

REPORT OF RECEIPTS AND DISBURSEMENTS

JUL 27 1995 For An Authorized Committee (Summary Page)

REGULAR MAIL

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Carrie meek For Congress Committee

ADDRESS (number and street) ☐ Check if different than previously reported.
P.O. Box 01-6012

CITY, STATE and ZIP CODE
miami, FL 33101-6012

STATE/DISTRICT
FL/17

2. FEC IDENTIFICATION NUMBER
C00257014 **(141771)**

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

JUL 28 8 50 AM '95

4. TYPE OF REPORT

☐ April 15 Quarterly Report ☐ Twelfth day report preceding _____ (Type of Election)

☐ July 15 Quarterly Report election on _____ in the State of _____

☐ October 15 Quarterly Report ☐ Thirtieth day report following the General Election on _____ in the State of _____

☐ January 31 Year End Report

☒ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination Report

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

95 JUL 28 PM 2:35
RECEIVED
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1-1-95 through 6-30-95		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	62,710.00	62,710.00
(b) Total Contribution Refunds (from Line 20(d))	—	—
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	62,710.00	62,710.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16,322.97	16,322.97
(b) Total Offsets to Operating Expenditures (from Line 14)	—	—
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	16,322.97	16,322.97
8. Cash on Hand at Close of Reporting Period (from Line 27)	259,411.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	—	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	—	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Cynthia W. Curry

Signature of Treasurer
Cynthia W. Curry ✓

Date
7/24/95

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Carrie Meek For Congress Committee		Report Covering the Period: From: 1-1-95 To: 6-30-95	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		40,005.00	
(ii) Unitemized		6,055.00	
(iii) Total of contributions from individuals		46,060.00	46,060.00
(b) Political Party Committees		300.00	300.00
(c) Other Political Committees (such as PACs)		16,350.00	16,350.00
(d) The Candidate		—	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		62,710.00	62,710.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		—	—
13. LOANS:			
(a) Made or Guaranteed by the Candidate		—	—
(b) All Other Loans		—	—
(c) TOTAL LOANS (add 13(a) and (b))		—	—
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		—	—
15. OTHER RECEIPTS (Dividends, Interest, etc.)		—	—
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		62,710.00	62,710.00
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		16,322.97	16,322.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		—	—
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate		—	—
(b) Of All Other Loans		—	—
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		—	—
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		—	—
(b) Political Party Committees		—	—
(c) Other Political Committees (such as PACs)		—	—
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		—	—
21. OTHER DISBURSEMENTS		1,325.00	1,325.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		17,647.97	17,647.97
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 214,349.00	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 62,710.00	
25. SUBTOTAL (add Line 23 and Line 24)		\$ 277,059.00	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$ 17,647.97	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$ 259,411.03	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER

11A

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)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code

Fred S. St. Amant Sr.
40 NE 54 Street
Miami, FL 33137

Name of Employer

See letter

Date (month,
day, year)

3/16/95

Amount of Each
Receipt this Period

\$400.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$400.00

B. Full Name, Mailing Address and ZIP Code

Ralph Cherry
520 Brickell Key Drive
Miami, FL 33131

Name of Employer

See letter

Date (month,
day, year)

3/16/95

Amount of Each
Receipt this Period

\$300.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$300.00

C. Full Name, Mailing Address and ZIP Code

Rosette Thomas
20114 NW 61 Avenue
Miami, FL 33015

Name of Employer

See letter

Date (month,
day, year)

3/16/95

Amount of Each
Receipt this Period

\$300.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$300.00

D. Full Name, Mailing Address and ZIP Code

Robert H. Traurig
1221 Brickell Avenue, 22nd Floor
Miami, FL 33131

Name of Employer

Greenberg, Traurig
Law FirmDate (month,
day, year)

5/17/95

Amount of Each
Receipt this Period

\$500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$500.00

E. Full Name, Mailing Address and ZIP Code

William Lehman Sr.
21400 NW 2 Avenue
Miami, FL 33169

Name of Employer

Lehman Dealership
EnterprisesDate (month,
day, year)

5/17/95

Amount of Each
Receipt this Period

\$500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Auto Dealer

Aggregate Year-to-Date > \$500.00

F. Full Name, Mailing Address and ZIP Code

Francisco Norona
1190 NE 163 Street
N. Miami Beach, FL 33162

Name of Employer

Beiswenger Hochst
AssociatesDate (month,
day, year)

5/17/95

Amount of Each
Receipt this Period

\$1500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

President

Aggregate Year-to-Date > \$500.00

G. Full Name, Mailing Address and ZIP Code

Frank Smathers Sr.
11511 SW 57 Avenue
Miami, FL 33156

Name of Employer

Retired

Date (month,
day, year)

5/17/95

Amount of Each
Receipt this Period

\$500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

N/A

Aggregate Year-to-Date > \$500.00

SUBTOTAL of Receipts This Page (optional)

\$3,000.00

TOTAL This Period (last page this line number only)



March 20, 1995

Mr. Fred St. Amand Sr.
40 NE 54 Street
Miami, FL 33137

Dear Mr. St. Amand:

Federal Law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

In order for your contribution to be reported properly, will you please complete the enclosed form and return it as soon as possible to:

Carrie Meek For Congress
P. O. Box 01-6012
Miami, FL 33101-6012

Your assistance in this matter will be greatly appreciated.

Sincerely,

Cynthia A. Allen
Office of the Treasurer

P.O. Box 01-6012, Miami, Florida 33101-6012



CARRIE MEEK FOR CONGRESS CAMPAIGN

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____

Employer/Firm _____

Occupation _____

Check here if self employed _____

P.O. Box 01-6012, Miami, Florida 33101-6012

DEMOCRAT • Donations to campaign not tax deductible • Rev. Hugh Westbrook, Treasurer

pd por adv



March 20, 1995

Mr. Ralph Chevry
520 Brickell Key Drive
Miami, FL 33131

Dear Mr. Chevry:

Federal Law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

In order for your contribution to be reported properly, will you please complete the enclosed form and return it as soon as possible to:

Carrie Meek For Congress
P. O. Box 01-6012
Miami, FL 33101-6012

Your assistance in this matter will be greatly appreciated.

