

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
Kendrick Meek for Congress

ADDRESS (number and street) 111 NW 183rd Street
Suite 325
 Check if different than previously reported. (ACC)
Miami FL 33169

2. **FEC IDENTIFICATION NUMBER** C00379727
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
FL 17

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 11 04 2008 in the State of FL
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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

Signature of Treasurer Electronically Filed by Mr. Anthony Brunson Date 10 23 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Kendrick Meek for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	8100.00	1434915.34
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8100.00	1432815.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	50056.35	970033.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	320.31	12081.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49736.04	957951.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	455615.60	
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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Kendrick Meek for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

600.00

532082.92

(ii) Unitemized.....

0.00

5598.01

(iii) TOTAL of contributions

600.00

537680.93

from individuals..... ▶

0.00

107.68

(b) Political Party Committees.....

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

7500.00

897126.73

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

8100.00

1434915.34

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

320.31

12081.75

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

0.00

3277.08

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

8420.31

1450274.17

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50056.35	970033.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	200350.00
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	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2100.00
21. OTHER DISBURSEMENTS.....	3000.00	62950.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	53056.35	1235433.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	500251.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	8420.31
25. SUBTOTAL (add Line 23 and Line 24).....	508671.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53056.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	455615.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 25
	(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

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

NAME OF COMMITTEE (In Full)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial) Denis Smith		Date of Receipt MM / DD / YYYY 10 / 10 / 2008
Mailing Address 1308 Chatsworth		Transaction ID: C4041
City Colleyville	State TX	Zip Code 76034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BNSF	Occupation VP Ind. Production	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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) David Thomas		Date of Receipt MM / DD / YYYY 10 / 10 / 2008
Mailing Address 3354 Stuyvesant Pl. NW		Transaction ID: C4040
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mehlman Vogel Castagnetti	Occupation Principal	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25

(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)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
AGA TRADE ASSOCIATION INC PAC

Mailing Address 4720 Montgomery Lane
Suite 430

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00423228

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C4042

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 ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address 401 N. Lindbergh Blvd

City State Zip Code
St. Louis MO 63141

FEC ID number of contributing federal political committee. **C** C00293910

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: C4043

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)
AMERICAN SHIPPING GROUP MARINE RESOURCES GROUP

Mailing Address 32001 - 32ND AVE SOUTH SUITE 200

City State Zip Code
FEDERAL WAY WA 98001

FEC ID number of contributing federal political committee. **C** C00411694

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: C4032

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 7 / 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kendrick Meek for Congress

A. Full Name (Last, First, Middle Initial)
MARRIOTT INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 10400 Fernwood Road

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing federal political committee. **C** C00284810

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 9 / 2 0 0 8

Transaction ID: C4039

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 PAC

Mailing Address 1401 Eye Street, NW
Suite 500

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 6 / 2 0 0 8

Transaction ID: C4028

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)
Wyeth Good Government Fund

Mailing Address Five Giralda Farms

City State Zip Code
Madison NJ 07940

FEC ID number of contributing federal political committee. **C** C00115303

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 6 / 2 0 0 8

Transaction ID: C4027

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) ► 7500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
Embassy Suites Washington

Mailing Address 900 10th Street, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
454.57

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: C4070

Amount of Each Receipt this Period
239.31

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

SUBTOTAL of Receipts This Page (optional)	239.31
TOTAL This Period (last page this line number only)	239.31

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)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
Anita Minor

Mailing Address 5904 Woodland Dr.

City State Zip Code
Forest Heights MD 20745

Purpose of Disbursement
Campaign Event Catering Expense

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3177
Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

425.00

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

B.

Full Name (Last, First, Middle Initial)
AT & T Mobility

Mailing Address P. O. Box 538695

City State Zip Code
Atlanta GA 30353-8695

Purpose of Disbursement
Telephone Services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3134
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

580.43

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

C.

Full Name (Last, First, Middle Initial)
AT & T Mobility

Mailing Address P. O. Box 538695

City State Zip Code
Atlanta GA 30353-8695

Purpose of Disbursement
Telephone Services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3135
Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

71.06

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

SUBTOTAL of Disbursements This Page (optional)

1076.49

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)
Kendrick Meek for Congress

<p>A. Full Name (Last, First, Middle Initial) Authorize.net Gateway</p> <p>Mailing Address 915 South 500 East Suite 200</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement Internet Access Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D3153</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></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) Avis Rent-A-Car Corporation</p> <p>Mailing Address 4500 South 129 East Avenue</p> <p>City Tulsa State OK Zip Code 74169-9000</p> <p>Purpose of Disbursement Transportation Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D3167</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="83.13"/></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) Bistro Bis</p> <p>Mailing Address 15 E Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Campaign Breakfast Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D3150</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="88.98"/></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) ▶

