

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

Wasserman-Schultz for Congress

ADDRESS (number and street) 1071 Twin Branch Ln

Check if different than previously reported. (ACC)

Weston FL 33326

2. **FEC IDENTIFICATION NUMBER** C00385773

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

FL 20

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C) Special (12S)

Election on [] [] [] in the State of []

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

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

Election on [] [] [] in the State of []

5. Covering Period 01 01 2009 through 03 31 2009

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 Lawrence Wasserman

Signature of Treasurer Electronically Filed by Lawrence Wasserman Date 04 14 2009

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

Wasserman-Schultz for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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)).....	123566.26	125866.26
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	123566.26	125366.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	110763.49	165473.80
(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)).....	110763.49	165473.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	424112.20	
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
Wasserman-Schultz for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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).....

25250.00

25550.00

(ii) Unitemized.....

825.00

825.00

(iii) TOTAL of contributions

26075.00

26375.00

from individuals..... ▶

41.26

41.26

(b) Political Party Committees.....

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

97450.00

99450.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

123566.26

125866.26

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

0.00

4500.00

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.).....

1503.11

2997.80

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

125069.37

133364.06

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	110763.49	165473.80
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	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS.....	99500.00	106500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	210263.49	272473.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	509306.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	125069.37
25. SUBTOTAL (add Line 23 and Line 24).....	634375.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	210263.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	424112.20

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
Heather Campion

Mailing Address 284 Dean Road

City State Zip Code
Brookline MA 02445

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Consultant

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

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

Transaction ID: C17968564

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)
Russell Cartwright

Mailing Address 4630 32nd Rd N

City State Zip Code
Arlington VA 22207-4456

FEC ID number of contributing federal political committee. C

Name of Employer Cartwright & Riley Occupation
Gov't Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C17968305

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Steven Champlin

Mailing Address 2100 Pennsylvania Avenue, NW
Suite 500

City State Zip Code
Washington DC 20037

FEC ID number of contributing federal political committee. C

Name of Employer The Duberstein Occupation
Vice President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: C17964151

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 82
	<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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Cheryl Cronin		Date of Receipt
	Mailing Address 419 Beacon Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Boston	MA	02115
	FEC ID number of contributing federal political committee.		Transaction ID: C17968380
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer Cronin Law		Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) A. David Davis		Date of Receipt
	Mailing Address 7755 Montgomery Road Suite 400		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Cincinnati	OH	45236
	FEC ID number of contributing federal political committee.		Transaction ID: C17964134
		Amount of Each Receipt this Period	
		<input type="text"/> 2000.00	
Name of Employer Access Financial		Occupation President and CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Jared Davis		Date of Receipt
	Mailing Address 5155 Financial Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Mason	OH	45040-7447
	FEC ID number of contributing federal political committee.		Transaction ID: C17964135
		Amount of Each Receipt this Period	
		<input type="text"/> 2000.00	
Name of Employer CNG		Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
Omar Franco

Mailing Address 12823 Dogwood Hills Lane

City State Zip Code
Fairfax VA 22033

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Petruzzo Strategic Group Principal

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	9

Transaction ID: C17968580

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)
Carol Fulp

Mailing Address 54 Commonwealth Avenue

City State Zip Code
Boston MA 02116

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
John Hancock Financial Services Vice President

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

Date of Receipt

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

Transaction ID: C17968573

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)
William Allan Jones, III

Mailing Address 450 Anatole Lane NW

City State Zip Code
Cleveland TN 37312

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
JONES MANAGEMENT GROUP Owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: C17959610

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) 3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
Woody Kaplan

Mailing Address 2 Commonwealth Avenue

City State Zip Code
Boston MA 02116

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Kaplan Group Provocateur

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C17968377

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)
Philip Leitman

Mailing Address 8791 SW 64 Court

City State Zip Code
Pinecrest FL 33143

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: C17964185

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)
Patricia Lorsch

Mailing Address 108 Washington Avenue

City State Zip Code
Cambridge MA 02140

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
self writer

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

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

Transaction ID: C17968575

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 82
	<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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Lane Luskey	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 1808 Connecticut Avenue, NW Apt. 502	Transaction ID: C17964191
	City State Zip Code	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 The Loeffler Group	Occupation Attorney	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Gwen Mellor	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 555 13th Street, NW 8TH Floor	Transaction ID: C17968319
	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 Hogan & Hartson	Occupation Counsel	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Scott Parven	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 8817 Sleepy Hollow Ln	Transaction ID: C17968859
	City State Zip Code Potomac MD 20854	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 PPS Inc	Occupation Attorney	
Receipt For: 2010 <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)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 82
(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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
Kathleen Pasquina

Mailing Address 211 River Road

City State Zip Code
West Newbury MA 01985

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

Name of Employer n/a Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C17968577

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

B.

Full Name (Last, First, Middle Initial)
Courtney Pendergrass

Mailing Address 188 Mapleton Ridge Drive

City State Zip Code
Cleveland TN 37312

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2000.00

Transaction ID: C17964129

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

C.

Full Name (Last, First, Middle Initial)
Paul Pezzella

Mailing Address 197 Commonwealth Ave Apt. 6

City State Zip Code
Boston MA 02116

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

Name of Employer ADS Ventures Inc. Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C17968558

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 82
(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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
Mary Jane Powell

Mailing Address 31 Cheever Circle

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
retired Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
250.00

Transaction ID: C17968579

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

B.

Full Name (Last, First, Middle Initial)
Sharon J. Ringley

Mailing Address 9002 Ewing Drive

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
Ringley Policy Group Lobbyist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
1000.00

Transaction ID: C17968860

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

C.

Full Name (Last, First, Middle Initial)
Sidney Topol

Mailing Address 33 Commonwealth Ave

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
The Topol Group LLC President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
750.00

Transaction ID: C17940586

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 82
(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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
Lindsay Webster

Mailing Address 184 Mills Ave

City State Zip Code
Spartanburg SC 29302-1940

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

Name of Employer Housewife Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2009

Transaction ID: C17964138

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)
William Webster

Mailing Address 184 Mills Ave

City State Zip Code
Spartanburg SC 29302-1940

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

Name of Employer Self Employed Occupation Investor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 25 / 2009

Transaction ID: C17964137

Amount of Each Receipt this Period
2000.00

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

C.