Sincerely,

Cynthia A. Allen
Office of the Treasurer

P.O. Box 01-6012, Miami, Florida 33101-6012

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pd. pol adv



CARRIE MEEK FOR CONGRESS CAMPAIGN

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____

Employer/Firm _____

Occupation _____

Check here if self employed _____

P.O. Box 01-6012, Miami, Florida 33101-6012



DEMOCRAT • Donations to campaign not tax deductible • Rev. Hugh Westbrook, Treasurer

101 100 000



March 20, 1995

Ms. Rosette Thomas
20114 NW 61 Avenue
Miami, FL 33015

Dear Ms. Thomas:

Federal Law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

In order for your contribution to be reported properly, will you please complete the enclosed form and return it as soon as possible to:

Carrie Meek For Congress
P. O. Box 01-6012
Miami, FL 33101-6012

Your assistance in this matter will be greatly appreciated.

Sincerely,

Cynthia A. Allen
Office of the Treasurer

P.O. Box 01-6012, Miami, Florida 33101-6012



CARRIE MEEK FOR CONGRESS CAMPAIGN

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____

Employer/Firm _____

Occupation _____

Check here if self employed _____

P.O. Box 01-6012, Miami, Florida 33101-6012

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 11
FOR LINE NUMBER
11A

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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code <u>Leonard Abess Jr.</u> <u>25 West Flagler Street</u> <u>Miami, FL 33130</u>	Name of Employer <u>City National Bank</u> Occupation <u>Chairman</u>	Date (month, day, year) <u>5/17/95</u>	Amount of Each Receipt this Period <u>\$1500.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$500.00</u>		
B. Full Name, Mailing Address and ZIP Code <u>Sanet McAuley</u> <u>2025 Seoffee Street</u> <u>Miami, FL 33133</u>	Name of Employer <u>Dade County Public Schools</u> Occupation <u>Board Member</u>	Date (month, day, year) <u>5/17/95</u>	Amount of Each Receipt this Period <u>\$250.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$250.00</u>		
C. Full Name, Mailing Address and ZIP Code <u>Evan S. Friedman</u> <u>5730 Bird Road</u> <u>Miami, FL 33155</u>	Name of Employer <u>Dr. Evan Friedman</u> Occupation <u>Optometrist</u>	Date (month, day, year) <u>5/17/95</u>	Amount of Each Receipt this Period <u>\$500.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$500.00</u>		
D. Full Name, Mailing Address and ZIP Code <u>Norbert A. Seals</u> <u>4100 NE 2 Avenue #200</u> <u>Miami, FL 33137</u>	Name of Employer <u>Ptolemy Group Inc.</u> Occupation <u>PR Consultant</u>	Date (month, day, year) <u>5/17/95</u>	Amount of Each Receipt this Period <u>\$500.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$500.00</u>		
E. Full Name, Mailing Address and ZIP Code <u>Dante B. Fascell</u> <u>701 Brickell Avenue #3000</u> <u>Miami, FL 33131</u>	Name of Employer <u>Holland + Knight Law Firm</u> Occupation <u>Attorney</u>	Date (month, day, year) <u>5/26/95</u>	Amount of Each Receipt this Period <u>\$1500.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$500.00</u>		
F. Full Name, Mailing Address and ZIP Code <u>Stanley Tate Builder (Partnership)</u> <u>Stanley Tate</u> <u>1175 NE 125 Street #102</u> <u>North Miami, FL 33161</u>	Name of Employer <u>Stanley Tate Builder</u> Occupation <u>Developer</u>	Date (month, day, year) <u>5/26/95</u>	Amount of Each Receipt this Period <u>\$1250.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$250.00</u>		
G. Full Name, Mailing Address and ZIP Code <u>Alvah Chapman</u> <u>One Herald Plaza</u> <u>Miami, FL 33132-1693</u>	Name of Employer <u>Knight Ridder Inc</u> Occupation <u>Consultant</u>	Date (month, day, year) <u>5/26/95</u>	Amount of Each Receipt this Period <u>\$500.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$500.00</u>		

SUBTOTAL of Receipts This Page (optional)

\$3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE **3** OF **11**
FOR LINE NUMBER
11A

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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Comm.tee

A. Full Name, Mailing Address and ZIP Code Brodies Hartley Jr. 10300 SW 216 Street miami, FL 33190 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Community Health of South Dade Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/26/95	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Ira Kurzban 2650 SW 27 Avenue miami, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kurzban, Kurzban & Weinger, PA Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/26/95	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Roberto Arroyo 9291 SW 85 street miami, FL 33173 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Warlock Int'l Inc. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/26/95	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Livingston G. Yap 12131 SW 100 Street miami, FL 33186 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Leasa Industries Co. Inc. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/26/95	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Louis Wolfson III 9595 Journey S. End Lane Coral Gables, FL 33156 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Venture "w" Corp Occupation Asset Manager Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/26/95	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Reginald Wellman 670 3ann Avenue opa locka, FL 33054 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Athlete's Foot Occupation Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Federico Garcia 8221 Coral Way miami, FL 33155 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Garcia & Garcia CPA Occupation Accountant Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 4 OF 11

FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code Antonio Junior 150 SE 25 Road, unit 4-1 Miami, FL 33129 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Housing Finance Authority Occupation Financial Analyst Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 500.00
B. Full Name, Mailing Address and ZIP Code Milton Wallace 2222 Ponce De Leon Blvd #600 Coral Gables, FL Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wallace, Bauman, Fodiman + Shannon Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 500.00
C. Full Name, Mailing Address and ZIP Code Derrick Golding 11760 NW 9 Street Plantation, FL 33325 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Act Services Inc Occupation General Contractor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 500.00
D. Full Name, Mailing Address and ZIP Code Michael Adams 7435 N. Oakmont Drive Miami, FL 33015 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rainbow Paving Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 500.00
E. Full Name, Mailing Address and ZIP Code Andrew Wilfork 1027 NW 64 Street Miami, FL 33150 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metro Dade County Solid Waste Dept. Occupation Director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 500.00
F. Full Name, Mailing Address and ZIP Code Bobbie Phillips 1351 NW 198 Street Miami, FL 33169 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metro Dade County Occupation Assistant Administrator Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 500.00
G. Full Name, Mailing Address and ZIP Code Cynthia Curry 19301 W. St. Andrews Drive Miami, FL 33015-2337 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metro Dade County Occupation Assistant County Manager Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 500.00

