

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

MICA FOR CONGRESS

ADDRESS (number and street) P, O, Box 181546

Check if different than previously reported. (ACC)
Casselberry FL 32718

2. **FEC IDENTIFICATION NUMBER** C00283051
CITY **STATE** **ZIP CODE**
STATE DISTRICT
FL 07

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)

(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 04 01 2006 through 06 30 2006

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

Signature of Treasurer Electronically Filed by Mr. W. Edward Langdon Date 07 15 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MICA FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	237448.70	511705.70
(b) Total Contribution Refunds (from Line 20(d)).....	2500.00	8750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	234948.70	502955.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	40722.44	177997.56
(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)).....	40722.44	177997.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	765018.79	
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
MICA FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

175750.00

281300.00

(ii) Unitemized.....

7261.75

40218.75

(iii) TOTAL of contributions

183011.75

321518.75

from individuals..... ▶

98.00

98.00

(b) Political Party Committees.....

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

54338.95

190088.95

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

237448.70

511705.70

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

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

0.00

0.00

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

0.00

0.00

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

5550.71

18257.63

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

242999.41

529963.33

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40722.44	177997.56
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	6250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2500.00	8750.00
21. OTHER DISBURSEMENTS.....	3000.00	50640.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	46222.44	237387.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	568241.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	242999.41
25. SUBTOTAL (add Line 23 and Line 24).....	811241.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46222.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	765018.79

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Fredrick W. Costello

Mailing Address 1 Tomoka Cove Way

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer self Occupation Dentist

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

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

Transaction ID: 0020851

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)
The Hon. Frank A. Charles

Mailing Address 44 Willow Drive

City State Zip Code
St. Augustine FL 32080

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

Name of Employer Pet Paradise Resort Occupation Chief Executive Officer

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 0020893

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. Fred Goldsmith, III

Mailing Address 830-13 A1A North, Ste 208

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer American Pet Resorts Co Occupation Executive

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 0020894

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mary L. Demetree

Mailing Address 1847 Jessica Court

City State Zip Code
Winter Park FL 32789

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

Name of Employer Demetree Builders Occupation Builder

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0020926

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)
Mr. Robert P. Frese

Mailing Address 1221 Via Del Mar

City State Zip Code
Winter Park FL 32789

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

Name of Employer BBA Aviation Services Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 0020966

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. Jeffrey B. Fuqua

Mailing Address Amick Construction
401 Ferguson Drive

City State Zip Code
Orlando FL 32804

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

Name of Employer Amick Construction Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 0020967

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Robert H. Showalter

Mailing Address Showalter Flying Service, Inc
PO Box 140753

City State Zip Code
Orlando FL 32814

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

Name of Employer Occupation
Showalter Flying Service, Inc Chief Executive Officer

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

250.00

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

Transaction ID: 0020968

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)
Mr. Michael D. Yocum

Mailing Address 448 N Pine Meadow Drive

City State Zip Code
De Bary FL 32713

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

Name of Employer Occupation
Regional Airline Academy Chief Executive Officer

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

450.00

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

Transaction ID: 0020969

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. Thomas K. Coughlin

Mailing Address 2890 John Anderson Dr

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Occupation
Self (Air-sure, Inc) Insurance Agent

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

500.00

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

Transaction ID: 0020970

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Elizabeth A. Vihlen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 418 River Drive		Transaction ID: 0020971	
City State Zip Code De Bary FL 32713	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Housewife Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Todd S. Anderson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 14720 Kitlanselt Way		Transaction ID: 0020972	
City State Zip Code Orlando FL 32828	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Contractor Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. John D. Kirchhoefer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 11 S Brown Ave		Transaction ID: 0020973	
City State Zip Code Orlando FL 32801	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chief Executive Officer Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Sean A. Barry		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 8923 Oldham Way		Transaction ID: 0020974	
City State Zip Code West Palm Beach FL 33412	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Stephen W. Lee		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 2017 Mohican Trl		Transaction ID: 0020975	
City State Zip Code Maitland FL 32751	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 Signature Flight Support Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mrs. Jeanne M. Birks		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 834 Long Bay Court		Transaction ID: 0020976	
City State Zip Code Kissimmee FL 34741	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Joseph S. Showalter

Mailing Address 3022 Helen Avenue

City State Zip Code
Orlando FL 32804

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

Name of Employer Showalter Flying Services, Inc
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 0020977

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)
Mrs. Jenny Showalter Harwood

Mailing Address 1538 Hanks Ave

City State Zip Code
Orlando FL 32814

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

Name of Employer Showalter Flying Services, Inc
Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 0020978

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. John R. Brimsek

Mailing Address 2508 Fallsmere Ct

City State Zip Code
Falls Church VA 22043

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

Name of Employer Mullenholz Y Brimsek
Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: 0020981

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. James P. Miller		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 7960 Pinehurst Dr		Transaction ID: 0021009
City State Zip Code Kirtland OH 44094	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 Flight Options LLC	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mrs. Helen L. Stairs		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 1302 East Seminole Blvd		Transaction ID: 0021011
City State Zip Code Sanford FL 32771	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 Stairs Prop Mgmt & Realty Inc	Occupation Realtor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Donald M. Kretchman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 5995 Curry Ford Rd, Apt 122		Transaction ID: 0021419
City State Zip Code Orlando FL 32822	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 Natl Air Transportation Asso	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. William K. Ris, Jr.

Mailing Address American Airlines
1101 17th St, NW, Ste 600

City Washington State DC Zip Code 20036

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

Name of Employer American Airlines Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 0021029

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)
Shutts & Bowen, LLP

Mailing Address 300 S Orange Ave, Ste 1000

City Orlando State FL Zip Code 32801

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

Name of Employer Occupation Partnership

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 0021032

Amount of Each Receipt this Period
1000.00

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

SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
Mr. Ken W. Wright

Mailing Address Shutts & Bowen
300 S Orange Avenue Ste 1000

City Orlando State FL Zip Code 32801-3373

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

Name of Employer Shutts & Bowen Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 0021032-001

Amount of Each Receipt this Period
1000.00

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

[MEMO ITEM]
Partnership Share

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Craig R. Denisoff

Mailing Address 506 Bluebird Place

City State Zip Code
Davis CA 95616

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

Name of Employer Occupation
Environmental Partners Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2006

Transaction ID: 0021033

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)
Mr. Douglas Cordello

Mailing Address 2922 SW 25th St

City State Zip Code
Cape Coral FL 33914

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

Name of Employer Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2006

Transaction ID: 0021036

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)
Mrs. Barbara W. Cordello

Mailing Address 2922 SW 25th St

City State Zip Code
Cape Coral FL 33914

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

Name of Employer Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2006

Transaction ID: 0021037

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)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 124 (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)
MICA FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Denice A. Bishop</p> <p>Mailing Address 16106 Flagg Pond Lane</p> <p>City State Zip Code N. Fort Myers FL 33917</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Information Requested</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 05 / 22 / 2006</p> <p>Transaction ID: 0021038</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Mr. Leslie D. Alderman</p> <p>Mailing Address 6118 Deer Run</p> <p>City State Zip Code Fort Myers FL 33908</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Earth Mark Companies Executive</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 05 / 22 / 2006</p> <p>Transaction ID: 0021040</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Mr. W. Thomas Grimm</p> <p>Mailing Address 6135 Manchester Pl</p> <p>City State Zip Code Naples FL 34110</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Realtor</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 22 / 2006</p> <p>Transaction ID: 0021041</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Joseph P. Moorer, Jr.

Mailing Address 25495 Marsh Landing Pkwy

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer self Occupation
self Investor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 6

Transaction ID: 0021048

Amount of Each Receipt this Period
1600.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Joseph P. Moorer, Jr.

Mailing Address 25495 Marsh Landing Pkwy

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer self Occupation
self Investor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 6

Transaction ID: 0021049

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. Scotty N. Proctor

Mailing Address 1143 Collins Avenue

City State Zip Code
Orange City FL 32763

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

Name of Employer EWA, Inc Occupation
Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 6

Transaction ID: 0021050

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)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Susan Hall

Mailing Address 3889 S Atlantic Ave

City State Zip Code
Daytona Beach FL 32127-5701

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

Name of Employer self Occupation
self Housewife

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 6

Transaction ID: 0021051

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)
Mr. Richard Quello

Mailing Address 15 Corte Vista

City State Zip Code
Palm Coast FL 32137-4303

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

Name of Employer self Occupation
self Realtor

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 6

Transaction ID: 0021053

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Richard Quello

Mailing Address 15 Corte Vista

City State Zip Code
Palm Coast FL 32137-4303

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

Name of Employer self Occupation
self Realtor

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

2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 6

Transaction ID: 0021054

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) ▶ **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Georgette E. Rodgers

Mailing Address 378 Woodland Avenue

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 6

Transaction ID: 0021055

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Ellen Atanasoski

Mailing Address 134 River Bluff Drive

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Self Occupation Housewife

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 6

Transaction ID: 0021056

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. Carl W. Lentz, III

Mailing Address 2411 North Halifax

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Self Occupation Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 6

Transaction ID: 0021058

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) ► 1300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hunton & Williams, L.L.P.

