

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

HASTINGS FOR CONGRESS

ADDRESS (number and street) P.O. BOX 100277
Check if different than previously reported. (ACC) P.O. BOX 100277
FT. LAUDERDALE FL 33310

2. **FEC IDENTIFICATION NUMBER** C00269837
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
FL 23

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

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

5. Covering Period 01 01 2008 through 03 31 2008

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

Signature of Treasurer Electronically Filed by Mr. TOMAS MCINTOSH Date 06 04 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

HASTINGS FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	46597.64	373072.36
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	46597.64	373072.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	32392.86	140279.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32392.86	140279.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	162571.90	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
HASTINGS FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

26100.00

170174.37

(ii) Unitemized.....

3497.64

16342.64

(iii) TOTAL of contributions

29597.64

186517.01

from individuals..... ▶

1000.00

4608.75

(b) Political Party Committees.....

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

16000.00

181946.60

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

46597.64

373072.36

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

0.00

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

0.00

1950.67

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

46597.64

375023.03

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32392.86	140279.02
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.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	44450.00	93025.47
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	76842.86	233304.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	192817.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	46597.64
25. SUBTOTAL (add Line 23 and Line 24).....	239414.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76842.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	162571.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Dr. LOWELL A ADKINS		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 12361 SW 1ST STREET		Transaction ID: SA11AI.14721		
	City PLANTATION	State FL	Zip Code 33325	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer SELF	Occupation MEDICAL DOCTOR			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00				

B.	Full Name (Last, First, Middle Initial) Dr. YARED AKLILU		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 410 STONEMONT DRIVE		Transaction ID: SA11AI.14746		
	City WESTON	State FL	Zip Code 33326	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer INFECTIOUS DISEASE ASSOC.	Occupation DOCTOR			
Receipt For: 2008 <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) Mr. BAHAR N AYASLI		Date of Receipt MM / DD / YYYY 01 / 04 / 2008		
	Mailing Address 75 HAWTHORNE VILLAGE RD		Transaction ID: SA11AI.14662		
	City NASHUA	State NH	Zip Code 03062	Amount of Each Receipt this Period 2300.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer N/A	Occupation STUDENT			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00				

SUBTOTAL of Receipts This Page (optional)	▶	3800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 6 / 47
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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. ORHAN N. AYASLI		Date of Receipt MM / DD / YYYY 01 / 04 / 2008		
	Mailing Address 1050 S. FLOWER STREET APT. 614		Transaction ID: SA11AI.14660		
	City LOS ANGELES	State CA	Zip Code 90015	Amount of Each Receipt this Period 2300.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer N/A	Occupation STUDENT			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00				

B.	Full Name (Last, First, Middle Initial) Dr. ROLAND J. BENSON		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 1061 SW 75 TH TERRACE		Transaction ID: SA11AI.14727		
	City PLANTATION	State FL	Zip Code 33317	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer SELF EMPLOYED	Occupation MEDICAL DOCTOR			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00				

C.	Full Name (Last, First, Middle Initial) Ms SUSAN BIENER BERGMAN, Esq.		Date of Receipt MM / DD / YYYY 03 / 28 / 2008		
	Mailing Address 18 WALTER STREET		Transaction ID: SA11AI.14786		
	City NEWTON CENTER	State MA	Zip Code 02459	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer SELF	Occupation ATTORNEY			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00				

SUBTOTAL of Receipts This Page (optional)	▶	3050.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. DONALD BIERMAN, Esq.
Mailing Address **800 BRICKELL AVE**
City **MIAMI** State **FL** Zip Code **33131**
FEC ID number of contributing federal political committee. **C**
Name of Employer **SELF** Occupation **LAWYER**
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **300.00**
Date of Receipt **03 / 20 / 2008**
Transaction ID: SA11AI.14772
Amount of Each Receipt this Period **100.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. DAVID BOGENSCHUTZ
Mailing Address **600 S. ANDREW AVENUE**
500
City **FT. LAUDERDALE** State **FL** Zip Code **33301**
FEC ID number of contributing federal political committee. **C**
Name of Employer **BOGENSCHUTZ & DUKAS, P.A** Occupation **ATTORNEY**
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **500.00**
Date of Receipt **03 / 28 / 2008**
Transaction ID: SA11AI.14783
Amount of Each Receipt this Period **500.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. DON BONKER
Mailing Address **4774 OLD DOMINION DR**
City **ARLINGTON** State **VA** Zip Code **22207**
FEC ID number of contributing federal political committee. **C**
Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **500.00**
Date of Receipt **01 / 04 / 2008**
Transaction ID: SA11AI.14666
Amount of Each Receipt this Period **500.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 47