SUBTOTAL of Receipts This Page (optional)

\$ 3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 5 OF 11

FOR LINE NUMBER

11A

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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code Dean Taylor 411 NE 108 Street Miami, FL 33161 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metro Dade County Occupation Public Administrator Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 500.00
B. Full Name, Mailing Address and ZIP Code Howard Gary 3050 Biscayne Blvd #603 Miami, FL 33137 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Howard Gary + Company Occupation Investment Banker Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00
C. Full Name, Mailing Address and ZIP Code Carole Shields 158 S. Prospect Drive Coral Gables, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation Philanthropist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00
D. Full Name, Mailing Address and ZIP Code Allen Harper 1390 South Dixie Highway Coral Gables, FL 33146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Esslinger, Wooten maxwell Inc. Occupation Chairman, CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00
E. Full Name, Mailing Address and ZIP Code Miyoshi Smith 540 Brickell Key Drive #1624 Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IntraCorp Inc. Occupation General Counsel Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00
F. Full Name, Mailing Address and ZIP Code Marie Lee 1390 Brickell Avenue #27 Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homes For South Florida Occupation Executive Director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00
G. Full Name, Mailing Address and ZIP Code John Lasseville 140 Palm Avenue Miami Beach, FL 33139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lasseville + Associates Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00

SUBTOTAL of Receipts This Page (optional)

\$ 3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **11**
FOR LINE NUMBER
11A

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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code Edward Lasseville 2407 Randolph Street Huntington Park, CA 90255 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Agencia Economica Office Manager Aggregate Year-to-Date > \$500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00
B. Full Name, Mailing Address and ZIP Code Humberto Hernandez 6911 Capilla Street Coral Gables FL 33146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Perez + Hernandez P.A. Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00
C. Full Name, Mailing Address and ZIP Code Martin Salzedo 10885 SW 138 Street miami, FL 33176 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Discovery Cruise Line Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 250.00
D. Full Name, Mailing Address and ZIP Code Reginald McKinney 4810 SW 186 Avenue Ft. Lauderdale, FL 33332 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dr. Reginald McKinney Optometrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 250.00
E. Full Name, Mailing Address and ZIP Code Roy Phillips 12725 SW 218 Street Miami, FL 33170 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Miami Dade Community College Occupation Campus President Aggregate Year-to-Date > \$ 205.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 205.00
F. Full Name, Mailing Address and ZIP Code Michael Zogby 1205 SW 21 Terrace Miami, FL 33145 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pelaez, Zogby + Associates Developer Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 250.00
G. Full Name, Mailing Address and ZIP Code Raul Dube P.O. Box 996040 Miami, FL 33299-6040 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Universal Aviation Services, Inc. Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 250.00

SUBTOTAL of Receipts This Page (optional)

\$ 2,205.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code <u>Pedro Pelaez</u> <u>9191 Old Cutler Road</u> <u>Miami, FL 33156</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Pelaez, Zogby</u> <u>+ Associates</u> Occupation <u>Developer</u> Aggregate Year-to-Date > \$ <u>250.00</u>	Date (month, day, year) <u>6/5/95</u>	Amount of Each Receipt this Period <u>\$ 250.00</u>
B. Full Name, Mailing Address and ZIP Code <u>William Hernandez</u> <u>2431 SW 4 Street</u> <u>Miami, FL 33135</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>See Letter</u> Occupation Aggregate Year-to-Date > \$ <u>250.00</u>	Date (month, day, year) <u>6/5/95</u>	Amount of Each Receipt this Period <u>\$ 250.00</u>
C. Full Name, Mailing Address and ZIP Code <u>William Perry III</u> <u>340 NE 94 Street</u> <u>Miami Shores, FL 33138</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Miami Sports +</u> <u>Exhibition Authority</u> Occupation <u>Director</u> Aggregate Year-to-Date > \$ <u>500.00</u>	Date (month, day, year) <u>6/5/95</u>	Amount of Each Receipt this Period <u>\$ 500.00</u>
D. Full Name, Mailing Address and ZIP Code <u>Aristides Martinez</u> <u>401 Miracle Mile # 302</u> <u>Coral Gables, FL 33134</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>See Letter</u> Occupation Aggregate Year-to-Date > \$ <u>500.00</u>	Date (month, day, year) <u>6/5/95</u>	Amount of Each Receipt this Period <u>\$ 500.00</u>
E. Full Name, Mailing Address and ZIP Code <u>Rolando Barrero</u> <u>P.O. Box 440632</u> <u>Miami, FL 33144</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Genco, Inc.</u> Occupation <u>General Contractor</u> Aggregate Year-to-Date > \$ <u>500.00</u>	Date (month, day, year) <u>6/5/95</u>	Amount of Each Receipt this Period <u>\$ 500.00</u>
F. Full Name, Mailing Address and ZIP Code <u>Kenneth Albano</u> <u>1465 S. Miami Avenue</u> <u>Miami, FL 33131</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Dr. Kenneth</u> <u>Albano</u> Occupation <u>Chiropractor</u> Aggregate Year-to-Date > \$ <u>500.00</u>	Date (month, day, year) <u>6/5/95</u>	Amount of Each Receipt this Period <u>\$ 500.00</u>
G. Full Name, Mailing Address and ZIP Code <u>Carlos Herrera Jr.</u> <u>2900 W. 84 Street #201</u> <u>Hialeah, FL 33016</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Latin Builders</u> <u>Association</u> Occupation <u>President</u> Aggregate Year-to-Date > \$ <u>1,000.00</u>	Date (month, day, year) <u>6/5/95</u>	Amount of Each Receipt this Period <u>\$ 1,000.00</u>

SUBTOTAL of Receipts This Page (optional)

\$ 3,500.00

TOTAL This Period (last page this line number only)



June 12, 1995

Mr. William Hernandez
2431 SW 4 Street
Miami, FL 33135

Dear Mr. Hernandez:

Federal Law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

In order for your contribution to be reported properly, will you please complete the enclosed form and return it as soon as possible to:

Carrie Meek For Congress
P. O. Box 01-6012
Miami, FL 33101-6012

Your assistance in this matter will be greatly appreciated.