Mailing Address 1900 K St, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation
Partnership

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2006

Transaction ID: 0021060

Amount of Each Receipt this Period
1000.00

Partnership share \$314 x 318
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Capt Ralph M. Alford

Mailing Address 3207 Chichester La

City State Zip Code
Fairfax VA 22031

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

Name of Employer Occupation
self Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: 0021066

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. Jack M. Dunham

Mailing Address 5179 Ratliff Rd

City State Zip Code
Callahan FL 32011

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

Name of Employer Occupation
Coastal View Windows Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: 0021074

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) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Mick G. Owen

Mailing Address 328 Old Plantation Dr

City State Zip Code
St. Augustine FL 32086

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

Name of Employer Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 0021075

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)
Mr. Randall Rathjen

Mailing Address 1418 W Chinaberry Ct

City State Zip Code
Jacksonville FL 32259

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

Name of Employer Occupation
Randall Rathjen, Inc Chief Executive Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021076

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. Ali Babazadeh

Mailing Address 21 Tomoka Cove Way

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Habitect Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 0021077

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)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Randall Rathjen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1418 W Chinaberry Ct		Transaction ID: 0021078
City State Zip Code Jacksonville FL 32259	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 Randall Rathjen, Inc	Occupation Chief Executive Officer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mrs. Debra S. Rover		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 12812 Isleworth Drive		Transaction ID: 0021080
City State Zip Code Jacksonville FL 32225	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 B&G Plumbing Co	Occupation Contractor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Gary Bengé		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address PO Box 1749		Transaction ID: 0021083
City State Zip Code Yulee FL 32041	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 Bengé Custom Specialities & Beveling	Occupation Artist	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Russell D. Owen

Mailing Address 8105 Altama Rd

City State Zip Code
Jacksonville FL 32216

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

Name of Employer All About Air & More, Inc Occupation Businessperson

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

700.00

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

Transaction ID: 0021084

Amount of Each Receipt this Period
700.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Kent Sharples

Mailing Address 4840 S Penninsula Dr

City State Zip Code
Port Orange FL 32127

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

Name of Employer Daytona Beach Community College Occupation Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 0021091

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)
Mr. Thomas F. Petway, III

Mailing Address Zurich Insurance Services, Inc
5011 Gate Parkway, Ste 150

City State Zip Code
Jacksonville FL 32256

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

Name of Employer Zurich Insurance Services, Inc Occupation Chief Executive Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

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

Transaction ID: 0021093

Amount of Each Receipt this Period
2100.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Thomas F. Petway, III

Mailing Address Zurich Insurance Services, Inc
5011 Gate Parkway, Ste 150

City State Zip Code
Jacksonville FL 32256

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

Name of Employer Occupation
Zurich Insurance Services, Inc Chief Executive Officer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

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

Transaction ID: 0021094

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Betty Petway

Mailing Address 5011 Gate Parkway, Ste 150

City State Zip Code
Jacksonville FL 32256

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

Name of Employer Occupation
self Housewife

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

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

Transaction ID: 0021096

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Betty Petway

Mailing Address 5011 Gate Parkway, Ste 150

City State Zip Code
Jacksonville FL 32256

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

Name of Employer Occupation
self Housewife

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

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

Transaction ID: 0021097

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	6300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Joyce M. Davis

Mailing Address 522 Moon Rise Dr

City State Zip Code
Port Orange FL 32127

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

Name of Employer Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 0021099

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Mojtaba Babazadeh

Mailing Address PO Box 731071

City State Zip Code
Ormond Beach FL 32173

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

Name of Employer Occupation
Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021100

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. James Cullis

Mailing Address Landmar Group
5 Sandpiper Ct.

City State Zip Code
Palm Coast FL 32137

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

Name of Employer Occupation
Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021101

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) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. M. David Haas

Mailing Address 1317 S Daytona Ave

City State Zip Code
Flagler Beach FL 32136

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

Name of Employer ICI Homes Occupation Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 0021105

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)
Mr. Jay R. Hood

Mailing Address 1114 Crescent Bay Blvd

City State Zip Code
Clermont FL 34711

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

Name of Employer Glatting Jackson Kercher Anglin, Inc Occupation Architect

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0021106

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. Thomas R. Mehegan

Mailing Address 1316 Coconut Palm Circle

City State Zip Code
Port Orange FL 32128

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

Name of Employer Orion Construction Co, Inc Occupation Chief Executive Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0021107

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Chad S. Hazen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 6689 Merryvale Land		Transaction ID: 0021109	
City State Zip Code Port Orange FL 32128	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Hazen Construction	Occupation Developer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mrs. Susan H. McCoy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 290 Military Blvd		Transaction ID: 0021110	
City State Zip Code Ormond Beach FL 32174	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 Housewife		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Lynn A. McCoy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 290 Military Blvd		Transaction ID: 0021111	
City State Zip Code Ormond Beach FL 32174	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 Harpster Engineering & Surveying, Inc	Occupation Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Victor B. Irland

Mailing Address 30 Plaza Grande Ave

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Maximum Security Group Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: 0021112

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)
Mr. Douglas R. Ross, Jr.

Mailing Address 2710 Winterford Dr

City State Zip Code
Port Orange FO 32128

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

Name of Employer Occupation
ICI Homes Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: 0021114

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. W. Michael Dennis

Mailing Address 230 W Canton Ave

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
Breedlove, Dennis & Assoc Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: 0021116

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)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Jerry K. Finley, P.E.

Mailing Address 5973 Broken Bow Lane

City State Zip Code
Port Orange FL 32127

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

Name of Employer Occupation
Finley Engineering Group Chief Executive Officer

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

500.00

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

Transaction ID: 0021117

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. Charlene B. Irland

Mailing Address 30 Plaza Grande Ave

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
ICI Homes Manager

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

500.00

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

Transaction ID: 0021118

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)
Mrs. Sharon M. France

Mailing Address 1147 N Halifax Ave

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
self Housewife

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

1000.00

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

Transaction ID: 0021119

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. James C. France		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address P O Box 2801		Transaction ID: 0021120
City State Zip Code Daytona Beach FL 32120-2801	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 International Speedway Co-rp Occupation Executive	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Brian France		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address PO Box 2875		Transaction ID: 0021121
City State Zip Code Daytona Beach FL 32120	Amount of Each Receipt this Period 2100.00	
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 Daytona Internatl Speedway Occupation Executive	Election Cycle-to-Date ▼ 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Brian France		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address PO Box 2875		Transaction ID: 0021122
City State Zip Code Daytona Beach FL 32120	Amount of Each Receipt this Period 900.00	
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 Daytona Internatl Speedway Occupation Executive	Election Cycle-to-Date ▼ 3000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Lesa Kennedy

Mailing Address 2084 So Halifax Drive

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer International Speedway Corp
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 0021123

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)
Mrs. Wilma Graham

Mailing Address 11 A Buckskin Lane

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Retired
Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0021124

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)
Mrs. Barbara D. Staed

Mailing Address 2000 S Peninsula Drive

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Staed Family Associates
Occupation Hotel Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

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

Transaction ID: 0021125

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	3600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Barbara D. Staed		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 2000 S Peninsula Drive		Transaction ID: 0021126	
City State Zip Code Daytona Beach FL 32118	Amount of Each Receipt this Period 2100.00		
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 Staed Family Associates Hotel Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 4200.00			

Full Name (Last, First, Middle Initial) B. Mr. Thomas W. Staed		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 2000 S Peninsula Drive		Transaction ID: 0021127	
City State Zip Code Daytona Beach FL 32118	Amount of Each Receipt this Period 2100.00		
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 Staed Family Associates Hotel Owner	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 2100.00			

Full Name (Last, First, Middle Initial) C. Mr. Thomas W. Staed		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 2000 S Peninsula Drive		Transaction ID: 0021128	
City State Zip Code Daytona Beach FL 32118	Amount of Each Receipt this Period 2100.00		
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 Staed Family Associates Hotel Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 4200.00			

SUBTOTAL of Receipts This Page (optional) ▶	6300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Gretchen Anderson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 3010 Peninsula Drive		Transaction ID: 0021129
City State Zip Code Daytona Beach FL 32118	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Housewife Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. George D. Anderson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 3010 Peninsula Drive		Transaction ID: 0021130
City State Zip Code Daytona Beach FL 32118	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 Best Western La Playa Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Hotel Owner Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mrs. Blaine Staed Lansberry		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1980 S Peninsula Dr		Transaction ID: 0021131
City State Zip Code Daytona Beach FL 32118	Amount of Each Receipt this Period 1300.00	
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 Staed Family Associates Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Hotel Owner Election Cycle-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional) ▶	2300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Brian R. Lansberry

Mailing Address 1980 S Peninsula Dr

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
Staed Family Associates Hotel Owner