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 11 / 25

<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)
Kendrick Meek for Congress

A.	Full Name (Last, First, Middle Initial) Reginald Bonhomme Mailing Address 341 NW 140 Street City Miami State FL Zip Code 33168 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3140 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) C. Forbes, Inc. Mailing Address 12830 W. Creek Parkway Suite J City Richmond State VA Zip Code 23238 Purpose of Disbursement Volunteer/Supporter Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3180 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	Amount of Each Disbursement this Period 4017.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Capitol Host Mailing Address Rayburn House Office Building, B-3 City Washington State DC Zip Code 20515 Purpose of Disbursement Campaign Lunch Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3172 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8	Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5017.07

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)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
Chevron

Mailing Address P. O. Box 42818

City Houston State TX Zip Code 77242

Purpose of Disbursement
Transportation Expense

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3159
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

75.00

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

B.

Full Name (Last, First, Middle Initial)
City of Miami Beach Parking

Mailing Address 309 23rd Street #200

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement
Transportation Expense

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3171
Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

10.00

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

C.

Full Name (Last, First, Middle Initial)
Cox Radio WHQT/WEDR

Mailing Address 2741 North 29th Avenue

City Hollywood State FL Zip Code 33020

Purpose of Disbursement
Advertising

Candidate Name

004
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3138
Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

20000.00

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

SUBTOTAL of Disbursements This Page (optional)

20085.00

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)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
Embassy Suites Washington

Mailing Address 900 10th Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3152
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

957.24

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

B.

Full Name (Last, First, Middle Initial)
E-OnlineData / BKCD Processing

Mailing Address 5 Milk Street

City Portland State ME Zip Code 04101

Purpose of Disbursement
Bankcard Processing Fee

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3151
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

82.30

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

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3162
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

20.65

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

SUBTOTAL of Disbursements This Page (optional) ▶

1060.19

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)
Kendrick Meek for Congress

A.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3176 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 20.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) FTD Dolly's Florist Mailing Address 14700 NW 7 Avenue City Miami State FL Zip Code 33168 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3164 Date of Disbursement 10 / 07 / 2008 Amount of Each Disbursement this Period 119.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Holsen Inc. Mailing Address 655 N. Biscayne River Drive City Miami State FL Zip Code 33169 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3130 Date of Disbursement 10 / 02 / 2008 Amount of Each Disbursement this Period 1664.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1805.52

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)
Kendrick Meek for Congress

A.	Full Name (Last, First, Middle Initial) Hyatt Hotels Washington	Transaction ID: D3147 Date of Disbursement 10 / 01 / 2008
	Mailing Address 1000 H Street NW	Amount of Each Disbursement this Period 280.53
	City Washington State DC Zip Code 20001	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/ Type

B.	Full Name (Last, First, Middle Initial) Hyatt Hotels Washington	Transaction ID: D3141 Date of Disbursement 10 / 01 / 2008
	Mailing Address 1000 H Street NW	Amount of Each Disbursement this Period 1370.23
	City Washington State DC Zip Code 20001	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/ Type

C.	Full Name (Last, First, Middle Initial) Hyatt Hotels Washington	Transaction ID: D3149 Date of Disbursement 10 / 01 / 2008
	Mailing Address 1000 H Street NW	Amount of Each Disbursement this Period 17.05
	City Washington State DC Zip Code 20001	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ► **1667.81**

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)
Kendrick Meek for Congress

A.	Full Name (Last, First, Middle Initial) Hyatt Hotels Washington Mailing Address 1000 H Street NW City Washington State DC Zip Code 20001 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3148 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 19.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Hyatt Hotels Washington Mailing Address 1000 H Street NW City Washington State DC Zip Code 20001 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3142 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 901.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Hyatt Hotels Washington Mailing Address 1000 H Street NW City Washington State DC Zip Code 20001 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3143 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 841.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1762.51
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)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
Hyatt Hotels Washington

Mailing Address 1000 H Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3144
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

561.06

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

B.

Full Name (Last, First, Middle Initial)
Hyatt Hotels Washington

Mailing Address 1000 H Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3145
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

291.11

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

C.

Full Name (Last, First, Middle Initial)
Hyatt Hotels Washington

Mailing Address 1000 H Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3146
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

280.53

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

SUBTOTAL of Disbursements This Page (optional) ▶

1132.70

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)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
Miami International Airport

Mailing Address 4200 NW 21st St.

City Miami State FL Zip Code 33122

Purpose of Disbursement
Transportation Expense

Candidate Name

002
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D3173
Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign Lunch Expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D3163
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

16.50

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

C.