Sincerely,

Cynthia A. Allen
Office of the Treasurer

P.O. Box 01-6012, Miami, Florida 33101-6012



CARRIE MEEK FOR CONGRESS CAMPAIGN

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____

Employer/Firm _____

Occupation _____

Check here if self employed _____

P.O. Box 01-6012, Miami, Florida 33101-6012



DEMOCRAT • Donations to campaign not tax deductible • Rev. Hugh Westbrook, Treasurer

pd pol adv



June 12, 1995

Mr. Aristides Martinez
401 Miracle Mile #302
Coral Gables, FL 33134

Dear Mr. Martinez:

Federal Law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

In order for your contribution to be reported properly, will you please complete the enclosed form and return it as soon as possible to:

Carrie Meek For Congress
P. O. Box 01-6012
Miami, FL 33101-6012

Your assistance in this matter will be greatly appreciated.

Sincerely,

Cynthia A. Allen
Office of the Treasurer

P.O. Box 01-6012, Miami, Florida 33101-6012



CARRIE MEEK FOR CONGRESS CAMPAIGN

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____

Employer/Firm _____

Occupation _____

Check here if self employed _____

P.O. Box 01-6012, Miami, Florida 33101-6012



DEMOCRAT • Donations to campaign not tax deductible • Rev. Hugh Westbrook, Treasurer

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 11

FOR LINE NUMBER

11A

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)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code Alan Rubin 5960 SW 57 Avenue Miami, FL 33143 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Defcon Corporation Occupation President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Camilo Jaime 7601 W. 30 Lane Hialeah, FL 33016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Valencia Homes Occupation Developer Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 1,000.00
C. Full Name, Mailing Address and ZIP Code Diego Feliciano 5507 Fillmore Street Hollywood, FL 33021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer South Florida Taxicab Assoc. Occupation President Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 300.00
D. Full Name, Mailing Address and ZIP Code Margarita Codina 2 Alhambra Plaza, PH 2 Coral Gables, FL 33134 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 1,000.00
E. Full Name, Mailing Address and ZIP Code Armando Codina 2 Alhambra Plaza, PH 2 Coral Gables, FL 33134 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Codina Group Occupation Chairman Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 1,000.00
F. Full Name, Mailing Address and ZIP Code Randy Pierson 15251 NE 18 Avenue 12 North Miami Beach, FL 33162 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Deron Pierson Construction Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00
G. Full Name, Mailing Address and ZIP Code James Taylor 15992 SW 78 Street Miami, FL 33193-2981 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bellow + Taylor Architects Occupation Architect Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00

SUBTOTAL of Receipts This Page (optional)

\$ 5,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code John Brunetti 84 Bal Bay Drive Bal Harbour, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hialeah, Inc. Occupation Chairman Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/12/95	Amount of Each Receipt this Period \$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Urban Planning Studio (Partnership) Joseph M. Middlebrook 6480 SW 62 Avenue Miami, FL 33143 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Joe Middlebrook & Associates Occupation Architect Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/12/95	Amount of Each Receipt this Period \$ 500.00
C. Full Name, Mailing Address and ZIP Code Ruby Swezy 168 Hialeah Drive Hialeah, FL 33010 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Swezy Realty, Inc. Occupation Realtor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/12/95	Amount of Each Receipt this Period \$ 500.00
D. Full Name, Mailing Address and ZIP Code Hilario Candela 10900 SW 53 Avenue Miami, FL 33156 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Spillis Candela & Partners Inc. Occupation Architect Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/12/95	Amount of Each Receipt this Period \$ 250.00
E. Full Name, Mailing Address and ZIP Code Gary Thacker 2015 Biscayne #335 Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thacker Engineering Occupation Contractor Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/12/95	Amount of Each Receipt this Period \$ 1,000.00
F. Full Name, Mailing Address and ZIP Code Benjamin Leon Jr. 11901 SW 64 Street Miami, FL 33183 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alden Life Insurance Occupation Senior Underwriter Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/15/95	Amount of Each Receipt this Period \$ 1,000.00
G. Full Name, Mailing Address and ZIP Code Benjamin Leon Jr. 11901 SW 64 Street Miami, FL 33183 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alden Life Insurance Occupation Senior Underwriter Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6/15/95	Amount of Each Receipt this Period \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

\$ 5,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Comm.Hce

A. Full Name, Mailing Address and ZIP Code <u>William Mauck Jr.</u> <u>10040 SW 141 Street</u> <u>Miami, FL 33176</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Alden Life Insurance</u> Occupation <u>Executive Vice President</u> Aggregate Year-to-Date > \$ <u>1,000.00</u>	Date (month, day, year) <u>6/15/95</u>	Amount of Each Receipt this Period <u>\$ 1,000.00</u>
B. Full Name, Mailing Address and ZIP Code <u>Jo Mauck</u> <u>10040 SW 141 Street</u> <u>Miami, FL 33176</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>N/A</u> Occupation <u>Home maker</u> Aggregate Year-to-Date > \$ <u>1,000.00</u>	Date (month, day, year) <u>6/15/95</u>	Amount of Each Receipt this Period <u>\$ 1,000.00</u>
C. Full Name, Mailing Address and ZIP Code <u>Kenneth Myers</u> <u>201 South Biscayne Blvd</u> <u>Miami, FL 33131</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Squire, Sanders + Dempsey Law Firm</u> Occupation <u>Partner</u> Aggregate Year-to-Date > \$ <u>500.00</u>	Date (month, day, year) <u>6/15/95</u>	Amount of Each Receipt this Period <u>\$ 500.00</u>
D. Full Name, Mailing Address and ZIP Code <u>Pauline Winick</u> <u>4925 Collins Avenue #12-A</u> <u>Miami Beach, FL 33140</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>The Miami Heat</u> Occupation <u>Executive Vice President</u> Aggregate Year-to-Date > \$ <u>250.00</u>	Date (month, day, year) <u>6/15/95</u>	Amount of Each Receipt this Period <u>\$ 250.00</u>
E. Full Name, Mailing Address and ZIP Code <u>Jeffrey B. Sharkey</u> <u>1217 J.G. Lane</u> <u>Tallahassee, FL 32301</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Capital Strategies Inc.</u> Occupation <u>Senior Vice President</u> Aggregate Year-to-Date > \$ <u>250.00</u>	Date (month, day, year) <u>6/30/95</u>	Amount of Each Receipt this Period <u>\$ 250.00</u>
F. Full Name, Mailing Address and ZIP Code <u>Larry Overton</u> <u>3820 Bobbin Mill Road</u> <u>Tallahassee, FL 32312</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Larry Overton + Associates</u> Occupation <u>President</u> Aggregate Year-to-Date > \$ <u>250.00</u>	Date (month, day, year) <u>6/30/95</u>	Amount of Each Receipt this Period <u>\$ 250.00</u>
G. Full Name, Mailing Address and ZIP Code <u>Sevelle Robinson</u> <u>317 - 3rd Street, SE</u> <u>Havana, FL 32333</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Public Private Partnership</u> Occupation <u>Administrative Assistant</u> Aggregate Year-to-Date > \$ <u>250.00</u>	Date (month, day, year) <u>6/30/95</u>	Amount of Each Receipt this Period <u>\$ 250.00</u>