(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)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mrs. PATRICIA BOOK

Mailing Address **10711 HAWKS VISTA STREET**

City **PLANTATION** State **FL** Zip Code **33324**

FEC ID number of contributing federal political committee. C

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 28 / 2008

Transaction ID: SA11AI.14781

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Dr. MICHAEL A. CHIZNER

Mailing Address **620 2ND KEY DRIVE**

City **FT. LAUDERDALE** State **FL** Zip Code **33304**

FEC ID number of contributing federal political committee. C

Name of Employer **SELF EMPLOYED** Occupation **MEDICAL DOCTOR**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2008

Transaction ID: SA11AI.14703

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Dr. RAJIV R. CHOKSHI

Mailing Address **4701 N. FEDERAL HWY.
STE. A21**

City **FT. LAUDERDALE** State **FL** Zip Code **33308**

FEC ID number of contributing federal political committee. C

Name of Employer **SELF EMPLOYED** Occupation **MEDICAL DOCTOR**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2008

Transaction ID: SA11AI.14742

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. ROBERT CUELI

Mailing Address P.O. BOX 11567

City State Zip Code
FT. LAUDERDALE FL 33339

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF EMPLOYED MEDICAL DOCTOR

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

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

Transaction ID: SA11AI.14744

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. SHERYL A. DICKEY

Mailing Address 3299-5 NW 44 TH STREET

City State Zip Code
FT. LAUDERDALE FL 33309

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
DICKEY CONSULTING SERVICES PRINCIPAL

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

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.14785

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. HAVERT L. FENN

Mailing Address 2601 AVENUE T

City State Zip Code
FT PIERCE FL 34947

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF FARMER

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

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.14806

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. RUDOLPH A. GLASS

Mailing Address 613 NW 2ND AVE
APT B

City HALLANDALE State FL Zip Code 33009

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

Name of Employer RETIRED Occupation INVESTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2008
Transaction ID: SA11AI.14804
Amount of Each Receipt this Period: 200.00

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

B. Full Name (Last, First, Middle Initial)
Dr. LINDA GREEN

Mailing Address 10111 VESTAL

City CORAL SPRINGS State FL Zip Code 33071

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 02 / 12 / 2008
Transaction ID: SA11AI.14711
Amount of Each Receipt this Period: 250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. ROBERT GREEN

Mailing Address 7430 NW 41 ST. CT.,

City LAUDERHILL State FL Zip Code 33319

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

Name of Employer RETIRED Occupation EDUCATOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 03 / 20 / 2008
Transaction ID: SA11AI.14763
Amount of Each Receipt this Period: 200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 47
(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)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Dr. RAJENDRA P. GUPTA

Mailing Address 3201 N.E. 40 TH. STREET

City State Zip Code
FT. LAUDERDALE FL 33308

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11AI.14718

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Dr. EDWIN HAMILTON

Mailing Address P.O. BOX 2044

City State Zip Code
POMPANO BEACH FL 33061

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

Name of Employer SELF Occupation MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.14705

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. WILLIAM HAMMOND

Mailing Address 3200 N. OCEAN BLVD.,
603

City State Zip Code
FT LAUDERDALE FL 33308-7155

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

Name of Employer RETIRED Occupation COLONEL

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.14795

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. ROGER C. HATTON

Mailing Address P. O. BOX 220

City PAHOKEE State FL Zip Code 33476

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

Name of Employer SELF Occupation farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2008
Transaction ID: SA11AI.14761
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Dr. LANDEEN JAIN

Mailing Address 10942 N.W. 18 TH. PLACE

City PLANTATION State FL Zip Code 33322

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2008
Transaction ID: SA11AI.14723
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Dr. MUDIT JAIN

Mailing Address 2810 OAKBROOK LANE

City WESTON State FL Zip Code 33332

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2008
Transaction ID: SA11AI.14725
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 47
(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)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Ms JUDY JOHNSON

Mailing Address 3600 NW 41 ST STREET

City LAUDERDALE LAKES State FL Zip Code 33309

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

Name of Employer CHRISTIAN AWARENESS, INC. Occupation RETIRED EDUCATOR/ MINISTER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
03 / 20 / 2008

Transaction ID: SA11AI.14764

Amount of Each Receipt this Period: 200.00

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

B.

Full Name (Last, First, Middle Initial)
Dr. DEEPAK KAPILA

Mailing Address 7050 NW 4TH STREET SUITE 102

City PLANTATION State FL Zip Code 33317

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 12 / 2008

Transaction ID: SA11AI.14713

Amount of Each Receipt this Period: 250.00

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

C.