Full Name (Last, First, Middle Initial)
Jeffrey Weiss

Mailing Address 260 Radnor Chester Rd

City State Zip Code
Villanova PA 19085-1306

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

Name of Employer Dollar Financial Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2009

Transaction ID: C17964187

Amount of Each Receipt this Period
2400.00

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

SUBTOTAL of Receipts This Page (optional) ► **6400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 82
	<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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Jeffrey Weiss	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 260 Radnor Chester Rd	Transaction ID: C17964189
	City Villanova State PA Zip Code 19085-1306	Amount of Each Receipt this Period 600.00
	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 Dollar Financial Occupation Executive Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 3000.00	

B.	Full Name (Last, First, Middle Initial) Barbara Weniger	Date of Receipt MM / DD / YYYY 02 / 20 / 2009
	Mailing Address 57 Spring Street	Transaction ID: C17968570
	City Arlington State MA Zip Code 02476	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 Lakota Bakery Occupation Owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Wiley Rein LLP	Date of Receipt MM / DD / YYYY 02 / 18 / 2009
	Mailing Address 1776 K St NW	Transaction ID: C17964146
	City Washington State DC Zip Code 20006-2304	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 Receipt For: 2010 <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)	1350.00
TOTAL This Period (last page this line number only)	25250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 41.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	9

Transaction ID: C17901358

Amount of Each Receipt this Period
7.56

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

* In-Kind: Fundraising services

B. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 41.26

Date of Receipt

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

Transaction ID: C17943047

Amount of Each Receipt this Period
11.78

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

* In-Kind: Phone calls, blast faxing copying costs

C. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 41.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: C17968653

Amount of Each Receipt this Period
21.92

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

* In-Kind: Fundraising services

SUBTOTAL of Receipts This Page (optional) ▶ **41.26**

TOTAL This Period (last page this line number only) ▶ **41.26**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 82
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)

Mailing Address 4301 Wilson Boulevard

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: C17968308

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)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION

Mailing Address 1050 31st Street N.W.

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: C17964181

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)
AMERICAN DIETETIC ASSOCIATION POLITICAL ACTION COM

Mailing Address 1120 CONNECTICUT AVENUE SUITE 480

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 03 / 26 / 2009
Transaction ID: C17968315

Amount of Each Receipt this Period: 5000.00

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

SUBTOTAL of Receipts This Page (optional) ► 9000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 82
(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)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN NURSES' ASSOCIATION PAC (ANA-PAC) (FKA N-
Mailing Address 600 MARYLAND AVENUE SW SUITE 100W

City State Zip Code
WASHINGTON DC 20024

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2009

Transaction ID: C17964148

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 OCCUPATIONAL THERAPY ASSOCIATION INC POLI
Mailing Address 4720 MONTGOMERY LANE
PO BOX 31220

City State Zip Code
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C** C00089086

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2009

Transaction ID: C17959605

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)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL AC
Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2009

Transaction ID: C17968702

Amount of Each Receipt this Period
1500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
American Veterinary Medical Association

Mailing Address 1910 SUNDERLAND PLACE NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2009
Transaction ID: C17964155
 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)
AT&T CORP POLITICAL ACTION COMMITTEE (AT&T PAC)

Mailing Address 295 NORTH MAPLE AVENUE

City BASKING RIDGE State NJ Zip Code 07920

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 13 / 2009
Transaction ID: C17968310
 Amount of Each Receipt this Period 2000.00

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

C. Full Name (Last, First, Middle Initial)
CASH AMERICA INTERNATIONAL INC. POLITICAL ACTION C

Mailing Address 1600 W. 7th Street

City Fort Worth State TX Zip Code 76102

FEC ID number of contributing federal political committee. **C** C00275529

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 02 / 20 / 2009
Transaction ID: C17959603
 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) ► 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 82
(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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
CFSA PAC

Mailing Address 515 King Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00432534

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: C17959601

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)
CHICAGO BOARD OF OPTIONS EXCHANGE INC PAC

Mailing Address 400 S. LaSalle Street

City State Zip Code
Chicago IL 60605

FEC ID number of contributing federal political committee. **C** C00100693

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: C17968304

Amount of Each Receipt this Period
2000.00

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

C.

Full Name (Last, First, Middle Initial)
CISCO SYSTEMS INC FEDERAL PAC AKA CISCO SYSTEMS E-

Mailing Address 20 Park Road Suite E

City State Zip Code
Burlingame CA 94010

FEC ID number of contributing federal political committee. **C** C00362707

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2009

Transaction ID: C17964143

Amount of Each Receipt this Period
2500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 82

(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)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA

Mailing Address 601 Pennsylvania Avenue NW
South Building Suite 600

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C17964178

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)
CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA P)

Mailing Address 2111 WILSON BOULEVARD 8TH FLOOR

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00432393

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C17964152

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)
DARDEN RESTAURANTS INC. EMPLOYEES GOOD GOVERNMENT

Mailing Address 5900 Lake Ellenor Drive

City Orlando State FL Zip Code 32809

FEC ID number of contributing federal political committee. **C** C00108282

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY
03 / 17 / 2009

Transaction ID: C17964153

Amount of Each Receipt this Period: 2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

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

Mailing Address 21250 Hawthorne Blvd.
Suite 800

City Torrance State CA Zip Code 90503

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3650.00

Date of Receipt: MM / DD / YYYY
03 / 17 / 2009

Transaction ID: C17968894

Amount of Each Receipt this Period: 650.00

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

* In-Kind: Fundrasing expenses

B. Full Name (Last, First, Middle Initial)
Davita Inc.

Mailing Address 21250 Hawthorne Blvd.
Suite 800

City Torrance State CA Zip Code 90503

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3650.00

Date of Receipt: MM / DD / YYYY
03 / 23 / 2009

Transaction ID: C17959604

Amount of Each Receipt this Period: 3000.00

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

C. Full Name (Last, First, Middle Initial)
DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITT

Mailing Address P.O. Box 365

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 01 / 2009

Transaction ID: C17964192

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) ► 4650.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
DIAGEO NORTH AMERICA INC. EMPLOYEES' POLITICAL PA

Mailing Address 801 MAIN AVENUE
PO BOX 778

City NORWALK State CT Zip Code 06851

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY
03 / 13 / 2009

Transaction ID: C17968701

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)
DISCUS

Mailing Address 1250 EYE ST., NW #400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 30 / 2009

Transaction ID: C17964132

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)
EBAY INC-COMMITTEE FOR RESPONSIBLE INTERNET COMMER

Mailing Address 228 S. Washington St.
Ste. 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00342394

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
02 / 05 / 2009

Transaction ID: C17964145

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 1301 Pennsylvania Ave. NW
Suite 401