SUBTOTAL of Receipts This Page (optional)

\$ 3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code George Goldbloom 201 Alhambra, No. 514 Coral Gables, FL 33134 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MayFair Holdings Ltd. Occupation CED Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6/2/95	Amount of Each Receipt this Period \$1,000.00 In-Kind Facility For June Fundraiser
B. Full Name, Mailing Address and ZIP Code Gary Goldbloom 801 South Bayshore Drive # 1268 Miami, FL 33134 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MayFair Holdings Ltd. Occupation President Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6/2/95	Amount of Each Receipt this Period \$1,000.00 In-Kind Facility For June Fundraiser
C. Full Name, Mailing Address and ZIP Code Robert Alwine 1501 NE 103 Street Miami Shores, FL 33138 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mayfair Holdings Ltd. Occupation Vice President Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6/2/95	Amount of Each Receipt this Period \$1,000.00 In-Kind Food For June Fundraiser
D. Full Name, Mailing Address and ZIP Code Elise Kessler 9404 SW 69 Court Miami, FL 33156 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mayfair Holdings Ltd. Occupation General Partner Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6/2/95	Amount of Each Receipt this Period \$1,000.00 In-Kind Food For June Fundraiser
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$4,000.00

TOTAL This Period (last page this line number only)

40,005.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Committee

<p>A. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 4/27/95</p>	<p>Amount of Each Receipt this Period \$ 300 In-kind (research materials)</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

\$ 300.00

TOTAL This Period (last page this line number only)

\$ 300.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 1 OF 4
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code Responsible Citizens Political League 3 Research Place Rockville, MD 20850 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/26/95	Amount of Each Receipt this Period \$ 500.00
B. Full Name, Mailing Address and ZIP Code Transportation Political Education League 14600 Detroit Avenue Cleveland, OH 44107 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/26/95	Amount of Each Receipt this Period \$ 1,000.00
C. Full Name, Mailing Address and ZIP Code Seaboard Corporation Political Action Committee P.O. Box 2972 Shawnee Mission, KS 66201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 500.00
D. Full Name, Mailing Address and ZIP Code Bureau of Wholesale Sales Representative PAC 1801 Peachtree Street, NW #200 Atlanta, GA 30309 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 350.00
E. Full Name, Mailing Address and ZIP Code BellSouth Telecommunications Federal Political Action Committee 600 North 19 Street, 12th Floor Birmingham, Alabama Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/1/95	Amount of Each Receipt this Period \$ 500.00
F. Full Name, Mailing Address and ZIP Code Wackenhut Political Action Committee 1500 San Remo Avenue Coral Gables, FL 33146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00
G. Full Name, Mailing Address and ZIP Code American Dental Political Action Committee 1111 - 14th Street, NW #1100 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/5/95	Amount of Each Receipt this Period \$ 500.00

SUBTOTAL of Receipts This Page (optional)

\$ 3,850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER
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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code <u>Florida Citrus Mutual</u> <u>Political Action Committee</u> <u>P.O. Box 89</u> <u>Lakeland, FL 33802</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>N/A</u> Occupation <u>N/A</u> Aggregate Year-to-Date > \$ <u>500.00</u>	Date (month, day, year) <u>6/5/95</u>	Amount of Each Receipt this Period <u>\$ 500.00</u>
B. Full Name, Mailing Address and ZIP Code <u>National Education Association</u> <u>Political Action Committee</u> <u>1201 - 16 Street, NW</u> <u>Washington, DC 20036</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>N/A</u> Occupation <u>N/A</u> Aggregate Year-to-Date > \$ <u>1,000.00</u>	Date (month, day, year) <u>6/12/95</u>	Amount of Each Receipt this Period <u>\$ 1,000.00</u>
C. Full Name, Mailing Address and ZIP Code <u>American Maritime Officers</u> <u>Voluntary Political Fund</u> <u>650 4th Avenue</u> <u>Brooklyn, NY 11232</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>N/A</u> Occupation <u>N/A</u> Aggregate Year-to-Date > \$ <u>1,000.00</u>	Date (month, day, year) <u>6/12/95</u>	Amount of Each Receipt this Period <u>\$ 1,000.00</u>
D. Full Name, Mailing Address and ZIP Code <u>ATLA PAC</u> <u>Association of Trial Lawyers of America</u> <u>1050 - 31 Street, NW</u> <u>Washington, DC 20007</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>N/A</u> Occupation <u>N/A</u> Aggregate Year-to-Date > \$ <u>1,000.00</u>	Date (month, day, year) <u>6/12/95</u>	Amount of Each Receipt this Period <u>\$ 1,000.00</u>
E. Full Name, Mailing Address and ZIP Code <u>Bellsouth Telecommunications</u> <u>Federal Political Action Committee</u> <u>600 North 19 Street, 12th Floor</u> <u>Birmingham, Alabama 35203</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>N/A</u> Occupation <u>N/A</u> Aggregate Year-to-Date > \$ <u>1,000.00</u>	Date (month, day, year) <u>6/12/95</u>	Amount of Each Receipt this Period <u>\$ 500.00</u>
F. Full Name, Mailing Address and ZIP Code <u>Maintenance of Way</u> <u>Political League</u> <u>12050 Woodward Avenue</u> <u>Detroit, Michigan 48203-3596</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>N/A</u> Occupation <u>N/A</u> Aggregate Year-to-Date > \$ <u>500.00</u>	Date (month, day, year) <u>6/12/95</u>	Amount of Each Receipt this Period <u>\$ 500.00</u>
G. Full Name, Mailing Address and ZIP Code <u>FLO-Sun PAC</u> <u>555 13th Street, NW #305 E</u> <u>Washington, DC 20004</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>N/A</u> Occupation <u>N/A</u> Aggregate Year-to-Date > \$ <u>500.00</u>	Date (month, day, year) <u>6/12/95</u>	Amount of Each Receipt this Period <u>\$ 500.00</u>