Full Name (Last, First, Middle Initial)
Ms KATHERINE KELLY

Mailing Address 160 ROYAL PALM WAY

City PALM BEACH State FL Zip Code 33480

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

Name of Employer RETIRED Occupation EDUCATOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt: MM / DD / YYYY
03 / 20 / 2008

Transaction ID: SA11AI.14760

Amount of Each Receipt this Period: 300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 47
(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)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. MARGERY KRAUS

Mailing Address 99609 WHITE CEDAR CT

City State Zip Code
VIENNA VA 22181

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: SA11AI.14671

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
SUNIL KUMAR

Mailing Address 10701 PINE LODGE TRAIL

City State Zip Code
DAVIE FL 33328

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

Name of Employer HEART & LUNG ASSOCIATES Occupation DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.14708

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Dr. ROSA LAWSON

Mailing Address P.O. BOX 8974

City State Zip Code
CORAL SPRINGS FL 33075

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

Name of Employer MAYS-LAWSON EARLY CHILD CENTER Occupation PRESIDENT/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.14789

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. WILLIAM JR LEHMAN

Mailing Address 21400 N.W. 2 ND AVENUE

City State Zip Code
MIAMI FL 33169

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

Name of Employer SELF Occupation BUSINESSMAN

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: SA11AI.14782

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Dr. SEIN LWIN

Mailing Address 300 SE 17 TH STREET

City State Zip Code
FORT LAUDERDALE FL 33316

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2008

Transaction ID: SA11AI.14715

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Dr. WILFRED C MCKENZIE

Mailing Address 1625 SE 3RD AVE
STE 400

City State Zip Code
FT. LAUDERDALE FL 33316

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

Name of Employer SELF Occupation MEDICAL DOCTOR

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2008

Transaction ID: SA11AI.14747

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. RICHARD A. MCLEAN

Mailing Address 4101 NW 4 TH ST.
STE. 404

City State Zip Code
PLANTATION FL 33317

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

Name of Employer Occupation
SELF EMPLOYED MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.14736

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Dr. RONA M. MEKENZIE

Mailing Address 9520 NW 9TH COURT

City State Zip Code
PLANTATION FL 33324

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

Name of Employer Occupation
SELF EMPLOYED MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.14740

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Dr. GORDON A. MERRITT

Mailing Address 1435 NW 6 TH STREET

City State Zip Code
FT LAUDERDALE FL 33311

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

Name of Employer Occupation
SELF MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.14805

Amount of Each Receipt this Period
250.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Dr. RONALD E. MOORE	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 4810 NW 29 TH AVE.	Transaction ID: SA11AI.14734
	City State Zip Code FT. LAUDERDALE FL 33308	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. WILLIAM A. MORRIS, III	Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address 727 NW 6 STREET	Transaction ID: SA11AI.14768
	City State Zip Code FT LAUDERDALE FL 33311	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)/441a-1)
	Name of Employer SELF Occupation PHYSICAN Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. WILLIAM NORKUNAS	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 6103 UMBRELLA TREE LN.	Transaction ID: SA11AI.14754
	City State Zip Code TAMARAC FL 33319	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR Receipt For: 2008 <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)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Dr. AIDEN O'ROURKE	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 1625 SE 3RD AVENUE SUITE # 723	Transaction ID: SA11AI.14706
	City State Zip Code FT. LAUDERDALE FL 33316	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation SELF EMPLOYED MEDICAL DOCTOR	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mrs. INGE A. OLIVERIO	Date of Receipt MM / DD / YYYY 01 / 18 / 2008
	Mailing Address 4916 E. CALLE VENTURA	Transaction ID: SA11AI.14673
	City State Zip Code PHOENIX AZ 85018	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation THE OLIVERIO GROUP PRESIDENT	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 0	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. DOROTHY ORR	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 2741 N.W. 26 AVE	Transaction ID: SA11AI.14784
	City State Zip Code FT. LAUDERDALE FL 33311	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation SELF PHYSICIAN	
Receipt For: 2008 <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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. WILLIAM PRIMUS

Mailing Address 3811 NW 7 TH PLACE

City State Zip Code
FT LAUDERDALE FL 33311

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

Name of Employer SELF Occupation PHYSICAN

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.14766

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Dr. MURALI P. SHANKAR

Mailing Address 8200 W. SUNRISE BLVD.
STE. D6

City State Zip Code
PLANTATION FL 33322

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.14738

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Dr. ASHOK K. SHARMA

Mailing Address 2855 HUNTER RD

City State Zip Code
WESTON FL 33326

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.14732

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. RONNIE SHOWS

Mailing Address 80 JOHN MCNEASE LANE

City BASSFIELD State MS Zip Code 39421

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 01 / 04 / 2008
Transaction ID: SA11AI.14664
 Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Dr. SATYA P. SINGH

Mailing Address 759 N.W. 91 ST. STREET

City PLANTATION State FL Zip Code 33324

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 02 / 12 / 2008
Transaction ID: SA11AI.14730
 Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Dr. STEPHEN M. SINKOE

Mailing Address 5558 S. FLAMINGO RD.