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2009
Transaction ID: C17964154
 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)
FPL PAC FLORIDA POWER & LIGHT CO EMPLOYEES POLITIC

Mailing Address 700 Universe Blvd.
P.O. BOX 14000

City Juno Beach State FL Zip Code 33408

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 01 / 15 / 2009
Transaction ID: C17964144
 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)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION

Mailing Address 2941 Fairview Park Dr.
Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2009
Transaction ID: C17964147
 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) ► 7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
GOOGLE NET PAC

Mailing Address 1101 New York Avenue, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00428623

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 10 / 2009

Transaction ID: C17968700

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)
Hogan & Hartson PAC

Mailing Address 555 THIRTEENTH STREET NW 8TH FL WEST TOWER

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00261339

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 13 / 2009

Transaction ID: C17968318

Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTEREST

Mailing Address 1750 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY
03 / 24 / 2009

Transaction ID: C17964186

Amount of Each Receipt this Period: 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 82

(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)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IN SP B

Mailing Address 753 STATE AVENUE SUITE 565

City State Zip Code
KANSAS CITY KS 66101

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: C17964157

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)
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36th Way
Box 97017

City State Zip Code
Redmond WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: C17964141

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
MOTOROLA INC. POLITICAL ACTION COMMITTEE

Mailing Address 1350 I Street N.W. Suite 400

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00075341

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: C17964142

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION)
Mailing Address 8 HERBERT STREET

City State Zip Code
ALEXANDRIA VA 22305

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 20 / 2009

Transaction ID: C17968316

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)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLIT
Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 16 / 2009

Transaction ID: C17968703

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)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLIT
Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2009

Transaction ID: C17968306

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 82

(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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLIT

Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 13 / 2009

Transaction ID: C17968307

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)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL AC

Mailing Address 1101 King Street Suite 600
Suite 600

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 13 / 2009

Transaction ID: C17964193

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)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 09 / 2009

Transaction ID: C17964156

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) ▶

7500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 82
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: C17964149

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)
oracle USA

Mailing Address 1015 15th St SE

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: C17964133

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)
PAC-INTERNATIONAL UNION OF OPERATING ENGINEERS, LO

Mailing Address 1425 NW 36TH STREET

City State Zip Code
MIAMI FL 33142

FEC ID number of contributing federal political committee. **C** C00133611

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: C17968885

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
PHRMA

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 23 / 2009
Transaction ID: C17964130
 Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
PHYSICAL THERAPY POLITICAL ACTION COMMITTEE

Mailing Address 1111 North Fairfax Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 24 / 2009
Transaction ID: C17959609
 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)
Physician Hospitals of America

Mailing Address 2600 South Minnesota Avenue
Suite 202

City Sioux Falls State SD Zip Code 57105

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2009
Transaction ID: C17968375
 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) ► 4300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
PRICewaterhouseCOOPERS POLITICAL ACTION COMMITTEE
 Mailing Address 1900 K STREET NW
 City State Zip Code
 WASHINGTON DC 20006
 FEC ID number of contributing federal political committee. **C** C00107235
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2009
Transaction ID: C17964150
 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)
QC HOLDINGS INC POLITICAL ACTION COMMITTEE
 Mailing Address 9401 INDIAN CREEK PARKWAY STE 1500
 City State Zip Code
 OVERLAND PARK KS 66210
 FEC ID number of contributing federal political committee. **C** C00411769
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 4000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 25 / 2009
Transaction ID: C17964179
 Amount of Each Receipt this Period
 4000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee
 Mailing Address 430 North Michigan Avenue
 City State Zip Code
 Chicago IL 60611
 FEC ID number of contributing federal political committee. **C** C00030718
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2009
Transaction ID: C17968313
 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) ► 6500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 82
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
SPRINT NEXTEL CORPORATION POLITICAL ACTION COMMITT

Mailing Address 900 7th Street
Suite 700

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009
Transaction ID: C17959606

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)
T-Mobile Political Action Committee

Mailing Address 401 9th STREET NW
SUITE 550

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00361758

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 03 / 13 / 2009
Transaction ID: C17968312

Amount of Each Receipt this Period 2500.00

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

C. Full Name (Last, First, Middle Initial)
TECO ENERGY INC EMPLOYEES' PAC

Mailing Address 702 N FRANKLIN STREET

City TAMPA State FL Zip Code 33602

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 24 / 2009
Transaction ID: C17959608

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) ► 5500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
UNIVERSAL MUSIC GROUP POLITICAL ACTION COMMITTEE

Mailing Address 2220 COLORADO AVENUE

City State Zip Code
SANTA MONICA CA 90404

FEC ID number of contributing federal political committee. **C** C00392464

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 09 / 2009

Transaction ID: C17964182

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)
VERISIGN INC. PAC

Mailing Address 1666 K Street NW #410

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00359240

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2009

Transaction ID: C17964140

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)
VERIZON COMMUNICATIONS INC POLITICAL ACTION COMMIT

Mailing Address 1300 I STREET NW SUITE 400 WEST

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00025163

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2009

Transaction ID: C17964195

Amount of Each Receipt this Period
2500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
WEXLER & WALKER PUBLIC POLICY ASSOC. POLITICAL ACT

Mailing Address 1317 F Street NW
Suite 600

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00248195

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2009

Transaction ID: C17959607

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)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLI

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2009

Transaction ID: C17968311

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

TOTAL This Period (last page this line number only) ► 97450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 33 / 82
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
Community Bank of Broward

Mailing Address 1504 Weston Rd

City State Zip Code
Weston FL 33326-3262

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2997.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 9

Transaction ID: C17938585

Amount of Each Receipt this Period
564.45

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

B.

Full Name (Last, First, Middle Initial)
Community Bank of Broward

Mailing Address 1504 Weston Rd

City State Zip Code
Weston FL 33326-3262

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2997.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: C17938584

Amount of Each Receipt this Period
448.91

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

C.