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

1300.00

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

Transaction ID: 0021132

Amount of Each Receipt this Period
1300.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Leslie S. Bush

Mailing Address 445 Pine Bluff Trail

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Self Housewife

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

1300.00

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

Transaction ID: 0021133

Amount of Each Receipt this Period
1300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Michael Bush

Mailing Address 445 Pine Bluff Trail

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Staed Family Associates Contractor

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

1300.00

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

Transaction ID: 0021134

Amount of Each Receipt this Period
1300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Mike Kargar		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 1117 Oxbridge Lane		Transaction ID: 0021135	
City State Zip Code Ormond Beach FL 32174		Amount of Each Receipt this Period 2100.00	
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 Kargar Construction	Occupation Builder		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) B. Mr. Mike Kargar		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 1117 Oxbridge Lane		Transaction ID: 0021136	
City State Zip Code Ormond Beach FL 32174		Amount of Each Receipt this Period 2100.00	
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 Kargar Construction	Occupation Builder		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) C. Mrs. Marjan B. Kargar		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 1117 Oxbridge Lane		Transaction ID: 0021137	
City State Zip Code Ormond Beach FL 32174		Amount of Each Receipt this Period 2100.00	
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 Housewife		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	6300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Marjan B. Kargar

Mailing Address 1117 Oxbridge Lane

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Housewife

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

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

Transaction ID: 0021138

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Morteza H. Hosseini

Mailing Address 1116 Oxbridge Lane

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Interinvest Construction Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

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

Transaction ID: 0021139

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Morteza H. Hosseini

Mailing Address 1116 Oxbridge Lane

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Interinvest Construction Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

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

Transaction ID: 0021140

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	6300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Forough Hosseini		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 1116 Oxbridge Lane		Transaction ID: 0021141	
City State Zip Code Ormond Beach FL 32174	Amount of Each Receipt this Period 2100.00		
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 ICI Homes Occupation Executive	Election Cycle-to-Date ▼ 2100.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mrs. Forough Hosseini		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 1116 Oxbridge Lane		Transaction ID: 0021142	
City State Zip Code Ormond Beach FL 32174	Amount of Each Receipt this Period 2100.00		
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 ICI Homes Occupation Executive	Election Cycle-to-Date ▼ 4200.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Jamie A. Adley		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 880 Brantley Drive		Transaction ID: 0021143	
City State Zip Code Longwood FL 32779	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 Investor	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	4700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Lore Bledsoe		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 144 Riverside Dr		Transaction ID: 0021145
City State Zip Code Ormond Beach FL 32176	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 self Occupation Housewife	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Ronnie Bledsoe		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 144 Riverside Dr		Transaction ID: 0021146
City State Zip Code Ormond Beach FL 32176	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 Volusia Construction Co Occupation Contractor	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Anthony L. Bazile		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 690 Osceola Ave #406		Transaction ID: 0021147
City State Zip Code Winter Park FL 32789	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 Sliger & Associates, Inc Occupation Businessperson	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lee Culler		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 343 Oak Dr		Transaction ID: 0021148	
City State Zip Code Ormond Beach FL 32176	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 Cunningham Oil	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Mark O. Blanford		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 27 Bulow Woods Cir		Transaction ID: 0021149	
City State Zip Code Flagler Beach FL 32136	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 Coquina Bank	Occupation Banker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Michael G. Helton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 714 John Anderson Dr		Transaction ID: 0021150	
City State Zip Code Ormond Beach FL 32176	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 NASCAR	Occupation Executive		
Receipt For: 2006 <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) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John Graham, Jr.

Mailing Address 11 A Buckskin Lane

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Int'l Speedway Corp Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021151

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. Betty J. France

Mailing Address PO Box 2875

City State Zip Code
Daytona Beach FL 32115

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

Name of Employer self Occupation Interior Designer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

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

Transaction ID: 0021152

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Betty J. France

Mailing Address PO Box 2875

City State Zip Code
Daytona Beach FL 32115

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

Name of Employer self Occupation Interior Designer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

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

Transaction ID: 0021153

Amount of Each Receipt this Period
1100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. William C. France, Jr.

Mailing Address PO Box 2875

City State Zip Code
Daytona Beach FL 32115

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

Name of Employer
International Speedway Co-rp
Occupation
Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

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

Transaction ID: 0021154

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. William C. France, Jr.

Mailing Address PO Box 2875

City State Zip Code
Daytona Beach FL 32115

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

Name of Employer
International Speedway Co-rp
Occupation
Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

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

Transaction ID: 0021155

Amount of Each Receipt this Period
1100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. James P. Smith

Mailing Address 3339 Stephenson P NW

City State Zip Code
Washington DC 20015

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

Name of Employer
Smith Dawson & Andrews
Occupation
Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021156

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)	3700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Eric B. Weekes		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 5266 Shoreline Cir		Transaction ID: 0021158
City State Zip Code Sanford FL 32771	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 Embry Riddle Aeronautical Univ	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Tim Brady		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 25 Blockhouse Ct		Transaction ID: 0021159
City State Zip Code Ormond Beach FL 32174	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 Embry Riddle Aeronautic University	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert A. Jost		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 15 Raintree Ct, RR2		Transaction ID: 0021160
City State Zip Code Ormond Beach FL 32174	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 Embry Riddle Aeronautical Univ	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Anthony Recascino

Mailing Address 75 Seminole Ave

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Occupation
Embry Riddle Aeronautical Administrator
Univ

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

250.00

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

Transaction ID: 0021162

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)
Mrs. Barbara A. Connolly

Mailing Address 5834 Spruce Creek Wood Dr

City State Zip Code
Port Orange FL 32127

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

Name of Employer Occupation
Embry Riddle Aeronautical Administrator
Univ

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

250.00

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

Transaction ID: 0021163

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. John Metzner

Mailing Address 27 Shadow Creek Way

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Embry Riddle Aeronautical Administrator
Univ

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

250.00

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

Transaction ID: 0021164

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Martin A. Smith

Mailing Address 218 W Tarrington Dr

City State Zip Code
De Land FL 32724

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

Name of Employer Occupation
Embry Riddle Aeronautic University Administrator

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

250.00

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

Transaction ID: 0021165

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)
Mr. Manoj Bhoola

Mailing Address 32 Broadriver Rd

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Elite Hospitality Hotel Owner

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

500.00

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

Transaction ID: 0021166

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. Winston Schwartz

Mailing Address 3528 Legacy Hill Court

City State Zip Code
Longwood FL 32779

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

Name of Employer Occupation
Self Builder

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

500.00

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

Transaction ID: 0021167

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Linda J. Severino

Mailing Address 436 Pelican Bay Drive

City State Zip Code
Daytona Beach FL 32119

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

Name of Employer Severino Enterprises Occupation Businessperson

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 0021168

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)
Mr. Sammy C. Vaughn

Mailing Address 100 Merganser Circle

City State Zip Code
Daytona Beach FL 32119

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

Name of Employer Fabco Metal Products Occupation Businessperson

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 0021169

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)
Mr. Joseph G. Weber

Mailing Address 23 Laurel Break Ridge

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer JD Weber Construction Co Occupation Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021170

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)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 124
	<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)
MICA FOR CONGRESS

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

Mailing Address 986 John Anderson Dr

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Adams, Cameron & Co
Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021171

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)
Mr. M. Gregory Fretwell

Mailing Address PO Box 4374

City State Zip Code
South Daytona FL 32121

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

Name of Employer Fretwell Homes
Occupation Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021172

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. Parker K. Mynchenberg

Mailing Address Parker Mynchenberg & Asso, Inc
1729 Ridgewood Avenue

City State Zip Code
Daytona Beach FL 32117

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

Name of Employer Parker Mynchenberg & Asso, Inc
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021173

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Brian W. Henderson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 333 Las Olas Way, Unit 2702		Transaction ID: 0021174
City State Zip Code Fort Lauderdale FL 33301	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 Information Requested	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. Mrs. Carole R. Henderson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 2441 Alaqua Dr		Transaction ID: 0021175
City State Zip Code Longwood FL 32779	Amount of Each Receipt this Period 2100.00	
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	Election Cycle-to-Date ▼ 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2100.00	

Full Name (Last, First, Middle Initial) C. Mrs. Carole R. Henderson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 2441 Alaqua Dr		Transaction ID: 0021176
City State Zip Code Longwood FL 32779	Amount of Each Receipt this Period 400.00	
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	Election Cycle-to-Date ▼ 2500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Anthony M. Grippa

Mailing Address 2631 Wharton Cir

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021177

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)
Mr. Jim W. Henderson

Mailing Address 2441 Alaqua Dr

City State Zip Code
Longwood FL 32779

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

Name of Employer Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

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

Transaction ID: 0021178

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Jim W. Henderson

Mailing Address 2441 Alaqua Dr

City State Zip Code
Longwood FL 32779

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

Name of Employer Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: 0021179

Amount of Each Receipt this Period
400.00

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)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carol Forbes Oare

