mailing Address 4800 S.W. 5th Terrace

City State Zip Code  
Miami FL 33134

Purpose of Disbursement  
Telephone Expenses

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D1008

Date of Disbursement

08 / 20 / 2004

Amount of Each Disbursement this Period

349.98

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3409.98

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

642478.51



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 41/43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Alex Panelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. J. Alan Kahn		Transaction ID: D1028 Date of Disbursement 08 / 23 / 2004	
Mailing Address 50 Central Park West Apartment #5-B		Amount of Each Disbursement this Period 2000.00	
City New York	State NY	Zip Code 10023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution Refund		D10 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Jeffrey N Mizrahi		Transaction ID: D1024 Date of Disbursement 08 / 23 / 2004	
Mailing Address 1 Irving Place Apartment #G11F		Amount of Each Disbursement this Period 2000.00	
City New York	State NY	Zip Code 10003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution Refund		D10 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Allen J Popowitz		Transaction ID: D1021 Date of Disbursement 08 / 23 / 2004	
Mailing Address 98 Park Avenue Apartment #2-D		Amount of Each Disbursement this Period 2000.00	
City Hoboken	State NJ	Zip Code 07030-3523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution Refund		D10 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

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

FOR LINE NUMBER:  
(check only one)

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17  
 20a  
 18  
 20b  
 19a  
 20c  
 19b  
 21

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NAME OF COMMITTEE (In Full)  
Alex Panelas US Senate Campaign

Full Name (Last, First, Middle Initial) A. Glenn R Popowitz		Transaction ID: D1025 Date of Disbursement 08 / 23 / 2004	
Mailing Address 6 Bogey Place		Amount of Each Disbursement this Period 2000.00	
City Suffern	State NY	Zip Code 10901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Richard L Popowitz		Transaction ID: D1027 Date of Disbursement 08 / 23 / 2004	
Mailing Address 155 Eyelet Lane		Amount of Each Disbursement this Period 2000.00	
City Redwood City	State CA	Zip Code 94065	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Emily Rand		Transaction ID: D1020 Date of Disbursement 08 / 23 / 2004	
Mailing Address 28 Beatrice Street		Amount of Each Disbursement this Period 2000.00	
City Allendale	State NJ	Zip Code 07401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 43

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
Alex Penelas US Senate Campaign

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

Transaction ID: D1022  
Date of Disbursement

M M D D Y Y Y Y  
08 23 2004

Mailing Address 220 East 72nd Street  
Apartment #22-G

City State Zip Code  
New York NY 10021-4534

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement  
Contribution Refund  
Candidate Name

010  
Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

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

Transaction ID: D1023  
Date of Disbursement

M M D D Y Y Y Y  
08 23 2004

Mailing Address 185 E. 85th Street  
Apartment #7-K

City State Zip Code  
New York NY 10028-2142

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement  
Contribution Refund  
Candidate Name

010  
Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

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

4000.00

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

16000.00



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Office of Public Records  
P.O. Box #5109  
Alexandria, VA 22301-0109



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# United States Senate

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Date of Receipt \_\_\_\_\_  
 REGISTERED/CERTIFIED MAIL 10/15/04  
Postmarked

RECEIVED FROM THE FEDERAL ELECTION  
COMMISSION \_\_\_\_\_  
Date of Receipt \_\_\_\_\_

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM  
 PRIORITY MAIL /WITH CONFIRMATION SHEET  
 EXPRESS MAIL  
 FEDERAL EXPRESS  
 UPS  
 DEL  
 AIRBORNE EXPRESS \_\_\_\_\_  
Postmark

PRIORITY MAIL (NO CONFIRMATION) \_\_\_\_\_  
Date of Receipt \_\_\_\_\_

FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt \_\_\_\_\_

FAX \_\_\_\_\_  
Date of Receipt \_\_\_\_\_

NO POSTMARK       POSTMARK ILLEGIBLE

OTHER \_\_\_\_\_  
Date of Receipt \_\_\_\_\_

RD 10/20/04  
Preparer      Date Prepared

24020901325  
24020901325