Full Name (Last, First, Middle Initial)
Community Bank of Broward

Mailing Address 1504 Weston Rd

City State Zip Code
Weston FL 33326-3262

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2997.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: C17951973

Amount of Each Receipt this Period
489.75

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

SUBTOTAL of Receipts This Page (optional) ► **1503.11**

TOTAL This Period (last page this line number only) ► **1503.11**

**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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) American Airlines Mailing Address PO Box 619616 City Dfw Airport State TX Zip Code 75261-9616 Purpose of Disbursement Fundraising exp. travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358415 Date of Disbursement 02 / 02 / 2009 Amount of Each Disbursement this Period 554.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit card discount Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D367714 Date of Disbursement 03 / 23 / 2009 Amount of Each Disbursement this Period 26.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Axis Coach LLC Mailing Address City Manchester State NH Zip Code 03101 Purpose of Disbursement Fundraising travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D366893 Date of Disbursement 02 / 24 / 2009 Amount of Each Disbursement this Period 1168.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1749.55

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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Baltimore Orioles	Transaction ID: D366565 Date of Disbursement 03 / 13 / 2009
	Mailing Address 1301 NW 55th St	Amount of Each Disbursement this Period 1000.00
	City Ft Lauderdale State FL Zip Code 33309-2840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Baltimore Orioles	Transaction ID: D366548 Date of Disbursement 03 / 20 / 2009
	Mailing Address 1301 NW 55th St	Amount of Each Disbursement this Period 100.00
	City Ft Lauderdale State FL Zip Code 33309-2840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising insurance exp Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Baltimore Orioles	Transaction ID: D358377 Date of Disbursement 01 / 21 / 2009
	Mailing Address 1301 NW 55th St	Amount of Each Disbursement this Period 250.00
	City Ft Lauderdale State FL Zip Code 33309-2840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising exp, rental event site Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1350.00
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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
Bank of America US Air

Transaction ID: D358379
Date of Disbursement

Mailing Address PO Box 1516

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

City Newark State NJ Zip Code 07101-1516

Amount of Each Disbursement this Period

1608.87

Purpose of Disbursement
Fundraising expense

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Bank of America US Air

Transaction ID: D358627
Date of Disbursement

Mailing Address PO Box 1516

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

City Newark State NJ Zip Code 07101-1516

Amount of Each Disbursement this Period

8336.27

Purpose of Disbursement
Campaign expenses

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Bank of America US Air

Transaction ID: D366555
Date of Disbursement

Mailing Address PO Box 1516

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

City Newark State NJ Zip Code 07101-1516

Amount of Each Disbursement this Period

6218.36

Purpose of Disbursement
Campaign expenses

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

16163.50

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
BLT Steak

Mailing Address 1625 Eye St

City Washington State DC Zip Code 20005

Purpose of Disbursement
Meal

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D367709
Date of Disbursement

03 / 23 / 2009

Amount of Each Disbursement this Period

364.00

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

B.

Full Name (Last, First, Middle Initial)
Broward County Democratic Executive Committee

Mailing Address 1824 N University Dr

City Plantation State FL Zip Code 33322-4114

Purpose of Disbursement
Table sponsor

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358390
Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)
BTS Strategies Inc.

Mailing Address 11800 SW 80th RD

City Miami State FL Zip Code 33156

Purpose of Disbursement
Fundraising consulting expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358392
Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

3000.00

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

SUBTOTAL of Disbursements This Page (optional)

5864.00

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)
Wasserman-Schultz for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BTS Strategies Inc.</p> <p>Mailing Address 11800 SW 80th RD</p> <p>City Miami State FL Zip Code 33156</p> <p>Purpose of Disbursement Fundraising consulting expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358372</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BTS Strategies Inc.</p> <p>Mailing Address 11800 SW 80th RD</p> <p>City Miami State FL Zip Code 33156</p> <p>Purpose of Disbursement Fundraising consulting expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D366543</p> <p>Date of Disbursement 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Catering</p> <p>Mailing Address 2316 Jefferson Davis Highway</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358400</p> <p>Date of Disbursement 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	8000.00
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)
Wasserman-Schultz for Congress

<p>A. Full Name (Last, First, Middle Initial) Capitol Catering</p> <p>Mailing Address 2316 Jefferson Davis Highway</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358407</p> <p>Date of Disbursement 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 10169.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Card Service International Inc.</p> <p>Mailing Address 450 N Sam Houston Pkwy E Ste 273</p> <p>City Houston State TX Zip Code 77060-3520</p> <p>Purpose of Disbursement Credit card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358423</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 35.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Card Service International Inc.</p> <p>Mailing Address 450 N Sam Houston Pkwy E Ste 273</p> <p>City Houston State TX Zip Code 77060-3520</p> <p>Purpose of Disbursement Credit card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358396</p> <p>Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 35.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10239.37

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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Card Service International Inc.	Transaction ID: D365389 Date of Disbursement 03 / 05 / 2009
	Mailing Address 450 N Sam Houston Pkwy E Ste 273	Amount of Each Disbursement this Period 35.00
	City Houston State TX Zip Code 77060-3520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card processing fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Card Service International Inc.	Transaction ID: D365390 Date of Disbursement 03 / 06 / 2009
	Mailing Address 450 N Sam Houston Pkwy E Ste 273	Amount of Each Disbursement this Period 12.80
	City Houston State TX Zip Code 77060-3520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card discount Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Card Service International Inc.	Transaction ID: D367718 Date of Disbursement 03 / 23 / 2009
	Mailing Address 450 N Sam Houston Pkwy E Ste 273	Amount of Each Disbursement this Period 43.93
	City Houston State TX Zip Code 77060-3520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card discount Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	91.73
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)
Wasserman-Schultz for Congress

<p>A. Full Name (Last, First, Middle Initial) Card Service International Inc.</p> <p>Mailing Address 450 N Sam Houston Pkwy E Ste 273</p> <p>City Houston State TX Zip Code 77060-3520</p> <p>Purpose of Disbursement Credit card discount</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367719 Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 22.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) CDW Direct</p> <p>Mailing Address 200 North Milwaukee Ave</p> <p>City Vernon Hills State IL Zip Code 60061</p> <p>Purpose of Disbursement Computer equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367877 Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 993.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Centolire</p> <p>Mailing Address 1167 Madison Ave</p> <p>City New York State NY Zip Code 10028</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367711 Date of Disbursement 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 269.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

1285.85

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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Cingular Wireless	Transaction ID: D367685 Date of Disbursement 03 / 30 / 2009
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 105.81
	City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cingular Wireless	Transaction ID: D358381 Date of Disbursement 02 / 01 / 2009
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 105.81
	City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cingular Wireless	Transaction ID: D365042 Date of Disbursement 02 / 25 / 2009
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 105.81
	City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	317.43
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 43 / 82