Mailing Address 191 Island Estates Pkwy

City State Zip Code
Palm Coast FL 32137

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

Name of Employer Occupation
Oare Assoc LLC Developer

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

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

Transaction ID: 0021180

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Carol Forbes Oare

Mailing Address 191 Island Estates Pkwy

City State Zip Code
Palm Coast FL 32137

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

Name of Employer Occupation
Oare Assoc LLC Developer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

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

Transaction ID: 0021181

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)
Charlie Lydecker

Mailing Address 18 Broadriver Rd

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Brown and Brown Executive

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

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

Transaction ID: 0021182

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) ► 2500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Richard C. Fulton

Mailing Address 1216 Killarney Dr

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Brown & Brown Inc Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021183

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)
Mr. Sam R. Boone

Mailing Address 8342 Via Rosa

City State Zip Code
Orlando FL 32836

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

Name of Employer Occupation
Brown & Brown Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021184

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)
Linda Downs

Mailing Address 509 Florida Ave

City State Zip Code
Orlando FL 32806

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

Name of Employer Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021185

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Greg Beasley

Mailing Address 539 Sandy Oaks Blvd

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Brown & Brown, Inc Insurance Agent

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

500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: 0021186

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. Catherine W. Riley

Mailing Address 1954 Bridgewater Drive

City State Zip Code
Heathrow FL 32746

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

Name of Employer Occupation

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

500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: 0021187

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. Thomas E. Riley

Mailing Address 1954 Bridgewater Drive

City State Zip Code
Heathrow FL 32746

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

Name of Employer Occupation

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

500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: 0021188

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Ronald Warble

Mailing Address 4240 Lake Harney Ct

City State Zip Code
Geneva FL 32732

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021189

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)
Mr. Leonard R. Ross

Mailing Address 628 N Peninsula Drive

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
Self Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 0021190

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)
Mr. George D.E. Burden

Mailing Address 1119 Jacaranda Ave

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
self Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 0021191

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) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 124 (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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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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Kevin Cothron Mailing Address 8259 Emerald Forest Ct City State Zip Code Sanford FL 32771 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 0021192 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	0	6												

B. Full Name (Last, First, Middle Initial) Mrs. Susan Stackpoole Mailing Address 2411 S Palmetto Ave City State Zip Code Daytona Beach FL 32119 FEC ID number of contributing federal political committee. C Name of Employer Occupation Health-First Administrator Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 0021193 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	0	6												

C. Full Name (Last, First, Middle Initial) Mr. Kenneth P. Stackpoole Mailing Address 2411 S Palmetto Ave City State Zip Code Daytona Beach FL 32119 FEC ID number of contributing federal political committee. C Name of Employer Occupation Embry Riddle Aeronautical Univ Administrator Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 0021194 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	0	6												

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 124
	<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)
MICA FOR CONGRESS

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

Mailing Address 1548 The Greens Way, Ste #4

City State Zip Code
Jacksonville FL 32250

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

Name of Employer Occupation
Fletcher Land Corp Chief Executive Officer

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

750.00

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

Transaction ID: 0021195

Amount of Each Receipt this Period
750.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Constance J. Fletcher

Mailing Address 1548 The Greens Way, Ste #4

City State Zip Code
Jacksonville FL 32250

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

Name of Employer Occupation
Self Housewife

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

750.00

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

Transaction ID: 0021196

Amount of Each Receipt this Period
750.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John P. Johnson

Mailing Address 37 Old Canyon Ln

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Embry Riddle Aeronautic University Administrator

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

500.00

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

Transaction ID: 0021197

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Mr. Jerry H. Sansom</p> <p>Mailing Address PO Box 98</p> <p>City State Zip Code Cocoa FL 32923</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Consultant</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6</p> <p>Transaction ID: 0021198</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Gregory B. Andrews</p> <p>Mailing Address Smith Dawson & Andrews 1000 Connecticut Ave, NW, Ste 302</p> <p>City State Zip Code Washington DC 20036</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Smith Dawson & Andrews Occupation Consultant</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6</p> <p>Transaction ID: 0021199</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Mark Greenberg</p> <p>Mailing Address 11286 Inghish Mill Dr</p> <p>City State Zip Code Great Falls VA 22066</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer FBA, Inc Occupation Lobbyist</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6</p> <p>Transaction ID: 0021200</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Richard Alcalde

Mailing Address Potomac Partners
210 D St, SE

City Washington State DC Zip Code 20003

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

Name of Employer Potomac Partners Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: 0021201

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)
Mr. John C. Adams

Mailing Address 1616 S Peninsula Dr

City Daytona Beach State FL Zip Code 32118

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

Name of Employer Brown and Brown, Inc Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: 0021202

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)
Mr. Henry R. Santos

Mailing Address PO Box 413

City Killarney State FL Zip Code 34740

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

Name of Employer Self Occupation Builder

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: 0021203

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)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Henry R. Santos

Mailing Address PO Box 413

City Killarney State FL Zip Code 34740

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

Name of Employer Self Occupation Builder

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 0021204

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Mark Gillespy

Mailing Address 172 Riverside Drive

City Ormond Beach State FL Zip Code 32176

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

Name of Employer self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 0021205

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. Leonard K. Pfautsch

Mailing Address 8721 Tarragon Drive

City Orlando State FL Zip Code 32825

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

Name of Employer D & L Framing Occupation Builder

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 0021206

Amount of Each Receipt this Period
 2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Leonard K. Pfautsch

Mailing Address 8721 Tarragon Drive

City State Zip Code
Orlando FL 32825

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

Name of Employer Occupation
D & L Framing Builder

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

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

Transaction ID: 0021207

Amount of Each Receipt this Period
900.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Jill B. Gillespy

Mailing Address 172 Riverside Drive

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Occupation
self Housewife

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

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

Transaction ID: 0021208

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. Charles O'Sullivan

Mailing Address 6037 Silk Oak Drive

City State Zip Code
Orlando FL 32819

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

Name of Employer Occupation
ICI Homes Executive

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

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

Transaction ID: 0021209

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)	1900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. J. Michael Eddy

Mailing Address Eddy Corp
45 Seton Trail

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Occupation
Eddy Corp Businessperson

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021210

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)
Mr. Leon W. Mills

Mailing Address 6502 Forest City Rd

City State Zip Code
Orlando FL 32810

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

Name of Employer Occupation
Mills Air Businessperson

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

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

Transaction ID: 0021211

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Leon W. Mills

Mailing Address 6502 Forest City Rd

City State Zip Code
Orlando FL 32810

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

Name of Employer Occupation
Mills Air Businessperson

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: 0021212

Amount of Each Receipt this Period
900.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Edward D. Lightman

Mailing Address 3035 Painters Walk

City State Zip Code
Flagler Beach FL 32136

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021213

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)
Mr. William C. Bell

Mailing Address 404 Oak River Dr

City State Zip Code
Port Orange FL 32127

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

Name of Employer Occupation
Stewart-Marchman Center Chief Executive Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021214

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. Utpal S. Desai

Mailing Address 330 Riverside Dr

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Occupation
Self Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021215

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. J. Gregory Smith

Mailing Address 11 Magnolia Lane

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer American Industrial Plastics
Occupation Chief Executive Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 0021216

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)
Mr. Jeffrey D. Evans

Mailing Address 12 Venitian Circle

City State Zip Code
Port Orange FL 32118

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

Name of Employer State Farm Insurance
Occupation Salesperson

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021217

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. Martin K. Dineen

Mailing Address 12 Sandcastle Dr

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Atlantic Urological Associates
Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021218

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Lori Feasel

Mailing Address 6064 Sabal Crossing Ct

City State Zip Code
Port Orange FL 32128

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

Name of Employer Retired Occupation Retired

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

500.00

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

Transaction ID: 0021219

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)
Mr. Jeffrey G. Feasel

Mailing Address 6064 Sabal Crossing Ct

City State Zip Code
Port Orange FL 32128

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

Name of Employer Halifax Community Health System Occupation Executive

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

500.00

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

Transaction ID: 0021220

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. Joseph C. Petrock

Mailing Address 112 Pauma Valley Ct

City State Zip Code
Daytona Beach FL 32114

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

Name of Employer Halifax Community Health Systems Occupation Executive

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

500.00

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

Transaction ID: 0021221

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Barbara Petrock

Mailing Address 112 Pauma Valley Ct

City State Zip Code
Daytona Beach FL 32114

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

Name of Employer Occupation
JC Penny's Hair Salon Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021222

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)
Mr. Fred E. Davis

Mailing Address 412 Kentucky Branch Ln

City State Zip Code
Jacksonville FL 32259

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

Name of Employer Occupation
Davis & Assoc Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021223

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. Joe M. Holder

Mailing Address 3004 Magnolia Rd

City State Zip Code
Orange Park FL 32065

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

Name of Employer Occupation
Swimcraft Pools, Inc Builder

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0021224

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Sanford Miller

Mailing Address 28 Broadriver Rd

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Budget Group, Inc Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0021225

