

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Keller For Congress

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| 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))..... | 143184.37 | 1582544.85 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 143184.37 | 1582544.85 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 837668.29 | 1672036.77 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 11892.31 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 837668.29 | 1660144.46 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 12770.38 | |
| 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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Keller For Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

I. RECEIPTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election) | M | M | 1 | 1 | D | D | 0 | 4 | Y | Y | Y | Y | 2 | 0 | 0 | 8 | COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period) | M | M | 1 | 1 | D | D | 0 | 5 | Y | Y | Y | Y | 2 | 0 | 0 | 8 | M | M | 1 | 1 | D | D | 2 | 4 | Y | Y | Y | Y | 2 | 0 | 0 | 8 |
|--|--|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. CONTRIBUTIONS (other than loans) FROM: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) Individuals/Persons Other than Political Committees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (i) Itemized (Use Schedule A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29001.00 | 555781.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ii) Unitemized | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24758.54 | 102212.21 | 5.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iii) Total of contributions from individuals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53759.54 | 657993.21 | 5.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) Political Party Committees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | 14367.12 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) Other Political Committees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 89424.83 | 910184.52 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date) | COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates) |
|---|--|--|
| (d) The Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) | | |
| 143184.37 | 1582544.85 | 5.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 2219.62 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b). All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c). TOTAL LOANS (add Lines 13(a) and (b)) | | |
| 0.00 | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) | | |
| 0.00 | 11892.31 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc) | | |
| 902.07 | 30525.68 | 0.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 144086.44 | 1627182.46 | 5.00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Keller For Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date) |
|---|---|--|
| 17. OPERATING EXPENDITURES | | |
| 837668.29 | 1672036.77 | 152108.22 |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 19. LOAN PAYMENTS | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) Of All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| 0.00 | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| 0.00 | 0.00 | 0.00 |
| (b) Political Party Committees | | |
| 0.00 | 0.00 | 0.00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | Total for * Through * | COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date) |
|-------------------------------|---|--------------------------|--|
|-------------------------------|---|--------------------------|--|

(c) Other political committees (such as PACs)

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

21. OTHER DISBURSEMENTS

| | | |
|------|--------|------|
| 0.00 | 700.00 | 0.00 |
|------|--------|------|

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

| | | |
|-----------|------------|-----------|
| 837668.29 | 1672736.77 | 152108.22 |
|-----------|------------|-----------|

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

| | | |
|-----------|------------|------|
| 143184.37 | 1582544.85 | 5.00 |
|-----------|------------|------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

| | | |
|-----------|------------|-----------|
| 837668.29 | 1660144.46 | 152108.22 |
|-----------|------------|-----------|

V. CASH SUMMARY

| | |
|--|-----------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD | 706352.23 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16)..... | 144086.44 |
| 25. SUBTOTAL(add Line 23 and Line 24) | 850438.67 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22)..... | 837668.29 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 12770.38 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 7 / 71 |
| (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 | |

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)
Keller For Congress

| | | | |
|--|--|--------------------------|--|
| A. | Full Name (Last, First, Middle Initial) ABX Air PAC | | Date of Receipt |
| | Mailing Address 145 Hunter Drive | | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Wilmington | OH | 45177 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 81022.C13595 |
| | C | | Amount of Each Receipt this Period |
| | | 1000.00 | |
| Name of Employer | | Occupation | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | | 1000.00 | |

| | | | |
|--|--|--------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Air Conditioning Contractors of America | | Date of Receipt |
| | Mailing Address ATTN: Charlie McCrudden 2800 Shirlington Road | | <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Arlington | VA | 22206 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 81203.C13967 |
| | C C00100974 | | Amount of Each Receipt this Period |
| | | 1000.00 | |
| Name of Employer | | Occupation | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | | 1000.00 | |

| | | | |
|--|--|--------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Altria Corporate Services, Inc. PAC | | Date of Receipt |
| | Mailing Address 120 Park Avenue | | <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | New York | NY | 10017 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 81023.C13618 |
| | C C00089136 | | Amount of Each Receipt this Period |
| | | 1000.00 | |
| Name of Employer | | Occupation | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | | 4500.00 | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="3000.00"/> |
| 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 8 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
American Academy of Audiology PAC