City COOPER CITY State FL Zip Code 33330

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

Name of Employer SELP EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 02 / 26 / 2008
Transaction ID: SA11AI.14751
 Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. JOSEPH E. SMITH	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 1313 PEPPERTREE TR. APT A.	Transaction ID: SA11AI.14753
	City State Zip Code FORT PIERCE FL 34950-5249	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer LOCAL GOVT. Occupation PUBLIC OFFICIAL Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00

B.	Full Name (Last, First, Middle Initial) Dr. BENJAMIN STEPHENSON	Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address 5608 BLUEBERRY CT	Transaction ID: SA11AI.14762
	City State Zip Code LAUDERHILL FL 33313	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer SELF Occupation PHYSICAN Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Dr. WAEL Z. TAMIM	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 520 SE 5TH AVE STE. 2301	Transaction ID: SA11AI.14709
	City State Zip Code FT.LAUDERDALE FL 33301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR Receipt For: 2008 <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)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 47

(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)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Dr. FRANKLIN WATSON

Mailing Address 1431 SW 82 ND AVENUE.,
1523

City State Zip Code
PLANTATION FL 33324

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

Name of Employer
BROWARD COUNTY SCHOOLS

Occupation
TEACHER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: SA11AI.14787

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
Dr. DEBORAH WILLIAMS

Mailing Address 135 N.W. 73 RD AVE

City State Zip Code
PLANTATION FL 33317

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

Name of Employer
SELF EMPLOYED

Occupation
MEDICAL DOCTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 12 / 2008

Transaction ID: SA11AI.14716

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. GARY S. YOUNG

Mailing Address 521 E. LOS OLAS BLVD.

City State Zip Code
FT. LAUDERDALE FL 33301

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

Name of Employer
FLOWERS & FOUND OBJECTS

Occupation
ASSISTANT MGR.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: SA11AI.14758

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

26100.00

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

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

FOR LINE NUMBER: PAGE 23 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RANGEL FOR CONGRESS

Mailing Address PO Box 5577
MANHATTANVILLE STA

City State Zip Code
New York NY 10027

FEC ID number of contributing federal political committee. **C** C00302422

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11B.14802

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 24 / 47

(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
AUTONATION INC POLITICAL ACTION COMMITTEE
Mailing Address 110 SE 6TH STREET 20TH FLOOR

City State Zip Code
FT LAUDERDALE FL 33301

FEC ID number of contributing federal political committee. **C** C00330514

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: SA11C.14757

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
CREDIT UNION LEGISLATIVE ACTION COUNCIL PAC
Mailing Address 805 FIFTEENTH STREET, N.W.
STE 300

City State Zip Code
WASHINGTON DC 20005-2207

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2008

Transaction ID: SA11C.14672

Amount of Each Receipt this Period
3000.00

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

C.

Full Name (Last, First, Middle Initial)
DRIVE POLITICAL FUND
Mailing Address 25 LOUISIANA AVE.,

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00000489

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2008

Transaction ID: SA11C.14675

Amount of Each Receipt this Period
3000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE INC

Mailing Address 302 S MASSACHUSETTS AVE
PO BOX 89

City LAKELAND State FL Zip Code 33802

FEC ID number of contributing federal political committee. **C** C00131607

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11C.14801

Amount of Each Receipt this Period
 2500.00

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

B. Full Name (Last, First, Middle Initial)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FLORIDA)

Mailing Address P O BOX 6936

City JACKSONVILLE State FL Zip Code 32236

FEC ID number of contributing federal political committee. **C** C00161141

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA11C.14748

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
LABORERS' POLITICAL LEAGUE

Mailing Address 905 16 TH STREET., N.W.