SUBTOTAL of Receipts This Page (optional)

\$ 5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code Bricklayers + Allied Craftsmen Political Action Committee 815 Fifteenth Street, NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A	Date (month, day, year) 6/15/95	Amount of Each Receipt this Period \$ 500.00 Aggregate Year-to-Date > \$ 500.00
B. Full Name, Mailing Address and ZIP Code United States Sugar Corp. Political Action Committee P.O. Drawer 1207 Clewiston, FL 33440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A	Date (month, day, year) 6/15/95	Amount of Each Receipt this Period \$ 500.00 Aggregate Year-to-Date > \$ 500.00
C. Full Name, Mailing Address and ZIP Code Transport Workers Union Political Contributions Committee 80 West End Avenue New York, NY 10023 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A	Date (month, day, year) 6/22/95	Amount of Each Receipt this Period \$ 1,000.00 Aggregate Year-to-Date > \$ 1,000.00
D. Full Name, Mailing Address and ZIP Code NATCA PAC 1150 17th Street, NW #701 Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A	Date (month, day, year) 6/22/95	Amount of Each Receipt this Period \$ 1,000.00 Aggregate Year-to-Date > \$ 1,000.00
E. Full Name, Mailing Address and ZIP Code American Airlines Political Action Committee 1101 17th Street, NW #600 Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A	Date (month, day, year) 6/22/95	Amount of Each Receipt this Period \$ 1,000.00 Aggregate Year-to-Date > \$ 1,000.00
F. Full Name, Mailing Address and ZIP Code NAPUS PAC For Postmasters 8 Herbert Street Alexandria, VA 22305-2600 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A	Date (month, day, year) 6/22/95	Amount of Each Receipt this Period \$ 500.00 Aggregate Year-to-Date > \$ 500.00
G. Full Name, Mailing Address and ZIP Code Action Committee For Rural Electrification 1800 Massachusetts Avenue, NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A	Date (month, day, year) 6/30/95	Amount of Each Receipt this Period \$ 1,000.00 Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

\$ 5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER

11C

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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code

Ryder Employees
Political Action Committee
3600 NW 82 Avenue
Miami, FL 33166

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

N/A

Occupation N/A

Date (month,
day, year)

6/30/95

Amount of Each
Receipt this Period

\$ 1,000.00

Aggregate Year-to-Date > \$ 1,000.00

B. Full Name, Mailing Address and ZIP Code

American Crystal Sugar
Political Action Committee
101 North Third Street
Moorhead, MN 56560

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

N/A

Occupation N/A

Date (month,
day, year)

6/30/95

Amount of Each
Receipt this Period

\$ 500.00

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code

Drive Political Fund
25 Louisiana Avenue, NW
Washington, DC 20001

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

N/A

Occupation N/A

Date (month,
day, year)

6/30/95

Amount of Each
Receipt this Period

\$ 500.00

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

\$ 2,000.00

TOTAL This Period (last page this line number only)

\$ 16,350.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cynthia A. Allen 70nw 191 Street Miami, FL 33169	Bookkeeping Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/95	\$ 300.00
Bethune DuBois Publications 600 New Hampshire Ave, NW Suite 1125 Washington, DC 20037	Subscription - Journal of Speeches Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6/95	\$ 65.00
B. Mumford & Company 9999 NE 2 Avenue #116 Miami, FL 33138	Refreshments - Campaign Meeting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/9/95	\$ 111.45
NAACP Miami Dade Branch P.O. Box 315 Miami, FL 33054	Banquet tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/9/95	\$ 100.00
500 Role Models of Excellence 1450 NE 2 Avenue #309 Project Miami, FL 33132	MLK Breakfast Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/9/95	\$ 50.00
Ad One 7551 Biscayne Boulevard Miami, FL 33138	Signs For MLK Parade Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/16/95	\$ 149.10
Federal Express P.O. Box 1140 Memphis, TN 38101	Express mail Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/19/95	\$ 27.00
Milton Retirement Dinner 111 NW 1 Street #2210 Miami, FL 33128-1985	Ticket to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/95	\$ 30.00
Progressive Officers Club P.O. Box 680398 Miami, FL 33168	Tickets to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/16/95	\$ 27.00

SUBTOTAL of Disbursements This Page (optional)

\$ 859.55

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary PagePAGE 2 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code North Dade Ymca c/o Myra Solomon 1221 NE 210 Terrace Miami, FL 33179	Purpose of Disbursement Tickets to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/17/95	Amount of Each Disbursement This Period \$ 20.00
B. Full Name, Mailing Address and ZIP Code Metro Dade Elections 111 NW 1 Street Miami, FL 33128	Purpose of Disbursement Voters List + Labels Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/23/95	Amount of Each Disbursement This Period \$ 40.50
C. Full Name, Mailing Address and ZIP Code Buning Florist 2125 Biscayne Boulevard Miami, FL 33137	Purpose of Disbursement Flowers Campaign worker's Family Andy Menendez Jr. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/21/95	Amount of Each Disbursement This Period \$ 112.88
D. Full Name, Mailing Address and ZIP Code Safeware Insurance P.O. Box 978 Newark, OH 43058-9909	Purpose of Disbursement Computer Insurance Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/22/95	Amount of Each Disbursement This Period \$ 89.00
E. Full Name, Mailing Address and ZIP Code Postmaster Miami, FL 33101-9998	Purpose of Disbursement Postage Stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/23/95	Amount of Each Disbursement This Period \$ 320.00
F. Full Name, Mailing Address and ZIP Code Office Depot 100 NE 1 Avenue Miami, FL 33131	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/23/95	Amount of Each Disbursement This Period \$ 8.50
G. Full Name, Mailing Address and ZIP Code S. Florida Association of Black Journalists P.O. Box 52-7303 Miami, FL 33152	Purpose of Disbursement Tickets to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/28/95	Amount of Each Disbursement This Period \$ 100.00
H. Full Name, Mailing Address and ZIP Code Haitian Refugee Center, 119 NE 54 Street Miami, FL 33137	Purpose of Disbursement Tickets to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/30/95	Amount of Each Disbursement This Period \$ 500.00
I. Full Name, Mailing Address and ZIP Code Kinko's 600 Brickell Avenue Miami, FL 33131	Purpose of Disbursement Printing of Flyers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/31/95	Amount of Each Disbursement This Period \$ 37.92