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)
Mr. Thomas A. Corso

Mailing Address 1391 Aleut Lane

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0021226

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. Charles S. Lichtigman

Mailing Address 22 River Ridge Trail

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Charles Wayne Properties Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

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

Transaction ID: 0021227

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)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Mansour K. Babazadeh

Mailing Address 2379 Beville Rd

City State Zip Code
Daytona Beach FL 32119

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

Name of Employer ICI Homes Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 0021242

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Mansour K. Babazadeh

Mailing Address 2379 Beville Rd

City State Zip Code
Daytona Beach FL 32119

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

Name of Employer ICI Homes Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

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

Transaction ID: 0021243

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Nasser K. Babazadeh

Mailing Address ICI Homes
2379 Beville Road

City State Zip Code
Daytona Beach FL 32119

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

Name of Employer ICI Homes Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 0021244

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ► **6300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 124
	<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Nasser K. Babazadeh		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address ICI Homes 2379 Beville Road		Transaction ID: 0021245
City State Zip Code Daytona Beach FL 32119	Amount of Each Receipt this Period 2100.00	
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 ICI Homes	Occupation Executive	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) B. Mr. Sheriff Guindi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 53 Choctaw Cir		Transaction ID: 0021247
City State Zip Code Ormond Beach FL 32174	Amount of Each Receipt this Period 2100.00	
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 Prudential Transact Realty, Inc	Occupation Realtor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Mr. Sheriff Guindi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 53 Choctaw Cir		Transaction ID: 0021248
City State Zip Code Ormond Beach FL 32174	Amount of Each Receipt this Period 2100.00	
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 Prudential Transact Realty, Inc	Occupation Realtor	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

SUBTOTAL of Receipts This Page (optional) ▶	6300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Danita Guindi

Mailing Address 53 Choctaw Cir

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Self Occupation
Interior Designer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 0021249

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Danita Guindi

Mailing Address 53 Choctaw Cir

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Self Occupation
Interior Designer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

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

Transaction ID: 0021250

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Claude Gardner

Mailing Address 17 Janet Circle

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Prudential Transact Realty, Inc Occupation
Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

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

Transaction ID: 0021251

Amount of Each Receipt this Period
1600.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Jo Lynn Durrance

Mailing Address 471 Airport Rd

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Halifax Paving Inc Chief Executive Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0021266

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)
Mr. David T. Slick

Mailing Address 322 John Anderson Dr

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Occupation
Command Medical Products Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0021103

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. Jeffrey J. Ahmed

Mailing Address 2044 S Peninsula Avenue

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
Self Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 0021232

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Raymond V. O'Brien, Jr.

Mailing Address 102 Lands End

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer Retired Occupation Retired

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 0021233

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)
Mr. Charles L. Cobb

Mailing Address 341 N Ridgewood Ave

City State Zip Code
Edgewater FL 32132

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

Name of Employer State Farm Insurance Occupation Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 0021235

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
William H. McMunn

Mailing Address 3 Ravensfield Lane

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Consolidated Tomoka Land Co Occupation Developer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 0021236

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Barbara H. Doliner

Mailing Address 108 S St Andrews Dr

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Self Occupation
Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2006

Transaction ID: 0021237

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. Doreen A. Gillespy

Mailing Address 790 John Anderson Drive

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer self Occupation
Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2006

Transaction ID: 0021252

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. Kevin E. Bryan

Mailing Address Offsite Mail Room
1020 Sunshine Lane, Ste 1104

City State Zip Code
Altamonte Springs FL 32714

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

Name of Employer Offsite Mail Room Occupation
Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2006

Transaction ID: 0021254

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Nicholas A. George

Mailing Address 500 North Oleander Ave

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 0021255

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)
Mr. Alvin C. Stampfli

Mailing Address 3580 S A1A #806

City State Zip Code
Flagler Beach FL 32136

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

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

Transaction ID: 0021256

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. Paul Fletcher

Mailing Address 1548 The Greens Way, Ste #4

City State Zip Code
Jacksonville FL 32250

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

Name of Employer Fletcher Land Corp Occupation Chief Executive Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: 0021259

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 124
	<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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Constance J. Fletcher

Mailing Address 1548 The Greens Way, Ste #4

City Jacksonville State FL Zip Code 32250

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

Name of Employer Self Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: 0021260

Amount of Each Receipt this Period
750.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Bruce Kennedy

Mailing Address 2084 So Halifax Drive

City Daytona Beach State FL Zip Code 32118

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

Name of Employer self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: 0021261

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)
Dr. Thurman Gillespy, Jr.

Mailing Address 880 John Anderson Drive

City Ormond Beach State FL Zip Code 32176

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

Name of Employer Gillespy Ortho Group Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: 0021262

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) ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 71 / 124	
	(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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. David F. Konchan

Mailing Address 25 S Sugar Mill Lane

City State Zip Code
Flagler Beach FL 32136

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

Name of Employer Self Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	6

Transaction ID: 0021295

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)	▶	175750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 124
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. NATIONAL REPUBLICAN CONGRESS. COMMITT.

Mailing Address 320 First Street, SE

City	State	Zip Code
Washington	DC	20003

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 98.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 0021230

Amount of Each Receipt this Period
 98.00

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

SUBTOTAL of Receipts This Page (optional)	▶	98.00
TOTAL This Period (last page this line number only)	▶	98.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 124
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HDR Professionals PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 1101 King St, Ste 400		Transaction ID: 0020855
City State Zip Code Alexandria VA 22314	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	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Society of Asso. Executives PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 1575 I St, NW		Transaction ID: 0020856
City State Zip Code Washington DC 20005-1168	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	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. National Air Transportation Asso PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 4226 King St		Transaction ID: 0021006
City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C	IN-KIND: Printing and Postage <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1080.00	

SUBTOTAL of Receipts This Page (optional) ▶	2080.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 124
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Exxon Mobil Corp PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 2000 K St, NW, Ste 710		Transaction ID: 0020943	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		2000.00	

Full Name (Last, First, Middle Initial) B. American Bankers Association PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 1120 Connecticut Ave, NW		Transaction ID: 0020944	
City State Zip Code Washington DC 20036	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	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		2000.00	

Full Name (Last, First, Middle Initial) C. Textron PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 1101 Pennsylvania Ave, NW Suite 400		Transaction ID: 0020945	
City State Zip Code Washington DC 20004	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	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 124
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Air Transportation Asso PAC

Mailing Address 4226 King St

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1180.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	6

Transaction ID: 0021007

Amount of Each Receipt this Period
100.00

IN-KIND: Staff Time

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

B. Full Name (Last, First, Middle Initial)
National Business Aviation Association

Mailing Address 1200 18th St NW Ste 400

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	6

Transaction ID: 0020982

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)
United Technologies PAC

Mailing Address 1401 Eye St NW Ste 600

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	6

Transaction ID: 0020983

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)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rockwell Collins Good Government Comte

Mailing Address 1300 Wilson Blvd Ste 200

City State Zip Code
Arlington VA 22209-2307

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: 0020984

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)
Iranian American PAC

Mailing Address 729 15th St, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: 0020995

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)
Norfolk Southern Corp. Good Government Fund

Mailing Address 1500 K St, NW, Ste 375

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: 0020996

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)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VEN-PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 575 7th St		Transaction ID: 0021228	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 158.95		
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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2658.95		

Full Name (Last, First, Middle Initial) B. National Air Transportation Asso PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 4226 King St		Transaction ID: 0021008	
City State Zip Code Alexandria VA 22302	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2180.00		

Full Name (Last, First, Middle Initial) C. McMoRan Exploration Co Citizenship Committee		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 499 S Capitol St, SW, Ste 600		Transaction ID: 0021021	
City State Zip Code Washington DC 20003	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2158.95
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 124
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Petroleum Marketers Assoc. of America Small Business Com		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 1901 N Fort Myer Dr, Ste 1200		Transaction ID: 0021022	
City State Zip Code Arlington VA 22209	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. ChevronTexaco Employees PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 1401 Eye Street, NW Suite 1200		Transaction ID: 0021023	
City State Zip Code Washington DC 20005	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Halliburton PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 1150 18th St, NW, Ste 200		Transaction ID: 0021024	
City State Zip Code Washington DC 20036	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 124
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Crowley Maritime Federal PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 575 7th St, NW		Transaction ID: 0021025
City State Zip Code Washington DC 20004	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	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Waterways Operators-PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 801 Quincy St Suite 200		Transaction ID: 0021026
City State Zip Code Arlington VA 22203	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	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Natl. Asso. of Fed. Credit Unions PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 3138 N 10th St		Transaction ID: 0021027
City State Zip Code Arlington VA 22201	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	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 124
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Maritime Officers, Voluntary Political Fund		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 490 L'Enfant Plaza East SW Suite 3204		Transaction ID: 0021028
City Washington State DC Zip Code 20024	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. American Shipping Group-Marine Resources Group PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 1000 Potomac St, NW, Fifth Fl		Transaction ID: 0021030
City Washington State DC Zip Code 20007	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. CNF Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2855 Campus Dr, Ste 300		Transaction ID: 0021031
City San Mateo State CA Zip Code 94403	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TECO Energy, Inc. Employees' PAC