Mailing Address 11730 Plaza America Drive
Suite 300

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00342972

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 01 / 2008
Transaction ID: 81101.C13900
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
American Bankers Association PAC

Mailing Address P.O. Box 1630

City Tallahassee State FL Zip Code 32302-1360

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 11 / 01 / 2008
Transaction ID: 81101.C13899
 Amount of Each Receipt this Period 2000.00

Receipt
 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

Mailing Address 520 N. Northwest Highway

City Park Ridge State IL Zip Code 60068-2573

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt 11 / 04 / 2008
Transaction ID: 81203.C13970
 Amount of Each Receipt this Period 2500.00

Receipt
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 71

(check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
Americans For Common Sense Government

Mailing Address 4200 Wisconsin Avenue, NW
Suite 103-376

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00379057

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
10 / 27 / 2008

Transaction ID: 81027.C13723

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
AMGEN PAC

Mailing Address 555 13th Street, NW
Suite 600 W

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
10 / 27 / 2008

Transaction ID: 81027.C13759

Amount of Each Receipt this Period 3000.00

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

C. Full Name (Last, First, Middle Initial)
Burger King Corporation, PAC

Mailing Address 5505 Blue Lagoon Drive

City Miami State FL Zip Code 33126

FEC ID number of contributing federal political committee. **C** C00368803

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt MM / DD / YYYY
11 / 01 / 2008

Transaction ID: 81101.C13904

Amount of Each Receipt this Period 2000.00

Receipt
 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 10 / 71 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Keller For Congress

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Career College PAC | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| | Mailing Address 1101 Connecticut Avenue, NW Suite 900 | Transaction ID: 81023.C13661 |
| | City Washington State DC Zip Code 20036-4346 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C C00213066 | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00 | |

| | | |
|-----------|--|--|
| B. | Full Name (Last, First, Middle Initial) CBRL Group, Inc. PAC | Date of Receipt MM / DD / YYYY 11 / 01 / 2008 |
| | Mailing Address P.O. Box 787 | Transaction ID: 81101.C13905 |
| | City Lebanon State TN Zip Code 37088 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C C00252791 | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|-----------|--|--|
| C. | Full Name (Last, First, Middle Initial) Charlie Dent For Congress | Date of Receipt MM / DD / YYYY 11 / 01 / 2008 |
| | Mailing Address P.O. Box 442 | Transaction ID: 81101.C13937 |
| | City Allentown State PA Zip Code 18105-0442 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| 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 11 / 71
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
Citizens United PAC

Mailing Address 1006 Pennsylvania Avenue, SE

City State Zip Code
Washington PA 20003

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

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
11 / 01 / 2008

Transaction ID: 81101.C13912

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Avenue, NW
South Bldg., Ste. 600

City State Zip Code
Washington DC 20004-2601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2008

Transaction ID: 81101.C13898

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
CTIA PAC

Mailing Address 1400 16th Street, NW
Suite 600

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00262295

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
10 / 29 / 2008

Transaction ID: 81029.C13853

Amount of Each Receipt this Period
1000.00

Receipt
 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 12 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Keller For Congress

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

Mailing Address 9333 Balboa Avenue

City San Diego State CA Zip Code 92123

FEC ID number of contributing federal political committee. **C** C00151787

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3250.00

Date of Receipt 11 / 04 / 2008
Transaction ID: 81203.C13979
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Defend America PAC

Mailing Address P.O. Box 2626

City Tuscaloosa State AL Zip Code 35403

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 21 / 2008
Transaction ID: 81021.C13526
 Amount of Each Receipt this Period 5000.00