<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)
Wasserman-Schultz for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Community Bank of Broward</p> <p>Mailing Address 1504 Weston Rd</p> <p>City Weston State FL Zip Code 33326-3262</p> <p>Purpose of Disbursement Payroll tax deposit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358629</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1923.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Community Bank of Broward</p> <p>Mailing Address 1504 Weston Rd</p> <p>City Weston State FL Zip Code 33326-3262</p> <p>Purpose of Disbursement Payroll tax deposit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358406</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 5965.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Community Bank of Broward</p> <p>Mailing Address 1504 Weston Rd</p> <p>City Weston State FL Zip Code 33326-3262</p> <p>Purpose of Disbursement federal income tax deposit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D366556</p> <p>Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1624.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9512.00

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)
Wasserman-Schultz for Congress

<p>A. Full Name (Last, First, Middle Initial) Community Bank of Broward</p> <p>Mailing Address 1504 Weston Rd</p> <p>City Weston State FL Zip Code 33326-3262</p> <p>Purpose of Disbursement Payroll tax deposit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D366561 Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1923.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Cooper City Optimist</p> <p>Mailing Address 10500 Stirling Rd</p> <p>City Hollywood State FL Zip Code 33026</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358393 Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Davita Inc.</p> <p>Mailing Address 21250 Hawthorne Blvd. Suite 800</p> <p>City Torrance State CA Zip Code 90503</p> <p>Purpose of Disbursement Fundraising expenses</p> <p>Candidate Name Davita Inc.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D368880 Date of Disbursement 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>

SUBTOTAL of Disbursements This Page (optional)	2923.00
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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
Dell Catalog Sales

Mailing Address One Dell Way

City Round Rock State TX Zip Code 78682

Purpose of Disbursement
Computer equipment

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D366549
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

2022.47

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

B.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address 1001 International Blvd

City Atlanta State GA Zip Code 30354-1802

Purpose of Disbursement
Travel service fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358395
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	9

Amount of Each Disbursement this Period

15.00

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

C.

Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising services

Candidate Name
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358363
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

Amount of Each Disbursement this Period

7.56

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

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

2045.03

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: D365727
	Mailing Address 430 South Capitol Street SE 2nd Floor	Date of Disbursement MM / DD / YYYY 02 / 28 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 11.78
	Purpose of Disbursement Phone calls, blast faxing copying costs	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* In-Kind Received
	State: District:	

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: D368659
	Mailing Address 430 South Capitol Street SE 2nd Floor	Date of Disbursement MM / DD / YYYY 03 / 31 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 21.92
	Purpose of Disbursement Fundraising services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* In-Kind Received
	State: District:	

C.	Full Name (Last, First, Middle Initial) Eden Florist	Transaction ID: D366568
	Mailing Address 7100 Pembroke Rd	Date of Disbursement MM / DD / YYYY 03 / 17 / 2009
	City Miramar State FL Zip Code 33023-2690	Amount of Each Disbursement this Period 122.91
	Purpose of Disbursement Fundraising thank you gift	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	156.61
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Eden Florist <hr/> Mailing Address 7100 Pembroke Rd <hr/> City Miramar State FL Zip Code 33023-2690 <hr/> Purpose of Disbursement Get Well gift <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D358413 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 70.91 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Florida department of Revenue <hr/> Mailing Address 5050 W Tennessee St <hr/> City Tallahassee State FL Zip Code 32399-6585 <hr/> Purpose of Disbursement Fl. Income tax on interest income <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D365044 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 320.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Georgia Browns <hr/> Mailing Address 950 15th ST NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Meal <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D365049 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	640.91
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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Hewlett Packard <hr/> Mailing Address 3000 Hanover St <hr/> City Palo Alto State CA Zip Code 94304 <hr/> Purpose of Disbursement Computer equipment <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D366571 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 635.99 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Independent Cab <hr/> Mailing Address <hr/> City Arlington State VA Zip Code 22202 <hr/> Purpose of Disbursement Local transportation <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D366889 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 166.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Independent Cab <hr/> Mailing Address <hr/> City Arlington State VA Zip Code 22202 <hr/> Purpose of Disbursement Local transportation <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D366891 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 20.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	821.99
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Independent Cab Mailing Address City: Arlington State: VA Zip Code: 22202 Purpose of Disbursement: Local transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D366892 Date of Disbursement 02 / 17 / 2009 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Irish Rover LLC Mailing Address: 446 New Jersey Ave SE City: Washington State: DC Zip Code: 20003 Purpose of Disbursement: Event catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D366572 Date of Disbursement 03 / 09 / 2009 Amount of Each Disbursement this Period 720.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Irish Rover LLC Mailing Address: 446 New Jersey Ave SE City: Washington State: DC Zip Code: 20003 Purpose of Disbursement: Room Rental for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358634 Date of Disbursement 02 / 12 / 2009 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	895.00
TOTAL This Period (last page this line number only) ▶	(Empty box for total)

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)
Wasserman-Schultz for Congress

<p>A. Full Name (Last, First, Middle Initial) Jet Blue</p> <p>Mailing Address 19 Old Kings Highway South</p> <p>City Darien State CT Zip Code 06820</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D366557</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 318.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Jewish Fedration of Broward County</p> <p>Mailing Address 5890 S Pine Island Rd</p> <p>City Davie State FL Zip Code 33328-5933</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D367687</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) John Paul Custom Cuisine</p> <p>Mailing Address 901 E Canino Real # 8A</p> <p>City Boca Raton State FL Zip Code 33432</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D366542</p> <p>Date of Disbursement 03 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 532.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2851.10

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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Kingsmill Resort	Transaction ID: D358426 Date of Disbursement 02 / 09 / 2009
	Mailing Address 1010 Kingsmill Rd	Amount of Each Disbursement this Period 1770.00
	City Williamsburg State VA Zip Code 23185-5576	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Lodging Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kingsmill Resort	Transaction ID: D358427 Date of Disbursement 02 / 09 / 2009
	Mailing Address 1010 Kingsmill Rd	Amount of Each Disbursement this Period 338.66
	City Williamsburg State VA Zip Code 23185-5576	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event catering Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mezzaluna Reataurant	Transaction ID: D358633 Date of Disbursement 02 / 12 / 2009
	Mailing Address 1140 19th Ave Suite 110	Amount of Each Disbursement this Period 1140.00
	City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Catering Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3248.66
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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
New River Grove

Mailing Address 5660 Griffin Rd

City State Zip Code
Davie FL 33314-4537

Purpose of Disbursement
Gifts

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358417

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

400.00

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

B.

Full Name (Last, First, Middle Initial)
NGP Software Inc.