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 0 / 2 0 0 8

Transaction ID: SA11C.14914

Amount of Each Receipt this Period
 3000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)
Mailing Address 14600 Detroit Ave

City Cleveland State OH Zip Code 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2008
Transaction ID: SA11C.14749
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
US-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE
Mailing Address 1200 WEST 49TH STREET

City HIALEAH State FL Zip Code 33012

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 01 / 04 / 2008
Transaction ID: SA11C.14670
 Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ► 16000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) A.T.& T. AT&T</p> <p>Mailing Address P.O. BOX 70529</p> <p>City CHARLOTTE State NC Zip Code 28272</p> <p>Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.14823</p> <p>Date of Disbursement 01 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 160.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) A.T.& T. AT&T</p> <p>Mailing Address P.O. BOX 70529</p> <p>City CHARLOTTE State NC Zip Code 28272</p> <p>Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.14849</p> <p>Date of Disbursement 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 161.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) A.T.& T. AT&T</p> <p>Mailing Address P.O. BOX 70529</p> <p>City CHARLOTTE State NC Zip Code 28272</p> <p>Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.14863</p> <p>Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 160.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	481.57
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) A.T.& T. AT&T Mailing Address P.O. BOX 70529 City CHARLOTTE State NC Zip Code 28272 Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.14905 Date of Disbursement 03 / 31 / 2008 Amount of Each Disbursement this Period 161.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) BANK OF AMERICA BANK OF AMERICA Mailing Address 9000 SOUTHSIDE BLVD City JACKSONVILLE State FL Zip Code 32256 Purpose of Disbursement JANUARY BANK CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.14816 Date of Disbursement 01 / 01 / 2008 Amount of Each Disbursement this Period 39.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) BANK OF AMERICA BANK OF AMERICA Mailing Address 9000 SOUTHSIDE BLVD City JACKSONVILLE State FL Zip Code 32256 Purpose of Disbursement FEBRUARY BANK CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.14817 Date of Disbursement 02 / 01 / 2008 Amount of Each Disbursement this Period 39.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

241.72

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BANK OF AMERICA BANK OF AMERICA

Mailing Address 9000 SOUTHSIDE BLVD

City JACKSONVILLE State FL Zip Code 32256

Purpose of Disbursement
MARCH BANK CHARGES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14818

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
BASHFULL DAISY BASHFULL DAISY

Mailing Address 618 NE 3 AVENUE

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement
FLOWERS FOR CONST.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C. Full Name (Last, First, Middle Initial)
BASHFULL DAISY BASHFULL DAISY

Mailing Address 618 NE 3 AVENUE

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement
FLOWERS FOR CONST.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14828

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BASHFULL DAISY BASHFULL DAISY

Mailing Address 618 NE 3 AVENUE

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement
FLOWERS FOR CONST.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14900

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	8

Amount of Each Disbursement this Period

216.24

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

B. Full Name (Last, First, Middle Initial)
BASHFULL DAISY BASHFULL DAISY

Mailing Address 618 NE 3 AVENUE

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement
FLOWERS FOR CONST.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14871

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	8

Amount of Each Disbursement this Period

63.60

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

C. Full Name (Last, First, Middle Initial)
BLACK ELECTED OFFICI BLACK ELECTED OFFICIALS

Mailing Address 233 NORTHWEST 14TH STREET

City FT. LAUDERDALE State FL Zip Code 33311

Purpose of Disbursement
CAMPAIGN ADV. IN JOURNAL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14838

Date of Disbursement

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

Amount of Each Disbursement this Period

750.00

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

SUBTOTAL of Disbursements This Page (optional) ►

1029.84

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Ms KERSANDRA BROOKS

Transaction ID: SB17.14879
Date of Disbursement

Mailing Address 2348 NW 15TH COURT

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	8

City State Zip Code
FT. LAUDERDALE FL 33311

Amount of Each Disbursement this Period

1497.00

Purpose of Disbursement

CAMPAIGN CONSULTANT

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
DEMO. EXEC. COMMI. BROWARD COUNTY DEMO. EXEC.

Transaction ID: SB17.14846
Date of Disbursement

Mailing Address 1824 N. UNIVERSITY DRIVE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	8

City State Zip Code
PLANTATION FL 33322

Amount of Each Disbursement this Period

1400.00

Purpose of Disbursement

CAMPAIGN ADV. IN JOURNAL

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CENTRAL FLORIDA CENTRAL FLORIDA YMCA

Transaction ID: SB17.14834
Date of Disbursement

Mailing Address 433 NORTH MILLS AVE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	8