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

C. Full Name (Last, First, Middle Initial)
Dent PAC

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

FEC ID number of contributing federal political committee. **C** C00427930

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 81020.C13355
 Amount of Each Receipt this Period 1500.00

Receipt
 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 13 / 71
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
DIRECTV Group, Inc. PAC

Mailing Address 444 North Capitol Street NW
Suite 728

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00331991

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 10 / 27 / 2008
Transaction ID: 81027.C13714
Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
DuPont Good Government Fund

Mailing Address 601 Pennsylvania Avenue, NW
Suite 325, North Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00171926

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 81029.C13773
Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Eli Lilly & Company PAC

Mailing Address 555 12th St. NW
Suite 650 South

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 81029.C13774
Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
Federal Express PAC
Mailing Address 942 S. Shady Grove Rd.
City Memphis State TN Zip Code 38120
FEC ID number of contributing federal political committee. **C** C00068692
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 11 / 04 / 2008
Transaction ID: 81203.C13974
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Food Marketing Institute PAC
Mailing Address 2345 Crystal Drive Suite 800
City Arlington State VA Zip Code 22202-1530
FEC ID number of contributing federal political committee. **C** C00201509
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 9000.00
Date of Receipt 10 / 27 / 2008
Transaction ID: 81027.C13721
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Fund For American Opportunity PAC
Mailing Address P.O. Box 65796
City Washington State DC Zip Code 20035-5796
FEC ID number of contributing federal political committee. **C** C00336297
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt 11 / 01 / 2008
Transaction ID: 81101.C13915
Amount of Each Receipt this Period 2500.00
Receipt
 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 15 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
Gray Robinson PAC

Mailing Address 301 E. Pine Street
Suite 1400

City State Zip Code
Orlando FL 32801

FEC ID number of contributing federal political committee. **C** C00224790

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C13761

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1776 Eye Street, NW
Suite 890

City State Zip Code
Washington DC 20006-3700

FEC ID number of contributing federal political committee. **C** C00271007

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 1 / 0 1 / 2 0 0 8

Transaction ID: 81101.C13906

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
International Franchise Association PAC

Mailing Address P.O. Box 529

City State Zip Code
Washington DC 20044-0529

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

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

Transaction ID: 81022.C13594

Amount of Each Receipt this Period
4000.00

Receipt
 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 16 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
Invest in a Strong & Secure America PAC
Mailing Address P.O. Box 3799
City Vista State CA Zip Code 92085-3799
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 81029.C13778
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Investment Company Institute PAC
Mailing Address 1401 H Street, NW Suite 1200
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00105981
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 11 / 04 / 2008
Transaction ID: 81203.C13969
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Investment Company Institute PAC
Mailing Address 1401 H Street, NW Suite 1200
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00105981
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 11 / 04 / 2008
Transaction ID: 81203.C13976
Amount of Each Receipt this Period 1000.00
Receipt
 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 17 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Keller For Congress