Mailing Address 1225 Eye St NW
Suite 225

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Campaign reporting software

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358373

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)
Jason O'Malley

Mailing Address 752 Marietta Ave

City State Zip Code
Lancaster PA 17603-3438

Purpose of Disbursement
Payroll campaign aide

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358368

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

2001.60

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

SUBTOTAL of Disbursements This Page (optional)

3901.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Jason O'Malley	Transaction ID: D358369 Date of Disbursement 01 / 30 / 2009
	Mailing Address 752 Marietta Ave	Amount of Each Disbursement this Period 2001.60
	City Lancaster State PA Zip Code 17603-3438	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll campaign aide Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Jason O'Malley	Transaction ID: D358370 Date of Disbursement 01 / 07 / 2009
	Mailing Address 752 Marietta Ave	Amount of Each Disbursement this Period 435.00
	City Lancaster State PA Zip Code 17603-3438	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimburse health insurance Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Jason O'Malley	Transaction ID: D358375 Date of Disbursement 01 / 21 / 2009
	Mailing Address 752 Marietta Ave	Amount of Each Disbursement this Period 215.00
	City Lancaster State PA Zip Code 17603-3438	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimburse cell phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2651.60

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Jason O'Malley Mailing Address 752 Marietta Ave City Lancaster State PA Zip Code 17603-3438 Purpose of Disbursement Reimburse cell phone Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: D358387 Date of Disbursement 02 / 09 / 2009 Amount of Each Disbursement this Period 215.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Jason O'Malley Mailing Address 752 Marietta Ave City Lancaster State PA Zip Code 17603-3438 Purpose of Disbursement Fundraising exp. meal Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: D358388 Date of Disbursement 02 / 09 / 2009 Amount of Each Disbursement this Period 171.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Jason O'Malley Mailing Address 752 Marietta Ave City Lancaster State PA Zip Code 17603-3438 Purpose of Disbursement Payroll campaign aide Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: D358383 Date of Disbursement 02 / 13 / 2009 Amount of Each Disbursement this Period 2001.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2388.07
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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
Jason O'Malley

Mailing Address 752 Marietta Ave

City Lancaster State PA Zip Code 17603-3438

Purpose of Disbursement
Payroll campaign aide
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D358384
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	9	

Amount of Each Disbursement this Period

2001.60

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

B.

Full Name (Last, First, Middle Initial)
Jason O'Malley

Mailing Address 752 Marietta Ave

City Lancaster State PA Zip Code 17603-3438

Purpose of Disbursement
Reimburse health insurance
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D358385
Date of Disbursement

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

Amount of Each Disbursement this Period

435.00

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

C.

Full Name (Last, First, Middle Initial)
Jason O'Malley

Mailing Address 752 Marietta Ave

City Lancaster State PA Zip Code 17603-3438

Purpose of Disbursement
Reimburse health insurance
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D366544
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	9	

Amount of Each Disbursement this Period

435.00

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

SUBTOTAL of Disbursements This Page (optional)

2871.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Jason O'Malley Mailing Address 752 Marietta Ave City Lancaster State PA Zip Code 17603-3438 Purpose of Disbursement Payroll campaign aide Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D366546 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 2001.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Jason O'Malley Mailing Address 752 Marietta Ave City Lancaster State PA Zip Code 17603-3438 Purpose of Disbursement Payroll campaign aide Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D366547 Date of Disbursement 03 / 30 / 2009 Amount of Each Disbursement this Period 2001.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Jason O'Malley Mailing Address 752 Marietta Ave City Lancaster State PA Zip Code 17603-3438 Purpose of Disbursement Reimburse cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D366553 Date of Disbursement 03 / 17 / 2009 Amount of Each Disbursement this Period 220.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4223.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial) Pennsylvania Dep't of Revenue <hr/> Mailing Address 28903 Dep'T <hr/> City Harrisburg State PA Zip Code 17128-0001 Purpose of Disbursement Payroll tax deposit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D366562 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 173.97
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
B. Full Name (Last, First, Middle Initial) Pennsylvania Dep't of Revenue <hr/> Mailing Address 28903 Dep'T <hr/> City Harrisburg State PA Zip Code 17128-0001 Purpose of Disbursement Payroll tax deposit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358428 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 480.97
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
C. Full Name (Last, First, Middle Initial) Pennsylvania Dep't of Revenue <hr/> Mailing Address 28903 Dep'T <hr/> City Harrisburg State PA Zip Code 17128-0001 Purpose of Disbursement Payroll tax deposit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358630 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 173.97
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	828.91
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)
Wasserman-Schultz for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Prime 112</p> <p>Mailing Address 1120 Ocean Dr</p> <p>City Miami Beach State FL Zip Code 33139</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367715 Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 501.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Publix</p> <p>Mailing Address 1601 Promenade Blvd</p> <p>City Weston State FL Zip Code 33326-3652</p> <p>Purpose of Disbursement Event catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D366569 Date of Disbursement 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 107.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Restaurant Associates US Capitol Visitors center</p> <p>Mailing Address US Capitol Visitor Center</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Event catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358398 Date of Disbursement 01 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 214.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	824.31
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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Riggins Crab House	Transaction ID: D358632 Date of Disbursement 02 / 12 / 2009
	Mailing Address 607 Ridge Rd	Amount of Each Disbursement this Period 1500.00
	City Lantana State FL Zip Code 33462	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Food and Beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Riggins Crab House	Transaction ID: D366551 Date of Disbursement 03 / 17 / 2009
	Mailing Address 607 Ridge Rd	Amount of Each Disbursement this Period 1600.00
	City Lantana State FL Zip Code 33462	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising food and beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rosa Mexicano	Transaction ID: D365050 Date of Disbursement 02 / 17 / 2009
	Mailing Address 575 7th St NW	Amount of Each Disbursement this Period 250.00
	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 Meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3350.00
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)
Wasserman-Schultz for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Singh's Taxi and Limousine Service</p> <p>Mailing Address 49 Q St SW</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Local transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358425</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 36.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Singh's Taxi and Limousine Service</p> <p>Mailing Address 49 Q St SW</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Local transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358418</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 98.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Singh's Taxi and Limousine Service</p> <p>Mailing Address 49 Q St SW</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Local Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358420</p> <p>Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	159.00
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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Singh's Taxi and Limousine Service Mailing Address 49 Q St SW City Washington State DC Zip Code 20003 Purpose of Disbursement Local transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358409 Date of Disbursement 01 / 23 / 2009 Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Singh's Taxi and Limousine Service Mailing Address 49 Q St SW City Washington State DC Zip Code 20003 Purpose of Disbursement Local transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358410 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Singh's Taxi and Limousine Service Mailing Address 49 Q St SW City Washington State DC Zip Code 20003 Purpose of Disbursement Local Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358403 Date of Disbursement 01 / 12 / 2009 Amount of Each Disbursement this Period 130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
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)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
Singh's Taxi and Limousine Service