SUBTOTAL of Disbursements This Page (optional)

\$ 1,228.80

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code Waltavis Wade 13875 NW 22 Avenue #279 Opa Locka, FL 33054	Purpose of Disbursement Distribution of Flyer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/6/95	Amount of Each Disbursement This Period \$ 15.00
B. Full Name, Mailing Address and ZIP Code Senille Coleman 3863 NW 209 Street Carol City, FL 33056	Purpose of Disbursement Distribution of Flyer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/6/95	Amount of Each Disbursement This Period \$ 15.00
C. Full Name, Mailing Address and ZIP Code Kristie McKinsey 3340 NW 212 Street Carol City, FL 33056	Purpose of Disbursement Distribution of Flyer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/6/95	Amount of Each Disbursement This Period \$ 15.00
D. Full Name, Mailing Address and ZIP Code Rondelle Rolle 13875 NW 22 Avenue Opa Locka, FL 33054	Purpose of Disbursement Distribution of Flyer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/6/95	Amount of Each Disbursement This Period \$ 15.00
E. Full Name, Mailing Address and ZIP Code Milton Littman Memorial Foundation 17971 Biscayne Blvd #214 N. Miami Beach, FL 33160-2588	Purpose of Disbursement Tickets to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/11/95	Amount of Each Disbursement This Period \$ 50.00
F. Full Name, Mailing Address and ZIP Code National Women's Political Caucus 1211 Connecticut Ave, NW #425 Washington, DC 20077-6422	Purpose of Disbursement Membership Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/11/95	Amount of Each Disbursement This Period \$ 40.00
G. Full Name, Mailing Address and ZIP Code National Issues Foundation 40 Campbell, Peachey + Associates 111 Quincy Place, NE Washington, DC 20002	Purpose of Disbursement 1995 Issues Conference Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/17/95	Amount of Each Disbursement This Period \$ 350.00
H. Full Name, Mailing Address and ZIP Code Metro Dade Elections 111 NW 1 Street Miami, FL 33128	Purpose of Disbursement Voters Tape Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/17/95	Amount of Each Disbursement This Period \$ 89.64
I. Full Name, Mailing Address and ZIP Code Creigh F. Shank 2121 Ponce De Leon Blvd #1250 Coral Gables, FL 33114	Purpose of Disbursement Deposits Constituents Database Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/17/95	Amount of Each Disbursement This Period \$ 1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$ 1,589.64

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code Miami Dade Chamber of Commerce 9190 Biscayne Boulevard #201 Miami, FL 33138	Purpose of Disbursement Tickets to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/28/95	Amount of Each Disbursement This Period \$ 300.00
B. Full Name, Mailing Address and ZIP Code Creigh Shank 2121 Ponce De Leon Blvd #1250 Coral Gables, FL 33114	Purpose of Disbursement Computer system upgrade Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/3/95	Amount of Each Disbursement This Period \$ 650.00
C. Full Name, Mailing Address and ZIP Code David L. Andruk, Inc. Room WA 29 Rayburn Bldg Washington, DC 20515	Purpose of Disbursement Printing June 2 invitations Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/4/95	Amount of Each Disbursement This Period \$ 573.00
D. Full Name, Mailing Address and ZIP Code Postmaster Miami, FL 33101-9998	Purpose of Disbursement Postage stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/4/95	Amount of Each Disbursement This Period \$ 160.00
E. Full Name, Mailing Address and ZIP Code U.S. Postmaster c/o PCC Stride Inc. 3000 Bladensburg Road Washington, DC 20018	Purpose of Disbursement Postage-DC Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/4/95	Amount of Each Disbursement This Period \$ 327.00
F. Full Name, Mailing Address and ZIP Code PCC Stride Inc. 3000 Bladensburg Road Washington, DC 20018	Purpose of Disbursement Sealing + stamping DC Invitations Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/4/95	Amount of Each Disbursement This Period \$ 36.00
G. Full Name, Mailing Address and ZIP Code Cynthia A. Allen 70 NW 191 Street Miami, FL 33169	Purpose of Disbursement Bookkeeping Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/9/95	Amount of Each Disbursement This Period \$ 500.00
H. Full Name, Mailing Address and ZIP Code Florida East Coast Missionary 1350 NW 95 Street Association Miami, FL 33147	Purpose of Disbursement Inauguration Ceremony Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/95	Amount of Each Disbursement This Period \$ 25.00
I. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	Purpose of Disbursement Membership Dues Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/95	Amount of Each Disbursement This Period \$ 1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$ 3,571.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code James E. Scott Community Assoc. 2389 NW 54 Street Miami, FL 33142	Purpose of Disbursement Tickets to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/95	Amount of Each Disbursement This Period \$ 90.00
B. Full Name, Mailing Address and ZIP Code Kids in Dade Society 2851 Coral Way Miami, FL 33145	Purpose of Disbursement Ticket to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/95	Amount of Each Disbursement This Period \$ 40.00
C. Full Name, Mailing Address and ZIP Code Haitian Women of Miami P.O. Box 64-1117 North Miami Beach, FL 33164	Purpose of Disbursement Tickets to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/95	Amount of Each Disbursement This Period \$ 100.00
D. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 Memphis, TN 38101	Purpose of Disbursement Express mail Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/22/95	Amount of Each Disbursement This Period \$ 46.09
E. Full Name, Mailing Address and ZIP Code David L. Andrakitis Inc. Room WA 29 Rayburn Bldg. Washington, DC 20515	Purpose of Disbursement Printing June 6 additional June 2 Invitations Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/22/95	Amount of Each Disbursement This Period \$ 945.00
F. Full Name, Mailing Address and ZIP Code Beverly Phillips Retirement Dinner 351 NW 5 Street Miami, FL 33128-1615	Purpose of Disbursement Tickets to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/23/95	Amount of Each Disbursement This Period \$ 60.00
G. Full Name, Mailing Address and ZIP Code NAACP - Miami Dade Branch P.O. Box 315 Miami, FL 33054	Purpose of Disbursement Tickets to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/23/95	Amount of Each Disbursement This Period \$ 200.00
H. Full Name, Mailing Address and ZIP Code Public Storage 15760 NW 27 Avenue Miami, FL 33054	Purpose of Disbursement Storage Facility rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/26/95	Amount of Each Disbursement This Period \$ 1,182.15
I. Full Name, Mailing Address and ZIP Code Bennie Moore 7560 NW 14 Place Miami, FL 33147	Purpose of Disbursement Refreshments - Campaign meeting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/95	Amount of Each Disbursement This Period \$ 20.80