Full Name (Last, First, Middle Initial)
National Surveillance

Mailing Address 3001 Peachtree Industrial Boulevard

City Duluth State GA Zip Code 30097

Purpose of Disbursement
Security Alarm System Fee

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D3178
Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

32.99

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

SUBTOTAL of Disbursements This Page (optional) ▶

149.49

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 19 / 25

<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)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
Political Development Group, LLC

Mailing Address 499 S. Capitol St., SW
Suite 412

City Washington D.C. State FL Zip Code 20003

Purpose of Disbursement
Consulting/Fundraising

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3128
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

10495.36

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

B.

Full Name (Last, First, Middle Initial)
Prime 112 Restaurant

Mailing Address 112 Ocean Drive

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement
Campaign Dinner Expense

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3169
Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

195.58

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

C.

Full Name (Last, First, Middle Initial)
Akua Scott

Mailing Address P.O. Box 640001

City Miami State FL Zip Code 33164-0001

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3133
Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

700.00

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

SUBTOTAL of Disbursements This Page (optional)

11390.94

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)
Kendrick Meek for Congress

A.	Full Name (Last, First, Middle Initial) Sharpton, Brunson & Company	Transaction ID: D3132 Date of Disbursement 10 / 08 / 2008
	Mailing Address 110 East Broward Boulevard Suite 1950	Amount of Each Disbursement this Period 1500.00
	City Fort Lauderdale State FL Zip Code 33301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Starbucks	Transaction ID: D3179 Date of Disbursement 10 / 14 / 2008
	Mailing Address 237 Pennsylvania Ave, SE	Amount of Each Disbursement this Period 15.79
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food and Beverage Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

C.	Full Name (Last, First, Middle Initial) Sticky Rice Restaurant	Transaction ID: D3174 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1224 H Street, NE	Amount of Each Disbursement this Period 95.95
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Dinner Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	1611.74
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)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
Franck Tavernier

Mailing Address 20030 NW 65 Court

City Hiialeah State FL Zip Code 33015

Purpose of Disbursement

Salary

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D3136

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

700.00

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

B.

Full Name (Last, First, Middle Initial)
The Forge

Mailing Address 432 41st Street

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement

Campaign Dinner Expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D3165

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

321.75

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

C.

Full Name (Last, First, Middle Initial)
The Forge

Mailing Address 432 41st Street

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement

Campaign Dinner Expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D3166

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

328.20

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

SUBTOTAL of Disbursements This Page (optional)

1349.95

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)
Kendrick Meek for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Park At 14th Street</p> <p>Mailing Address 520 14th St., NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Campaign Event Expense</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D3158</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="81.00"/></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) The Source Restaurant</p> <p>Mailing Address 575 Pennsylvania Ave, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Campaign Dinner Expense</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D3157</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="701.90"/></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) Top of the Port Restaurant</p> <p>Mailing Address Miami International Airport Hotel 7th & 8th Floor - Concourse E</p> <p>City Miami State FL Zip Code 33146</p> <p>Purpose of Disbursement Campaign Lunch Expense</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D3168</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="230.40"/></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) ▶

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 23 / 25

<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)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
U.S. House of Representatives

Mailing Address B-217 Longworth Bldg

City Washington State DC Zip Code 20515

Purpose of Disbursement
Campaign Lunch Expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3156

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

32.80

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

B.

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

Mailing Address 1200 East Algonquin Road

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Air Travel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3154

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

457.00

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

C.

Full Name (Last, First, Middle Initial)
Wal-Mart Supercenter

Mailing Address 702 SW Eight Street

City Bentonville State AR Zip Code 72716-0117

Purpose of Disbursement
Food and Beverage Expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3155

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

43.17

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

SUBTOTAL of Disbursements This Page (optional) ▶

532.97

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)
Kendrick Meek for Congress

A.

Full Name (Last, First, Middle Initial)
Whitesand Works

Mailing Address P. O. Box 18608

City Tampa State FL Zip Code 33679-8068

Purpose of Disbursement
Website Services

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3129
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

99.00

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

B.

Full Name (Last, First, Middle Initial)
Winn-Dixie Stores Inc.

Mailing Address P. O. Box B

City Jacksonville State FL Zip Code 32203

Purpose of Disbursement
Food and Beverage Expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3170
Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

22.46

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

C.

Full Name (Last, First, Middle Initial)
Zola Restaurant

Mailing Address 800 F Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Campaign Dinner Expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3175
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

92.10

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

SUBTOTAL of Disbursements This Page (optional) ▶

213.56

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

50056.35

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)
Kendrick Meek for Congress

A. Full Name (Last, First, Middle Initial) Jackson Emerging Leadership Fund <hr/> Mailing Address 19413 Burt Road <hr/> City Detroit State MI Zip Code 48219 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3139 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8 <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
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Mike McMahon For Congress <hr/> Mailing Address 66 Arnold Streert <hr/> City Staten Island State NY Zip Code 10301 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Mike McMahon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3137 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 011

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