City State Zip Code
ORLANDO FL 32803

Amount of Each Disbursement this Period

750.00

Purpose of Disbursement

CAMPAIGN ADV. IN JOURNAL

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3647.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) COMCAST COMCAST Mailing Address P.O. BOX 173885 City DENVER State CO Zip Code 80217 Purpose of Disbursement CAMPAIGN INTERNET SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.14821 Date of Disbursement 01 / 03 / 2008 Amount of Each Disbursement this Period 92.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) COMCAST COMCAST Mailing Address P.O. BOX 173885 City DENVER State CO Zip Code 80217 Purpose of Disbursement CAMPAIGN INTERNET SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.14839 Date of Disbursement 01 / 29 / 2008 Amount of Each Disbursement this Period 92.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) COMCAST COMCAST Mailing Address P.O. BOX 173885 City DENVER State CO Zip Code 80217 Purpose of Disbursement CAMPAIGN INTERNET SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.14861 Date of Disbursement 03 / 06 / 2008 Amount of Each Disbursement this Period 92.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	278.64
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
COMCAST COMCAST

Mailing Address P.O. BOX 173885

City DENVER State CO Zip Code 80217

Purpose of Disbursement
CAMPAIGN INTERNET SERVICE

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14904
Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

93.32

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

B.

Full Name (Last, First, Middle Initial)
Ms WILMA CONNER

Mailing Address 701 NW 31 ST STREET

City FT. LAUDERDALE State FL Zip Code 33311

Purpose of Disbursement
CAMPAIGN CLERICAL SERVICE

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14884
Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

350.00

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

C.

Full Name (Last, First, Middle Initial)
Ms WILMA CONNER

Mailing Address 701 NW 31 ST STREET

City FT. LAUDERDALE State FL Zip Code 33311

Purpose of Disbursement
CAMPAIGN CONSULTANT F/R

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14819
Date of Disbursement

03 / 14 / 2008

Amount of Each Disbursement this Period

1816.37

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

SUBTOTAL of Disbursements This Page (optional) ▶

2259.69

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. CHRIS VAN HOLLEN D.C.C.C.

Mailing Address 430 S. CAPITAL STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
In-kind - F/R SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14815

Date of Disbursement

03 / 12 / 2008

Amount of Each Disbursement this Period

7.64

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

B. Full Name (Last, First, Middle Initial)
FEDEX FEDEX

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 38101

Purpose of Disbursement
CAMPAIGN AIRBILLS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14845

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

90.70

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

C. Full Name (Last, First, Middle Initial)
FEDEX FEDEX

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 38101

Purpose of Disbursement
CAMPAIGN AIRBILLS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14851

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

74.37

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

SUBTOTAL of Disbursements This Page (optional) ▶

172.71

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) FEDEX FEDEX	Transaction ID: SB17.14868 Date of Disbursement 03 / 24 / 2008
	Mailing Address P.O. BOX 1140	Amount of Each Disbursement this Period 12.10
	City MEMPHIS State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CAMPAIGN AIRBILL Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms ALEXIS GILES	Transaction ID: SB17.14910 Date of Disbursement 02 / 20 / 2008
	Mailing Address 1251 NW 101 ST WAY	Amount of Each Disbursement this Period 500.00
	City PLANTATION State FL Zip Code 33322	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CAMPAIGN CONSULTANT Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms ALEXIS GILES	Transaction ID: SB17.14858 Date of Disbursement 03 / 05 / 2008
	Mailing Address 1251 NW 101 ST WAY	Amount of Each Disbursement this Period 500.00
	City PLANTATION State FL Zip Code 33322	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CAMPAIGN CONSULTANT Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1012.10

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Ms ALEXIS GILES

Transaction ID: SB17.14870
Date of Disbursement

Mailing Address 1251 NW 101 ST WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	8

City PLANTATION State FL Zip Code 33322

Amount of Each Disbursement this Period

750.00

Purpose of Disbursement
CAMPAIGN CONSULTANT

--

Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
INFINITI INC. INFINITI FINANCIAL SERVICES

Transaction ID: SB17.14822
Date of Disbursement

Mailing Address P.O. BOX 650679

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	8

City DALLAS State TX Zip Code 75265-0679

Amount of Each Disbursement this Period

589.86

Purpose of Disbursement
CAMPAIGN CAR LEASE PAYMENT

--

Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
INFINITI INC. INFINITI FINANCIAL SERVICES

Transaction ID: SB17.14844
Date of Disbursement

Mailing Address P.O. BOX 650679

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	8

City DALLAS State TX Zip Code 75265-0679

Amount of Each Disbursement this Period

589.86

Purpose of Disbursement
CAMPAIGN CAR LEASE PAYMENT

--

Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1929.72

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INFINITI INC. INFINITI FINANCIAL SERVICES

Mailing Address P.O. BOX 650679

City DALLAS State TX Zip Code 75265-0679

Purpose of Disbursement
CAMPAIGN CAR LEASE PAYMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14860

Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

589.86

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

B. Full Name (Last, First, Middle Initial)
Mr. CLARENCE JACKSON

Mailing Address 4361 NW 12TH COURT

City LAUDERHILL State FL Zip Code 33313

Purpose of Disbursement
CAMPAIGN F/R CONSULTANT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14888

Date of Disbursement

02 / 06 / 2008

Amount of Each Disbursement this Period

3625.00

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

C. Full Name (Last, First, Middle Initial)
Mr. CLARENCE JACKSON

Mailing Address 4361 NW 12TH COURT

City LAUDERHILL State FL Zip Code 33313

Purpose of Disbursement
CAMPAIGN F/R CONSULTANT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14901

Date of Disbursement

03 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

6714.86

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALPHA KAPPA KAPPA KAPPA OMEGA

Mailing Address P.O. BOX 9504

City State Zip Code
FT. LAUDERDALE FL 33310

Purpose of Disbursement
CAMPAIGN ADV. IN JOURNAL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14883

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE

Mailing Address 1500 N. STATE RD SEVEN

City State Zip Code
LAUDERHILL FL 33313

Purpose of Disbursement
CAMPAIGN MATERIAL STORAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14824

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C. Full Name (Last, First, Middle Initial)
LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE

Mailing Address 1500 N. STATE RD SEVEN

City State Zip Code
LAUDERHILL FL 33313

Purpose of Disbursement
CAMPAIGN MATERIAL STORAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14880

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ▶

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 39 / 47

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE

Transaction ID: SB17.14898
Date of Disbursement

Mailing Address 1500 N. STATE RD SEVEN

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	8

City LAUDERHILL State FL Zip Code 33313

Amount of Each Disbursement this Period

Purpose of Disbursement
CAMPAIGN MATERIAL STORAGE

257.58

Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE

Transaction ID: SB17.14869
Date of Disbursement

Mailing Address 1500 N. STATE RD SEVEN

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	8

City LAUDERHILL State FL Zip Code 33313

Amount of Each Disbursement this Period

Purpose of Disbursement
CAMPAIGN MATERIAL STORAGE

257.58

Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. TOMAS MCINTOSH

Transaction ID: SB17.14842
Date of Disbursement

Mailing Address P.O. BOX 100277

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	8

City FT. LAUDERDALE State FL Zip Code 33310

Amount of Each Disbursement this Period

Purpose of Disbursement
CAMPAIGN DATA ENTRY

1100.00

Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1615.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 47

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. TOMAS MCINTOSH

Transaction ID: SB17.14853
Date of Disbursement

Mailing Address P.O. BOX 100277

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City State Zip Code
FT. LAUDERDALE FL 33310

Amount of Each Disbursement this Period

1100.00

Purpose of Disbursement
CAMPAIGN DATA ENTRY

--

Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. TOMAS MCINTOSH

Transaction ID: SB17.14906
Date of Disbursement

Mailing Address P.O. BOX 100277

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

City State Zip Code
FT. LAUDERDALE FL 33310

Amount of Each Disbursement this Period

1100.00

Purpose of Disbursement
CAMPAIGN DATA ENTRY

--

Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB

Transaction ID: SB17.14902
Date of Disbursement

Mailing Address 30 IVY STREET. SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	8