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

Mailing Address 7829 E. Rockhill
Suite 201

City State Zip Code
Wichita KS 67206

FEC ID number of contributing federal political committee. **C** C00251447

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 81023.C13619

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
ISCS PAC

Mailing Address 1399 New York Avenue, NW
Suite 720

City State Zip Code
Washington DC 20005-4779

FEC ID number of contributing federal political committee. **C** C00217638

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 1 / 0 1 / 2 0 0 8

Transaction ID: 81101.C13938

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
KPMG PAC

Mailing Address PO Box 18254

City State Zip Code
Washington DC 20036-9998

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

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

Transaction ID: 81029.C13775

Amount of Each Receipt this Period
4000.00

Receipt
 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 18 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
Leadership For Americas Future PAC
Mailing Address P.O. Box 45444
City Phoenix State AZ Zip Code 85064-5444
FEC ID number of contributing federal political committee. **C** C00342378
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 10 / 29 / 2008
Transaction ID: 81029.C13849
Amount of Each Receipt this Period: 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Louie Gohmert For Congress
Mailing Address 3310 S. Broadway Suite 100
City Tyler State TX Zip Code 75701-7851
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 10 / 29 / 2008
Transaction ID: 81029.C13850
Amount of Each Receipt this Period: 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Majority In Congress PAC
Mailing Address 601 N. Ferncreek Avenue Suite 200
City Orlando State FL Zip Code 32803
FEC ID number of contributing federal political committee. **C** C00402909
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt: 10 / 20 / 2008
Transaction ID: 81020.C13354
Amount of Each Receipt this Period: 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 19 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
McCotter Congressional Committee
Mailing Address P.O. Box 530788
City Livonia State MI Zip Code 48153-0788
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 11 / 01 / 2008
Transaction ID: 81101.C13910
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
McDonalds PAC
Mailing Address Attn: Bo Bryant
1200 17th Street, N.W.
City Washington State DC Zip Code 20036-3006
FEC ID number of contributing federal political committee. **C** C00063164
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 10 / 27 / 2008
Transaction ID: 81027.C13713
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Midnight Sun PAC
Mailing Address 203 Maryland Ave. NE
City Washington State DC Zip Code 20002
FEC ID number of contributing federal political committee. **C** C00345199
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 11 / 04 / 2008
Transaction ID: 81203.C13975
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 20 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
Mike R Fund
Mailing Address P.O. Box 2485
City Springfield State VA Zip Code 22152
FEC ID number of contributing federal political committee. **C** C00370791
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 11 / 04 / 2008
Transaction ID: 81203.C13978
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mortgage Bankers Association PAC
Mailing Address 1311 L Street, NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 81029.C13777
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Motion Picture Association PAC
Mailing Address 1600 I Street, NW
City Washington State DC Zip Code 20006-4010
FEC ID number of contributing federal political committee. **C** C00139519
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 11 / 01 / 2008
Transaction ID: 81101.C13903
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 71
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
National Roofing Contractors Association

Mailing Address 324 Fourth Street, NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 11 / 01 / 2008
Transaction ID: 81101.C13911

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Osteopathic PAC

Mailing Address 1090 Vermont Ave., N.W. #510

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 04 / 2008
Transaction ID: 81203.C13980

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Patrick Tiberi for Congress

Mailing Address 2021 E. Dublin Granville Road
Suite 2000

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C** C00345090

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 81029.C13780

Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 71
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Keller For Congress

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

Mailing Address 235 East 42nd Street
28th Floor

City State Zip Code
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C13760

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Progress Energy Employees Federal PAC

Mailing Address P.O. Box 1510

City State Zip Code
Raleigh NC 27602

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: 81029.C13776

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 3404 Riverside Drive

City State Zip Code
Columbus OH 43221

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C13720

Amount of Each Receipt this Period
1500.00

Receipt
 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 23 / 71

(check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
RJ Reynolds PAC

Mailing Address 1201 F Street, NW
Suite 1000

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. C C00042002

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
10 / 27 / 2008

Transaction ID: 81027.C13722

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Sallie Mae, Inc PAC

Mailing Address 701 Pennsylvania Avenue, NW
Suite 560

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. C C00331835

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81203.C13968

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Sprint Nextel PAC

Mailing Address 900 7th Street, NW
Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. C C00089342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81203.C13977

Amount of Each Receipt this Period 1000.00

Receipt
 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 24 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
The New Direction Fund

Mailing Address P.O. Box 2719

City Washington State DC Zip Code 20013-2719

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1924.83

Date of Receipt 11 / 04 / 2008
Transaction ID: 81203.C13989

Amount of Each Receipt this Period 1924.83

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

B. Full Name (Last, First, Middle Initial)
Tom Price for US Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2008
Transaction ID: 81101.C13901

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 316 Pennsylvania Ave., SE Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 11 / 01 / 2008
Transaction ID: 81101.C13913

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 3424.83

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 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
Verizon Communications PAC

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**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 81101.C13902