SUBTOTAL of Disbursements This Page (optional)

\$ 2,684.04

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SCHEDULE B

ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code Pembroke RV Service 3799 W. Hallandale Beach Blvd Pembroke Pines, FL 33023	Purpose of Disbursement Service to "meek mobile" Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/95	Amount of Each Disbursement This Period \$227.31
B. Full Name, Mailing Address and ZIP Code Congressional Black Caucus Spouses 1004 Pennsylvania Avenue, SE Washington, DC 20003-2142	Purpose of Disbursement Annual Tournament Weekend Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/1/95	Amount of Each Disbursement This Period \$150.00
C. Full Name, Mailing Address and ZIP Code Sign Pro 3901 West 18 Avenue #902 Hialeah, FL 33012	Purpose of Disbursement Banner Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/95	Amount of Each Disbursement This Period \$157.95
D. Full Name, Mailing Address and ZIP Code Office Depot 100 NE 1 Avenue Miami, FL 33131	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/95	Amount of Each Disbursement This Period \$29.22
E. Full Name, Mailing Address and ZIP Code Publix 1401 Monza Avenue Miami, FL 33146	Purpose of Disbursement Cake - June 2 event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/95	Amount of Each Disbursement This Period \$45.00
F. Full Name, Mailing Address and ZIP Code Bellsouth mobility P.O. Box 407148 Ft. Lauderdale, FL 33340	Purpose of Disbursement Portable Phone Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/95	Amount of Each Disbursement This Period \$47.46
G. Full Name, Mailing Address and ZIP Code Greg Trent 254 M Street, SW Washington, DC 20024	Purpose of Disbursement Phone calls June 6 event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/95	Amount of Each Disbursement This Period \$200.00
H. Full Name, Mailing Address and ZIP Code Fred Allen 3000 NW 24 Street Ft. Lauderdale, FL 33311	Purpose of Disbursement Musical Services June 2 event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/95	Amount of Each Disbursement This Period \$60.00
I. Full Name, Mailing Address and ZIP Code Postmaster Miami, FL 33101-9998	Purpose of Disbursement Postage Stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/8/95	Amount of Each Disbursement This Period \$160.00

SUBTOTAL of Disbursements This Page (optional)

\$1,076.94

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 Memphis, TN 38101	Purpose of Disbursement Express Mail Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/8/95	Amount of Each Disbursement This Period \$13.00
B. Full Name, Mailing Address and ZIP Code Craig Shank 2121 Ponce De Leon Blvd #1250 Coral Gables, FL 33114	Purpose of Disbursement Balance on Constituents Data Base Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/27/95	Amount of Each Disbursement This Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	Purpose of Disbursement In-kind Contribution Research Material Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/27/95	Amount of Each Disbursement This Period \$300.00 In-kind Received
D. Full Name, Mailing Address and ZIP Code George Goldbloom 201 Alhambra, No. 514 Coral Gables, FL 33134	Purpose of Disbursement Facility For June Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/95	Amount of Each Disbursement This Period \$1,000.00 In-kind Received
E. Full Name, Mailing Address and ZIP Code Gary Goldbloom 801 South Bayshore Drive #1268 Miami, FL 33134	Purpose of Disbursement Facility For June Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/95	Amount of Each Disbursement This Period \$1,000.00 In-kind Received
F. Full Name, Mailing Address and ZIP Code Robert Alwine 1501 NE 103 Street Miami Shores, FL 33138	Purpose of Disbursement Food For June Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/95	Amount of Each Disbursement This Period \$1,000.00 In-kind Received
G. Full Name, Mailing Address and ZIP Code Elise Kessler 9404 SW 69 Court Miami, FL 33156	Purpose of Disbursement Food For June Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/95	Amount of Each Disbursement This Period \$1,000.00 In-kind Received
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$5,313.00

TOTAL This Period (last page this line number only)

\$16,322.97

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Other Disbursements

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NAME OF COMMITTEE (in Full)

Carrie Meek For Congress Committee

A. Full Name, Mailing Address and ZIP Code <i>Democratic Staff Transition Office</i> <i>P.O. Box 1594</i> <i>Washington, DC 20013-1594</i>	Purpose of Disbursement <i>Donation</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>1/6/95</i>	Amount of Each Disbursement This Period <i>\$250.00</i>
B. Full Name, Mailing Address and ZIP Code <i>NAACP- Miami Dade Branch</i> <i>P.O. Box 315</i> <i>Miami, FL 33054</i>	Purpose of Disbursement <i>Donation</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>1/27/95</i>	Amount of Each Disbursement This Period <i>\$500.00</i>
C. Full Name, Mailing Address and ZIP Code <i>Sturup/Farrington Campaign</i> <i>11125. Magnolia Drive #97</i> <i>Tallahassee, FL 32301</i>	Purpose of Disbursement <i>NonFederal Contribution</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>2/1/95</i>	Amount of Each Disbursement This Period <i>\$125.00</i>
D. Full Name, Mailing Address and ZIP Code <i>National Democratic Club</i> <i>30 Ivy Street, SE</i> <i>Washington, DC 20003-4071</i>	Purpose of Disbursement <i>Donation</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>6/12/95</i>	Amount of Each Disbursement This Period <i>\$250.00</i>
E. Full Name, Mailing Address and ZIP Code <i>The Jefferson Committee</i> <i>P.O. Box 76337</i> <i>Washington, DC 20013</i>	Purpose of Disbursement <i>NonFederal Contribution</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>6/15/95</i>	Amount of Each Disbursement This Period <i>\$300.00</i>
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$1,325.00

TOTAL This Period (last page this line number only)

\$1,325.00