Mailing Address Suite 1030
1301 Pennsylvania Ave NW

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 0021039

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)
Seafarers Political Activity Donation

Mailing Address 815 16th St, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 0021042

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)
Agricultural Retailers Association PAC

Mailing Address 1156 15th St, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 6

Transaction ID: 0021059

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)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Owner Operator Independent Drivers Asso., Inc.
Mailing Address 122 C St, NW, Ste 520

City	State	Zip Code
Washington	DC	20001

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	6

Transaction ID: 0021063

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)
Aircraft Owners & Pilots Association PAC
Mailing Address 601 Pennsylvania Ave, Ste 875 So

City	State	Zip Code
Washington	DC	20004

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	6

Transaction ID: 0021064

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)
NATSO PAC
Mailing Address 1737 King St, Ste 200

City	State	Zip Code
Alexandria	VA	22314

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	6

Transaction ID: 0021065

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DIC PAC

Mailing Address 1828 L St, NW, Ste 400

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	6

Transaction ID: 0021067

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)
American Moving & Storage Asso PAC

Mailing Address 1611 Duke St

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	6

Transaction ID: 0021068

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)
American Gas Association PAC

Mailing Address 400 N Capitol St, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	6

Transaction ID: 0021069

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)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 124
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Truck PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2006
Mailing Address 430 First Street SE		Transaction ID: 0021070
City State Zip Code Washington DC 20003-1826	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	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. CF Industries Employees Good Government Fund		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2006
Mailing Address 1401 Eye Street, NW Suite 340		Transaction ID: 0021071
City State Zip Code Washington DC 20005-2225	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	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Marathon Oil Company Employee PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2006
Mailing Address 539 South Main St		Transaction ID: 0021072
City State Zip Code Findlay OH 45840	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	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

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

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

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

FOR LINE NUMBER: PAGE 85 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Natl. Propane Gas Asso. PAC

Mailing Address 1150 17th St, NW, Ste 310

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 0021073

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)
Harris FEPAC

Mailing Address 1025 W Nasa Blvd

City State Zip Code
Melbourne FL 32919

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: 0021231

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
The Spectrum Group PAC

Mailing Address 11 Canal Center Plaza, Ste 110

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 6

Transaction ID: 0021241

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) ► **8000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 124
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Stone Sand & Gravel Assoc. ROCKPAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 1605 King Street		Transaction ID: 0021263
City State Zip Code Alexandria VA 22314	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	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Employees of Northrop Grumman Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 1000 Wilson Boulevard Suite 2300		Transaction ID: 0021264
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 3000.00	
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	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Employees of Northrop Grumman Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 1000 Wilson Boulevard Suite 2300		Transaction ID: 0021265
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 7000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BellSouth FED-PAC

Mailing Address 1133 21st Street, NW
Suite 900

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 0021296

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)
BellSouth FED-PAC

Mailing Address 1133 21st Street, NW
Suite 900

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 0021297

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)	▶	54338.95

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 124
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Commerce National Bank of Florida

Mailing Address 1201 S Orlando Ave

City	State	Zip Code
Winter Park	FL	32790-8181

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
18257.63

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2006

Transaction ID: 0021412

Amount of Each Receipt this Period
5550.71

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

SUBTOTAL of Receipts This Page (optional)	▶	5550.71
TOTAL This Period (last page this line number only)	▶	5550.71

**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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 0020824 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 57.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266	Purpose of Disbursement PHONE EXPENSES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jan Farnsworth		Transaction ID: 0020955 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 306 Sweetwater Boulevard S		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Longwood State FL Zip Code 32779	Purpose of Disbursement Consulting Services Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Winter Park Racquet Club		Transaction ID: 0020877 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 2111 Via Tuscany		Amount of Each Disbursement this Period 660.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winter Park State FL Zip Code 32789	Purpose of Disbursement EVENT CATERING COSTS Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1218.10
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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 0020876 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2939.32
City Ft Lauderdale State FL Zip Code 33336	Purpose of Disbursement TRAVEL & MEAL EXPENSES Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) B. House Members Dining Room		Transaction ID: 0020876-001 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address The Capitol		Amount of Each Disbursement this Period 323.50
City Washington State DC Zip Code 20515	Purpose of Disbursement Meals with Constituents Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) C. USAIRWAYS		Transaction ID: 0020876-002 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 400 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 1236.10
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Air Transportation Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO

SUBTOTAL of Disbursements This Page (optional) ▶	2939.32
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Delta Airlines

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address Hartsfield Int'l Airport

City Atlanta State GA Zip Code 40440

Purpose of Disbursement Air Transportation
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 0020876-003
Date of Disbursement: 04 / 05 / 2006

Amount of Each Disbursement this Period
200.80

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

[MEMO ITEM]
MEMO

B. Briar Patch Restaurant

Full Name (Last, First, Middle Initial)
Briar Patch Restaurant

Mailing Address 225 N Park Ave

City Winter Park State FL Zip Code 32789

Purpose of Disbursement Meals with Constituents
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 0020876-004
Date of Disbursement: 04 / 05 / 2006

Amount of Each Disbursement this Period
32.01

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

[MEMO ITEM]
MEMO

C. Brio Tuscan Grille

Full Name (Last, First, Middle Initial)
Brio Tuscan Grille

Mailing Address 480 N Orlando Ave

City Winter Park State FL Zip Code 32789

Purpose of Disbursement Meals with Constituents
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 0020876-005
Date of Disbursement: 04 / 05 / 2006

Amount of Each Disbursement this Period
49.38

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

[MEMO ITEM]
MEMO

SUBTOTAL of Disbursements This Page (optional) ► **0.00**

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 0020876-009 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 418.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DFW Airport State TX Zip Code 75261	[MEMO ITEM] MEMO	
Purpose of Disbursement Air Transportation Candidate Name		Category/Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Republican Congressional Spouse Organiza		Transaction ID: 0020957 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 2445 RHOB		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515	Category/Type 007	
Purpose of Disbursement EVENT FEE Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Volusia County		Transaction ID: 0020960 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 123 W Indiana Avenue		Amount of Each Disbursement this Period 208.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DeLand State FL Zip Code 32720	Category/Type 001	
Purpose of Disbursement PETITION VERIFICATION FEE Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	408.00
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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. W. Edward Langdon		Transaction ID: 0020961 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 740 Roughbeard Rd		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winter Park State FL Zip Code 32792	Purpose of Disbursement ACCOUNTING SERVICES Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Direct Mail Systems		Transaction ID: 0021003 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period 7316.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clearwater State FL Zip Code 34622	Purpose of Disbursement MAILING SERVICES Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Volusia County		Transaction ID: 0021421 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 123 W Indiana Avenue		Amount of Each Disbursement this Period 4.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DeLand State FL Zip Code 32720	Purpose of Disbursement PETITION VERIFICATION FEE Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7570.86
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Petty Cash		Transaction ID: 0020959 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address P O Box 181546		Amount of Each Disbursement this Period 100.00
City Casselberry State FL Zip Code 32718	Purpose of Disbursement Petty Cash Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Mr. Richard Q. Harkey		Transaction ID: 0020962 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 229 Tollgate Road		Amount of Each Disbursement this Period 220.85
City Longwood State FL Zip Code 32750	Purpose of Disbursement Gasoline Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. National Air Transportation Asso PAC		Transaction ID: 0021006-IK Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 4226 King St		Amount of Each Disbursement this Period 80.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement IN-KIND: Printing and Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received

SUBTOTAL of Disbursements This Page (optional) ▶	400.85
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 0020963 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 149.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals with Constituents Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Russell L. Roberts		Transaction ID: 0020964 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 511 Oak Lane		Amount of Each Disbursement this Period 1065.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Maitland State FL Zip Code 32751	Purpose of Disbursement TRAVEL & MEAL EXPENSES Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) C. USAIRWAYS		Transaction ID: 0020964-001 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 400 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 413.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Air Transportation Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