Amount of Each Receipt this Period
1000.00

Receipt
 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) | ▶ | 89424.83 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 71

(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)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
Dr. Luis Alvarez

Mailing Address 9648 Camberley Circle

City State Zip Code
Orlando FL 32836

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

Name of Employer
Orlando Heart Center

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 27 / 2008

Transaction ID: 81027.C13719

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Mrs. Erika M. Baldwin

Mailing Address 700 W. Morse Blvd.
Suite 201

City State Zip Code
Winter Park FL 32789-3768

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

Name of Employer
Self Employed

Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 01 / 2008

Transaction ID: 81101.C13941

Amount of Each Receipt this Period

2000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Dr. Joseph H. Boyer, Jr.

Mailing Address 300 Sweetwater Club Blvd.

City State Zip Code
Longwood FL 32779

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

Name of Employer
Self Employed

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 22 / 2008

Transaction ID: 81023.C13608

Amount of Each Receipt this Period

500.00

Receipt

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: (check only one) | PAGE 27 / 71 |
| | <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)
Keller For Congress

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Daryl M. Carter | Date of Receipt MM / DD / YYYY 10 / 27 / 2008 |
| | Mailing Address 1551 Conway Isle Circle | Transaction ID: 81027.C13772 |
| | City State Zip Code Orlando FL 32809-3301 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Maury Carter & Associates Real Estate Investor | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Mr. Daryl M. Carter | Date of Receipt MM / DD / YYYY 10 / 27 / 2008 |
| | Mailing Address 1551 Conway Isle Circle | Transaction ID: 81027.C13769 |
| | City State Zip Code Orlando FL 32809-3301 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Maury Carter & Associates Real Estate Investor | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3500.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Ms. Elaine C. Carter | Date of Receipt MM / DD / YYYY 10 / 27 / 2008 |
| | Mailing Address P. O. Box 568821 | Transaction ID: 81027.C13770 |
| | City State Zip Code Orlando FL 32856 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Homemaker Homemaker | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Maury L. Carter

Mailing Address P.O. Box 568821

City State Zip Code
Orlando FL 32856-8821

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

Name of Employer Occupation
Maury Carter & Associates Owner

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

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. David Chen

Mailing Address 13226 Meergate Circle

City State Zip Code
Orlando FL 32837

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

Name of Employer Occupation
Flying Dragon Productions Owner

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

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Earl M. Crittenden, Sr.

Mailing Address 1023 Pinar Drive

City State Zip Code
Orlando FL 32825

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

Name of Employer Occupation
Crittenden Fruit Co Inc Owner

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

Amount of Each Receipt this Period
500.00

Receipt
 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 29 / 71 |
| | (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)
Keller For Congress

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Mr. John D. Curtis</p> <p>Mailing Address 570 Manor Road</p> <p>City State Zip Code Maitland FL 32751</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Delafield Occupation Economist</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2300.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8</p> <p>Transaction ID: 81029.C13779</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Mr. Anil Deshpande</p> <p>Mailing Address 3700 34th Street Suite 200</p> <p>City State Zip Code Orlando FL 32805</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">1000.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8</p> <p>Transaction ID: 81021.C13528</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Mrs. Julia L. Frey</p> <p>Mailing Address 1151 Mayfield Avenue</p> <p>City State Zip Code Winter Park FL 32789-2614</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Lowndes, Drosdick, Doster, Kan Occupation Attorney</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">1100.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: 81020.C13352</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3450.00 |
| 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 30 / 71 |
| | <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)
Keller For Congress

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Congressman Louis Frey | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 139 Genius Drive | Transaction ID: 81020.C13350 |
| | City State Zip Code Winter Park FL 32789 | Amount of Each Receipt this Period 650.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Lowndes, Drosdick, Doster, Kan | Occupation Attorney | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3400.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Dr. Harold Greenberg | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 235 S Maitland Ave. Suite 101 | Transaction ID: 81020.C13349 |
| | City State Zip Code Maitland FL 32751 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1750.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Mr. James W. Heavener | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| | Mailing Address 731 Pine Tree Rd. | Transaction ID: 81022.C13597 |
| | City State Zip Code Winter Park FL 32789 | Amount of Each Receipt this Period 1.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Full Sail | Occupation CEO | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4301.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1151.00 |
| 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 / 71

(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)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Walter N. Meloon, Jr.