Mailing Address 49 Q St SW

City Washington State DC Zip Code 20003

Purpose of Disbursement

local transportation

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: D358404

Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

296.00

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

B. Full Name (Last, First, Middle Initial)
The Faith and Politics Institute

Mailing Address 110 Maryland Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement

Conference expense travel and Lodging

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: D358411

Date of Disbursement

01 / 28 / 2009

Amount of Each Disbursement this Period

1200.00

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

C. Full Name (Last, First, Middle Initial)
The Faith and Politics Institute

Mailing Address 110 Maryland Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement

Conference expense travel and lodging

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: D358424

Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

1200.00

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

SUBTOTAL of Disbursements This Page (optional)

2696.00

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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) U Store It Mailing Address 13290 State Rd. 84 City Davie State FL Zip Code 33325 Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D365040 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 178.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) U Store It Mailing Address 13290 State Rd. 84 City Davie State FL Zip Code 33325 Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358374 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 9 Amount of Each Disbursement this Period 178.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) U Store It Mailing Address 13290 State Rd. 84 City Davie State FL Zip Code 33325 Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D366550 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 9 Amount of Each Disbursement this Period 178.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	534.06
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)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
United Limousine Executive Sedan LLC

Mailing Address 13308 Darton Wood

City Bristow State VA Zip Code 20136

Purpose of Disbursement
Transportation costs

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D368879

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

5722.00

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

B. Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 650580

City Dallas State TX Zip Code 75265-0580

Purpose of Disbursement
delivery

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D367686

Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

21.78

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

C. Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 650580

City Dallas State TX Zip Code 75265-0580

Purpose of Disbursement
Delivery

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358378

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

27.14

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

SUBTOTAL of Disbursements This Page (optional)

5770.92

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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: D358380 Date of Disbursement 02 / 01 / 2009
	Mailing Address PO Box 650580	Amount of Each Disbursement this Period 93.76
	City Dallas State TX Zip Code 75265-0580	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: D358391 Date of Disbursement 02 / 09 / 2009
	Mailing Address PO Box 650580	Amount of Each Disbursement this Period 75.25
	City Dallas State TX Zip Code 75265-0580	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: D365041 Date of Disbursement 02 / 25 / 2009
	Mailing Address PO Box 650580	Amount of Each Disbursement this Period 22.99
	City Dallas State TX Zip Code 75265-0580	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	192.00
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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
US Air

Transaction ID: D365051

Date of Disbursement

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

Mailing Address PO Box 1501

Amount of Each Disbursement this Period

1296.80

City Winston Salem State NC Zip Code 27102-1501

Purpose of Disbursement
Travel

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
US Air

Transaction ID: D358422

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	9

Mailing Address PO Box 1501

Amount of Each Disbursement this Period

303.20

City Winston Salem State NC Zip Code 27102-1501

Purpose of Disbursement
Travel

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
US Air

Transaction ID: D358414

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Mailing Address PO Box 1501

Amount of Each Disbursement this Period

612.60

City Winston Salem State NC Zip Code 27102-1501

Purpose of Disbursement
Travel

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2212.60

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) US Air Mailing Address PO Box 1501 City Winston Salem State NC Zip Code 27102-1501 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358416 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9 Amount of Each Disbursement this Period 142.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) US Air Mailing Address PO Box 1501 City Winston Salem State NC Zip Code 27102-1501 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358394 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9 Amount of Each Disbursement this Period 658.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) US Air Mailing Address PO Box 1501 City Winston Salem State NC Zip Code 27102-1501 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D367717 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9 Amount of Each Disbursement this Period 353.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1154.30

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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) US Air Mailing Address PO Box 1501 City Winston Salem State NC Zip Code 27102-1501 Purpose of Disbursement Fundraising travel exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D366566 Date of Disbursement 03 / 16 / 2009 Amount of Each Disbursement this Period 169.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Virgin America Inc. Mailing Address 555 Airport Blvd City Burlingame State CA Zip Code 94010 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D365047 Date of Disbursement 02 / 02 / 2009 Amount of Each Disbursement this Period 279.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Virgin America Inc. Mailing Address 555 Airport Blvd City Burlingame State CA Zip Code 94010 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D358628 Date of Disbursement 02 / 09 / 2009 Amount of Each Disbursement this Period 585.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1033.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

<p>A. Full Name (Last, First, Middle Initial) Well Dunn Catering Inc.</p> <p>Mailing Address 510 11th St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D365046 Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 3421.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) WhitesandWebworks</p> <p>Mailing Address 2202 N West Shore Blvd Ste 450</p> <p>City Tampa State FL Zip Code 33607-5756</p> <p>Purpose of Disbursement Web Hosting and cert. renewal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D365043 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1159.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) WhitesandWebworks</p> <p>Mailing Address 2202 N West Shore Blvd Ste 450</p> <p>City Tampa State FL Zip Code 33607-5756</p> <p>Purpose of Disbursement Web hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D358382 Date of Disbursement 02 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5580.00

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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) WhitesandWebworks	Transaction ID: D367684 Date of Disbursement 03 / 30 / 2009
	Mailing Address 2202 N West Shore Blvd Ste 450	Amount of Each Disbursement this Period 1000.00
	City Tampa State FL Zip Code 33607-5756	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Hosting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Highmark Blue Shield	Transaction ID: D358371 Date of Disbursement 01 / 07 / 2009
	Mailing Address PO Box 890171	Amount of Each Disbursement this Period 435.00
	City Camp Hill State PA Zip Code 17089-0171	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Health insurance premium Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cingular Wireless	Transaction ID: D358376 Date of Disbursement 01 / 21 / 2009
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 215.00
	City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement cell phone charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
Highmark Blue Shield

Mailing Address PO Box 890171

City State Zip Code
Camp Hill PA 17089-0171

Purpose of Disbursement
Health insurance premium

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358386
Date of Disbursement

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

Amount of Each Disbursement this Period

435.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address PO Box 31488

City State Zip Code
Tampa FL 33631-3488

Purpose of Disbursement
Cell phone charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358389
Date of Disbursement