SUBTOTAL of Disbursements This Page (optional) ▶	1214.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hyatt Regency		Transaction ID: 0020964-002 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 225 East Coast Line Drive		Amount of Each Disbursement this Period 478.40
City Jacksonville State FL Zip Code 32202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging Expenses	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 0020964-003 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 5779 S Highway 17-92		Amount of Each Disbursement this Period 41.31
City Casselberry State FL Zip Code 32707	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sprint Telephone Co.		Transaction ID: 0021387 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address P O Box 30784		Amount of Each Disbursement this Period 159.87
City Tampa State FL Zip Code 33630	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE EXPENSES	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	159.87
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Computech Data Entry, Inc.		Transaction ID: 0021005 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address P O Box 720725		Amount of Each Disbursement this Period 437.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Orlando State FL Zip Code 32872	Purpose of Disbursement Data Processing Services Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tillie Fowler Series Dinner		Transaction ID: 0021229 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 813 Broad Ripple Ave,		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46220	Purpose of Disbursement EVENT FEE Candidate Name Category/Type: 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Galaxy Medals, Inc.		Transaction ID: 0021246 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 1125 White Dr		Amount of Each Disbursement this Period 428.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Titusville State FL Zip Code 32780	Purpose of Disbursement Gifts for Constituents Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1165.93
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Air Transportation Asso PAC		Transaction ID: 0021007-IK Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 4226 King St		Amount of Each Disbursement this Period 100.00
City Alexandria State VA Zip Code 22302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: Staff Time Candidate Name	Category/Type 001	(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Volusia County Republican Party		Transaction ID: 0021270 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 533 N Nova Road #106		Amount of Each Disbursement this Period 500.00
City Ormond Beach State FL Zip Code 32174	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT FEE Candidate Name	Category/Type 007	(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jan Farnsworth		Transaction ID: 0020998 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 306 Sweetwater Boulevard S		Amount of Each Disbursement this Period 500.00
City Longwood State FL Zip Code 32779	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting Services Candidate Name	Category/Type 003	(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1100.00
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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 0021362 Date of Disbursement 05 / 06 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2591.59
City Ft Lauderdale State FL Zip Code 33336	Purpose of Disbursement TRAVEL & MEAL EXPENSES Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) B. Historic Mission Inn		Transaction ID: 0021362-001 Date of Disbursement 05 / 06 / 2006
Mailing Address 3400 Central Ave		Amount of Each Disbursement this Period 228.95
City Riverside State CA Zip Code 92506	Purpose of Disbursement Lodging Expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: 0021362-002 Date of Disbursement 05 / 06 / 2006
Mailing Address 2702 Love Field Drive		Amount of Each Disbursement this Period 87.80
City Dallas State TX Zip Code 75235	Purpose of Disbursement Air Transportation Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO

SUBTOTAL of Disbursements This Page (optional) ▶	2591.59
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 124

<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Briar Patch Restaurant		Transaction ID: 0021362-005 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6
Mailing Address 225 N Park Ave		Amount of Each Disbursement this Period 56.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winter Park State FL Zip Code 32789	Purpose of Disbursement Meals with Constituents Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) B. Southend Brewery & Smokehouse		Transaction ID: 0021362-006 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6
Mailing Address 2 Independent Dr		Amount of Each Disbursement this Period 649.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Catering Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) C. Biltmore Hotel		Transaction ID: 0021362-007 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6
Mailing Address 1200 Anastasia Ave		Amount of Each Disbursement this Period 324.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coral Gables State FL Zip Code 33134	Purpose of Disbursement Lodging Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USAIRWAYS		Transaction ID: 0021362-011 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6
Mailing Address 400 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 105.00
City Phoenix State AZ Zip Code 85034	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Air Transportation	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. House Members Dining Room		Transaction ID: 0021362-012 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6
Mailing Address The Capitol		Amount of Each Disbursement this Period 211.40
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals with Constituents	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brio Tuscan Grille		Transaction ID: 0021362-013 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6
Mailing Address 480 N Orlando Ave		Amount of Each Disbursement this Period 155.15
City Winter Park State FL Zip Code 32789	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals with Constituents	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Register.com		Transaction ID: 0021362-015 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6
Mailing Address PO Box 26775		Amount of Each Disbursement this Period 237.00
City New York State NY Zip Code 10087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER EXPENSES	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	
State: District:		

Full Name (Last, First, Middle Initial) B. Hawk & Dove Restaurant		Transaction ID: 0021362-016 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6
Mailing Address 329 Pennsylvania SE		Amount of Each Disbursement this Period 49.68
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals with Constituents	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 0020997 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 57.42
City Dallas State TX Zip Code 75266	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE EXPENSES	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	57.42
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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VEN-PAC		Transaction ID: 0021228-IK Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 575 7th St		Amount of Each Disbursement this Period 158.95
City Washington State DC Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Candidate Name		(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Winter Park Racquet Club		Transaction ID: 0021410 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 2111 Via Tuscany		Amount of Each Disbursement this Period 607.62
City Winter Park State FL Zip Code 32789	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Candidate Name		(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESS. COMMITT.		Transaction ID: 0021230-IK Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Candidate Name		(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	864.57
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Petty Cash		Transaction ID: 0021267 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P O Box 181546		Amount of Each Disbursement this Period 100.00
City Casselberry State FL Zip Code 32718	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Petty Cash Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Intern'l Minute Press		Transaction ID: 0021272 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 997 W Kennedy Blvd		Amount of Each Disbursement this Period 644.54
City Orlando State FL Zip Code 32810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING EXPENSES Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sprint Telephone Co.		Transaction ID: 0021388 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address P O Box 30784		Amount of Each Disbursement this Period 159.39
City Tampa State FL Zip Code 33630	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE EXPENSES Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	903.93
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U. S. Postal Service		Transaction ID: 0021274 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 109 Live Oak Blvd		Amount of Each Disbursement this Period 185.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Casselberry State FL Zip Code 32707	Purpose of Disbursement POSTAGE, NON-BULK MAIL Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U. S. Postal Service		Transaction ID: 0021273 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 109 Live Oak Blvd		Amount of Each Disbursement this Period 560.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Casselberry State FL Zip Code 32707	Purpose of Disbursement POSTAGE, NON-BULK MAIL Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U. S. Postal Service		Transaction ID: 0021275 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 109 Live Oak Blvd		Amount of Each Disbursement this Period 250.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Casselberry State FL Zip Code 32707	Purpose of Disbursement POSTAGE, NON-BULK MAIL Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	995.50
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Flagler Republican Executive Comm.		Transaction ID: 0021276 Date of Disbursement 05 / 31 / 2006	
Mailing Address P O Box 351611		Amount of Each Disbursement this Period 600.00	
City Palm Coast State FL Zip Code 32135	Purpose of Disbursement EVENT FEE Candidate Name	Category/Type 007 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Russell L. Roberts		Transaction ID: 0021277 Date of Disbursement 06 / 02 / 2006	
Mailing Address 511 Oak Lane		Amount of Each Disbursement this Period 333.07	
City Maitland State FL Zip Code 32751	Purpose of Disbursement TRAVEL & MEAL EXPENSES Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 0021287 Date of Disbursement 06 / 03 / 2006	
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 1955.61	
City Ft Lauderdale State FL Zip Code 33336	Purpose of Disbursement TRAVEL & MEAL EXPENSES Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ITEMIZATION BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	2888.68
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USAIRWAYS		Transaction ID: 0021287-001 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address 400 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 416.40
City Phoenix State AZ Zip Code 85034	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	
Purpose of Disbursement Air Transportation Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. House Members Dining Room		Transaction ID: 0021287-002 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address The Capitol		Amount of Each Disbursement this Period 336.16
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	
Purpose of Disbursement Meals with Constituents Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hawk & Dove Restaurant		Transaction ID: 0021287-003 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address 329 Pennsylvania SE		Amount of Each Disbursement this Period 31.34
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	
Purpose of Disbursement Meal Expenses Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bobby Van's Steakhouse		Transaction ID: 0021287-004 Date of Disbursement 06 / 03 / 2006
Mailing Address 809 15th St, NW		Amount of Each Disbursement this Period 282.45
City Washington State DC Zip Code 20005	Purpose of Disbursement Meals with Constituents Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) B. Brio Tuscan Grille		Transaction ID: 0021287-005 Date of Disbursement 06 / 03 / 2006
Mailing Address 480 N Orlando Ave		Amount of Each Disbursement this Period 57.83
City Winter Park State FL Zip Code 32789	Purpose of Disbursement Meals with Constituents Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) C. The Reef Restaurant		Transaction ID: 0021287-006 Date of Disbursement 06 / 03 / 2006
Mailing Address 4100 Coastal Highway		Amount of Each Disbursement this Period 326.44
City St. Augustine State FL Zip Code 32084	Purpose of Disbursement Meals with Constituents Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Briar Patch Restaurant		Transaction ID: 0021287-007 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address 225 N Park Ave		Amount of Each Disbursement this Period 29.57
City Winter Park State FL Zip Code 32789	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals with Constituents	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fogo De Chao		Transaction ID: 0021287-009 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 6
Mailing Address 1101 Pennsylvania Ave, NW		Amount of Each Disbursement this Period 405.86
City Washington State DC Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Services	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jan Farnsworth		Transaction ID: 0021285 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 306 Sweetwater Boulevard S		Amount of Each Disbursement this Period 500.00
City Longwood State FL Zip Code 32779	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting Services	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Orange Cty. Rep. Executive Comte		Transaction ID: 0021281 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 148 S Semoran Blvd		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Orlando State FL Zip Code 32801	Purpose of Disbursement EVENT FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007