City State Zip Code
WASHINGTON DC 20003

Amount of Each Disbursement this Period

47.13

Purpose of Disbursement
CAMPAIGN BRUNCH

--

Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2247.13

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) OFFICE DEPOT OFFICE DEPOT Mailing Address 4801 N. STATE ROAD SEVEN City FT. LAUDERDALE State FL Zip Code 33311 Purpose of Disbursement CAMPAIGN OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.14852 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8 Amount of Each Disbursement this Period 111.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) PALM BEACH COUNTY PALM BEACH COUNTY DEC. CLUB Mailing Address 6903 LAKE ISLAND DRIVE City LAKE WORTH State FL Zip Code 33467 Purpose of Disbursement CAMPAIGN ADV. IN JOURNAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.14850 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) PALMWAY PRINTING PALMWAY PRINTING Mailing Address 913 NE 14 TH AVE City FT. LAUDERDALE State FL Zip Code 33304 Purpose of Disbursement CAMPAIGN INVITES PRINTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.14857 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 3140.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4251.27
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) THE DIAMOND LLC THE DIAMOND LLC <hr/> Mailing Address 2101 E. HALLANDALE BEACH BLVD STE. 304 <hr/> City HALLANDALE State FL Zip Code 33009 <hr/> Purpose of Disbursement CAMPAIGN OFFICE LEASE PAYMENT <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.14820 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) THE DIAMOND LLC THE DIAMOND LLC <hr/> Mailing Address 2101 E. HALLANDALE BEACH BLVD STE. 304 <hr/> City HALLANDALE State FL Zip Code 33009 <hr/> Purpose of Disbursement CAMPAIGN OFFICE LEASE PAYMENT <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.14843 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) THE DIAMOND LLC THE DIAMOND LLC <hr/> Mailing Address 2101 E. HALLANDALE BEACH BLVD STE. 304 <hr/> City HALLANDALE State FL Zip Code 33009 <hr/> Purpose of Disbursement CAMPAIGN OFFICE LEASE PAYMENT <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.14854 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) U.S. POSTAL SERVICE U.S. POSTAL SERVICE <hr/> Mailing Address 1899 W. OAKLAND PARK BLVD. <hr/> City FT. LAUDERDALE State FL Zip Code 33310 <hr/> Purpose of Disbursement STAMPS FOR F/R MAILOUT. Candidate Name Category/ Type	Transaction ID: SB17.14881 Date of Disbursement 01 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 205.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) U.S. POSTAL SERVICE U.S. POSTAL SERVICE <hr/> Mailing Address 1899 W. OAKLAND PARK BLVD. <hr/> City FT. LAUDERDALE State FL Zip Code 33310 <hr/> Purpose of Disbursement STAMPS FOR F/R MAILOUT. Candidate Name Category/ Type	Transaction ID: SB17.14856 Date of Disbursement 03 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 615.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) U.S. POSTAL SERVICE U.S. POSTAL SERVICE <hr/> Mailing Address 1899 W. OAKLAND PARK BLVD. <hr/> City FT. LAUDERDALE State FL Zip Code 33310 <hr/> Purpose of Disbursement STAMPS FOR F/R MAILOUT. Candidate Name Category/ Type	Transaction ID: SB17.14864 Date of Disbursement 03 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 410.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1230.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNION PRINTING UNION PRINTING

Mailing Address 2321 PEMBROKE ROAD

City HOLLYWOOD State FL Zip Code 33020

Purpose of Disbursement
PRINTING F/R INVITATIONS.

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14903

Date of Disbursement

03 / 12 / 2008

Amount of Each Disbursement this Period

901.00

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

B. Full Name (Last, First, Middle Initial)
WESTSIDE GAZETTE WESTSIDE GAZETTE

Mailing Address P.O. BOX 5304

City FT. LAUDERDALE State FL Zip Code 33310

Purpose of Disbursement
CAMPAIGN ADV. IN JOURNAL

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14878

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)
ZETA PHI BETA ZETA PHI BETA SORORITY

Mailing Address P.O. BOX 6216

City FT. LAUDERDALE State FL Zip Code 33310

Purpose of Disbursement
CAMPAIGN ADV. IN JOURNAL

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.14899

Date of Disbursement

03 / 01 / 2008

Amount of Each Disbursement this Period

225.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2126.00

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

31552.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
ANDRE CARSON FOR CONGRESS

Transaction ID: SB21.14873

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	8

Mailing Address One North Capitol Street #211

Amount of Each Disbursement this Period

1000.00

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
CAMPAIGN DONATION

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BOBBY DUBOSE BOBBY DUBOSE CAMPAIGN

Transaction ID: SB21.14896

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	8

Mailing Address P..O. BOX 1041

Amount of Each Disbursement this Period

250.00

City FT. LAUDERDALE State FL Zip Code 33302

Purpose of Disbursement
CAMPAIGN DONATION

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. CHRIS VAN HOLLEN D.C.C.C.

Transaction ID: SB21.14875

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	8

Mailing Address 430 S. CAPITAL STREET

Amount of Each Disbursement this Period

40000.00

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRANSFER OF EXCESS FUNDS

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

41250.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HILLARY CLINTON FOR PRESIDENT

Mailing Address PO BOX 2361

City CHESTER State VA Zip Code 23831

Purpose of Disbursement
CAMPAIGN DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.14877

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
JEREMY RING JEREMY RING CAMPAIGN

Mailing Address 5790 MARGATE BLVD.

City MARGATE State FL Zip Code 33063

Purpose of Disbursement
CAMPAIGN DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.14907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C. Full Name (Last, First, Middle Initial)
Ms DIEDRA SHAW

Mailing Address 531 CAROLINA AVENUE

City FT. LAUDERDALE State FL Zip Code 33312

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.14886

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. RICHARD YEARGIN

Mailing Address 257 NW 22ND STREET

City LAUDERDALE LAKES State FL Zip Code 33319

Purpose of Disbursement
SCHOLARSHIP DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.14832

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

44250.00