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

Amount of Each Disbursement this Period

215.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Highmark Blue Shield

Mailing Address PO Box 890171

City State Zip Code
Camp Hill PA 17089-0171

Purpose of Disbursement
Health Insurance premium

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D366545
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Amount of Each Disbursement this Period

435.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement
Cell phone charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D366554

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

220.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

109827.10

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

<p>A. Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address 14 KNIGHTSWOOD DRIVE</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367698</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Bright For Congress.Com</p> <p>Mailing Address P O Box 2106</p> <p>City Montgomery State AL Zip Code 36102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Bobby Bright</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367688</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS</p> <p>Mailing Address PO Box 38</p> <p>City Dimock State PA Zip Code 18816</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name CARNEY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367705</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Wasserman-Schultz for Congress

**A. Full Name (Last, First, Middle Initial)
KATHY DAHLKEMPER FOR CONGRESS**

Mailing Address 530 SEMINOLE DRIVE

City ERIE State PA Zip Code 16505

Purpose of Disbursement
Contribution

Candidate Name
Kathy Dahlkemper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 03

Transaction ID: D367706

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1000.00

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

**B. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Unlimited transfer

Candidate Name
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D367708

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

25000.00

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

**C. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Unlimited transfer

Candidate Name
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D358367

Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

50000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

76000.00

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 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)
Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)
DRIEHAUS FOR CONGRESS

Transaction ID: D367703
Date of Disbursement

Mailing Address 1018 BENZ AVENUE

03 / 31 / 2009

City CINCINNATI State OH Zip Code 45238

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Steve Driehaus

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

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: OH District: 01

B.

Full Name (Last, First, Middle Initial)
GRAYSON FOR CONGRESS AZ-06

Transaction ID: D367693
Date of Disbursement

Mailing Address 1093 W 14 AV

03 / 31 / 2009

City APACHE JUNCTION State AZ Zip Code 85220

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Alan Grayson

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

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: AZ District: 06

C.

Full Name (Last, First, Middle Initial)
GRIFFITH FOR CONGRESS

Transaction ID: D367689
Date of Disbursement

Mailing Address PO BOX 2916

03 / 31 / 2009

City Huntsville State AL Zip Code 35804

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Parker Griffith

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

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: AL District: 05

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)
Wasserman-Schultz for Congress

<p>A. Full Name (Last, First, Middle Initial) JOHN BOCCIERI FOR CONGRESS</p> <p>Mailing Address PO BOX 3016</p> <p>City ALLIANCE State OH Zip Code 44601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John Boccieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367702</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) KILROY FOR CONGRESS</p> <p>Mailing Address 929 Harrison Ave Ste 305</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MaryJo Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367704</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) KIRKPATRICK FOR ARIZONA</p> <p>Mailing Address PO Box 993</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Ann Kirkpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367690</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) Suzanne Kosmas <hr/> Mailing Address P O Box 1547 <hr/> City New Smyrna Beach State FL Zip Code 32170 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D367694 Date of Disbursement 03 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) LARRY KISELL FOR CONGRESS <hr/> Mailing Address 106 EAST MAIN STREET PO BOX 1530 <hr/> City BISCOE State NC Zip Code 27209 <hr/> Purpose of Disbursement Contribution Candidate Name LARRY KISELL <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 08	Transaction ID: D367697 Date of Disbursement 03 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) MARKEY FOR CONGRESS <hr/> Mailing Address PO Box 1333 <hr/> City Fort Collins State CO Zip Code 80521 <hr/> Purpose of Disbursement Contribution Candidate Name Betsy Markey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 04	Transaction ID: D367692 Date of Disbursement 03 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

<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)
Wasserman-Schultz for Congress

A.	Full Name (Last, First, Middle Initial) MARTIN HEINRICH	Transaction ID: D367699 Date of Disbursement 03 / 31 / 2009	
	Mailing Address 2118 CENTRAL AVENUE SE #71		
	City ALBUQUERQUE State NM Zip Code 87106 Purpose of Disbursement Contribution Candidate Name Martin Heinrich Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
B.	Full Name (Last, First, Middle Initial) MASSA FOR CONGRESS	Transaction ID: D367700 Date of Disbursement 03 / 31 / 2009	
	Mailing Address 59 EAST MARKET STREET SUITE 244		
	City CORNING State NY Zip Code 14830 Purpose of Disbursement Contribution Candidate Name MASSA FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
C.	Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS	Transaction ID: D367691 Date of Disbursement 03 / 31 / 2009	
	Mailing Address 5429 Madison Ave		
	City Sacramento State CA Zip Code 95841-3111 Purpose of Disbursement Contribution Candidate Name Jerry McNerney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wasserman-Schultz for Congress

<p>A. Full Name (Last, First, Middle Initial) McMahon for Congress</p> <p>Mailing Address 66 Arnold St</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mike McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367701</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS</p> <p>Mailing Address 7964 W Fairview Avenue</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Walt Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D367695</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) New York State Democratic Committee</p> <p>Mailing Address 461 Park Ave South</p> <p>City New York State NY Zip Code 10016</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name New York State Democratic Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D366552</p> <p>Date of Disbursement 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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 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)
Wasserman-Schultz for Congress

A. Full Name (Last, First, Middle Initial)
CIRO D. RODRIGUEZ FOR CONGRESS

Mailing Address PO Box 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement
Contribution

Candidate Name
Ciro D Rodriquez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 28

Transaction ID: D367707

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
Scott Murphy For Congress

Mailing Address 615 Glen St

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement
Contribution

Candidate Name
Scott Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 20

Special

Transaction ID: D358631

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C. Full Name (Last, First, Middle Initial)
Childers For Congress

Mailing Address P O Box 177

City Booneville State MS Zip Code 38829

Purpose of Disbursement
Contribution

Candidate Name
Travis Childers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MS District: 01

Transaction ID: D367696

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

Image# 29933495552

Form/Schedule: **SB17**

Transaction ID: **D358379**

Meals 976.70, Gas 50.00, Postage 84.00, cell phone 498.17

Form/Schedule: **SB17**

Transaction ID: **D358627**

Meals 469.66, Gas 58.76, Event catering 4302.25, parking 20.00, Inaugral tickets 3069.50, Travel 283.60, miscellaneous 132.50

Image# 29933495553

Form/Schedule: **SB17**

Transaction ID: **D366555**

Travel 3224.20, office supplies 65.71, meals, 770.10, auto rental 109.33, lodging 1700.03, Delivery 3.98, Parking 17.00, Gas 196.01, Postage 132.00