Full Name (Last, First, Middle Initial) B. Direct Mail Specialists		Transaction ID: 0021278 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 161609		Amount of Each Disbursement this Period 1912.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altamonte Springs State FL Zip Code 32716	Purpose of Disbursement MAILING SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) C. Petty Cash		Transaction ID: 0021280 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address P O Box 181546		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Casselberry State FL Zip Code 32718	Purpose of Disbursement Petty Cash Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	3212.09
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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winter Park Racquet Club		Transaction ID: 0021292
Mailing Address 2111 Via Tuscany		Date of Disbursement 06 / 08 / 2006
City Winter Park	State FL	Zip Code 32789
Purpose of Disbursement EVENT CATERING COSTS	Amount of Each Disbursement this Period 985.89	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Discover Credit Card		Transaction ID: 0021293
Mailing Address PO Box 15251		Date of Disbursement 06 / 08 / 2006
City Wilmington	State DE	Zip Code 19886
Purpose of Disbursement Food and Refreshments for Event	Amount of Each Disbursement this Period 240.17	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Holiday House Restr		Transaction ID: 0021293-001
Mailing Address Woodland Blvd		Date of Disbursement 06 / 08 / 2006
City Deland	State FL	Zip Code 32720
Purpose of Disbursement Food and Refreshments for Event	Amount of Each Disbursement this Period 240.17	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]
MEMO

SUBTOTAL of Disbursements This Page (optional)	1226.06
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U. S. Postal Service		Transaction ID: 0021290 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 109 Live Oak Blvd		Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Casselberry State FL Zip Code 32707		
Purpose of Disbursement POSTAGE, NON-BULK MAIL Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Blowing Rock Chamber of Commerce		Transaction ID: 0021343 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address PO BOX 406		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Blowing Rock State NC Zip Code 28605		
Purpose of Disbursement EVENT FEE Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 0021291 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 57.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266		
Purpose of Disbursement PHONE EXPENSES Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1052.56
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U. S. Postal Service		Transaction ID: 0021420 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 109 Live Oak Blvd		Amount of Each Disbursement this Period 497.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Casselberry State FL Zip Code 32707	Purpose of Disbursement POSTAGE, NON-BULK MAIL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Greater Central FL Black Rep. Club		Transaction ID: 0021284 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 4273 Princehall Blvd		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Orlando State FL Zip Code 32811	Purpose of Disbursement Membership Dues Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. First Union Visa		Transaction ID: 0021361 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 15026		Amount of Each Disbursement this Period 221.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19850-5026	Purpose of Disbursement Gifts for Constituents Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

ITEMIZATION BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	1318.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. House of Reps Gift Shop		Transaction ID: 0021361-001 Date of Disbursement 06 / 15 / 2006
Mailing Address B217 Longworth Building		Amount of Each Disbursement this Period 221.10
City Washington State DC Zip Code 20515	Purpose of Disbursement Gifts for Constituents Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) B. Putnam Cnty Republican Exec Comm.		Transaction ID: 0021288 Date of Disbursement 06 / 16 / 2006
Mailing Address PO Box 1885		Amount of Each Disbursement this Period 500.00
City Palatka State FL Zip Code 32178	Purpose of Disbursement EVENT FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Direct Mail Specialists		Transaction ID: 0021289 Date of Disbursement 06 / 19 / 2006
Mailing Address PO Box 161609		Amount of Each Disbursement this Period 143.14
City Altamonte Springs State FL Zip Code 32716	Purpose of Disbursement MAILING SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	643.14
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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sprint Telephone Co.		Transaction ID: 0021389 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address P O Box 30784		Amount of Each Disbursement this Period 163.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33630	Purpose of Disbursement PHONE EXPENSES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 0021394 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 832.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Catering Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 007

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 0021411 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 5654.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ft Lauderdale State FL Zip Code 33336	Purpose of Disbursement TRAVEL & MEAL EXPENSES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 002

ITEMIZATION BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	6650.10
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. House Members Dining Room		Transaction ID: 0021411-002 Date of Disbursement 06 / 25 / 2006
Mailing Address The Capitol		Amount of Each Disbursement this Period 513.80
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals with Constituents	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	
State: District:		

Full Name (Last, First, Middle Initial) B. Smith Union Station		Transaction ID: 0021411-003 Date of Disbursement 06 / 25 / 2006
Mailing Address 50 Massachusetts Ave, NW		Amount of Each Disbursement this Period 935.33
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Services	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007	
State: District:		

Full Name (Last, First, Middle Initial) C. Generous Georges Restaurant		Transaction ID: 0021411-004 Date of Disbursement 06 / 25 / 2006
Mailing Address 3007 Colvin Street		Amount of Each Disbursement this Period 380.96
City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Services	Candidate Name	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007	
State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hertz Rent A Car		Transaction ID: 0021411-007
Mailing Address 225 Brae Blvd		Date of Disbursement 06 / 25 / 2006
City Parkridge	State NJ	Zip Code 07656
Purpose of Disbursement Car Rental		Amount of Each Disbursement this Period 207.39
Candidate Name	Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Marriott Corporation		Transaction ID: 0021411-012
Mailing Address Marriott Drive		Date of Disbursement 06 / 25 / 2006
City Bethesda	State MD	Zip Code 20058
Purpose of Disbursement Lodging Expenses		Amount of Each Disbursement this Period 243.86
Candidate Name	Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) C. Charlie Palmer Steak House		Transaction ID: 0021411-013
Mailing Address 101 Constitution Ave, NW		Date of Disbursement 06 / 25 / 2006
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Catering Services		Amount of Each Disbursement this Period 719.60
Candidate Name	Category/Type 007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Twigs Restaurant		Transaction ID: 0021411-014 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 6
Mailing Address US 321 Bypass		Amount of Each Disbursement this Period 323.06
City Blowing Rock State NC Zip Code 28605	Purpose of Disbursement Catering Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 0021411-015 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 6
Mailing Address 5779 S Highway 17-92		Amount of Each Disbursement this Period 541.39
City Casselberry State FL Zip Code 32707	Purpose of Disbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) C. Hawk & Dove Restaurant		Transaction ID: 0021411-020 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 6
Mailing Address 329 Pennsylvania SE		Amount of Each Disbursement this Period 144.56
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals with Constituents Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USAIRWAYS		Transaction ID: 0021411-023	
Mailing Address 400 E Sky Harbor Boulevard		Date of Disbursement 06 / 25 / 2006	
City Phoenix	State AZ	Zip Code 85034	Amount of Each Disbursement this Period 246.35
Purpose of Disbursement Air Transportation		002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. National Car Rental		Transaction ID: 0021411-027	
Mailing Address 200 S Andrews Ave		Date of Disbursement 06 / 25 / 2006	
City Ft. Lauderdale	State FL	Zip Code 33301	Amount of Each Disbursement this Period 131.58
Purpose of Disbursement Car Rental		002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Fiddler's Green Restaurant		Transaction ID: 0021411-028	
Mailing Address 2750 Anahma Dr		Date of Disbursement 06 / 25 / 2006	
City St. Augustine	State FL	Zip Code 32084	Amount of Each Disbursement this Period 309.04
Purpose of Disbursement Catering Services		007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jan Farnsworth		Transaction ID: 0021397 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 306 Sweetwater Boulevard S		Amount of Each Disbursement this Period 500.00	
City Longwood State FL Zip Code 32779	Purpose of Disbursement Consulting Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 003		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

39581.81

**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 checked="" type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Associated General Contractors PAC

Mailing Address 333 John Carlyle St, Ste 2231

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
REFUND TO PAC

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 0021061

Date of Disbursement

05 / 16 / 2006

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)

2500.00

TOTAL This Period (last page this line number only)

2500.00

**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)

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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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winter Park Historical Assoc.		Transaction ID: 0020874 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address PO Box 51		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winter Park State FL Zip Code 32790	Purpose of Disbursement Charitable Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 012

Full Name (Last, First, Middle Initial) B. Friends of Slovakia		Transaction ID: 0021271 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address PMB 220, 4401-A Connecticut Ave NW		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20008	Purpose of Disbursement Charitable Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 012

Full Name (Last, First, Middle Initial) C. Delta Chi Educational Foundation		Transaction ID: 0021268 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address PO Box 383		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State IN Zip Code 47201	Purpose of Disbursement Charitable Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 012

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United Arts		Transaction ID: 0021269 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address Box 940068		Amount of Each Disbursement this Period 200.00
City Maitland State FL Zip Code 32794	Purpose of Disbursement Charitable Contribution Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Friends of John Hostettler		Transaction ID: 0021283 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address PO Box 3676		Amount of Each Disbursement this Period 1000.00
City Evansville State IN Zip Code 47735	Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name John Hostettler Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Spruce Creek Music Performing Arts Assoc		Transaction ID: 0021409 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 801 Taylor Road		Amount of Each Disbursement this Period 200.00
City Port Orange State FL Zip Code 32127	Purpose of Disbursement Charitable Contribution Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Fort Mose Historical Society

Mailing Address PO Box 4230

City St. Augustine State FL Zip Code 32085

Purpose of Disbursement Charitable Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 0021393

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	6		2	0		2	0	0	6

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3000.00