Mailing Address 6109 Matchett Road

City State Zip Code
Orlando FL 32809

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C13764

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Mr. Edward W. Poitras

Mailing Address 27 Lake Hamilton Beach

City State Zip Code
Haines City FL 33844

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

Name of Employer Occupation
Highside Investments, Inc. Real Estate Development

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C13766

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Mr. James Poitras

Mailing Address 3100 Springhead Court

City State Zip Code
Saint Cloud FL 34771

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C13768

Amount of Each Receipt this Period

1000.00

Receipt

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 33 / 71

(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)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
Ms. Kay G. Poitras

Mailing Address P. O. Box 568821

City State Zip Code
Orlando FL 32856

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

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

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C13765

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Ms. Patricia T. Poitras

Mailing Address 3100 Springhead Court

City State Zip Code
St. Cloud FL 34771

FEC ID number of contributing federal political committee. C

Name of Employer Services 198 Inc. Occupation Associate

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

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C13767

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Mrs. Donna Reeves

Mailing Address 2325 Forest Club Drive

City State Zip Code
Orlando FL 32804

FEC ID number of contributing federal political committee. C

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3300.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C13763

Amount of Each Receipt this Period 1000.00

Receipt
 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 34 / 71

(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)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
Dr. Robert Rothbard

Mailing Address 2000 Via Tuscany

City State Zip Code
Winter Park FL 32789

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cardiology Consultants Physician

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

Date of Receipt

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

Transaction ID: 81020.C13347

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. William B. Snyder

Mailing Address 555 5th Ave. NE
Ph 2

City State Zip Code
Saint Petersburg FL 33701-2663

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

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

Date of Receipt

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

Transaction ID: 81029.C13846

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas W. Staed

Mailing Address PO Box 7218

City State Zip Code
Daytona Beach FL 32116

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Hotelier

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

Date of Receipt

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

Transaction ID: 81021.C13389

Amount of Each Receipt this Period
500.00

Receipt
 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 35 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
Dr. William E. Story

Mailing Address 6 Isle of Sicily

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
Central Florida Cardiology Physician

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

Amount of Each Receipt this Period: 500.00

Transaction ID: 81022.C13593

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

B. Full Name (Last, First, Middle Initial)
Mrs. Claudia Barker Valente

Mailing Address 7055 Leestone Street

City State Zip Code
Springfield VA 22151

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

Name of Employer Occupation
Valente & Associates Executive

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

Amount of Each Receipt this Period: 1500.00

Transaction ID: 81101.C13914

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

C. Full Name (Last, First, Middle Initial)
Mrs. Anne M. van den Berg

Mailing Address 849 Greens Ave.

City State Zip Code
Orlando FL 32804-3024

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

Name of Employer Occupation
Homemaker Homemaker

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

Amount of Each Receipt this Period: 500.00

Transaction ID: 81020.C13346

Receipt
 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 36 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Keller For Congress

A. Full Name (Last, First, Middle Initial)
Mr. G. Greeley Wells

Mailing Address 1630 43rd Avenue, East
Apt. 1422

City State Zip Code
Seattle WA 98112

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

Name of Employer Self Employed Occupation Investor

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

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

Transaction ID: 81101.C13942

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Cynthia Woodley

Mailing Address 2503 Oak Island Pointe

City State Zip Code
Orlando FL 32809

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

Name of Employer Professional Testing Inc. Occupation Executive

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

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

Transaction ID: 81021.C13529

Amount of Each Receipt this Period
1900.00

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

SUBTOTAL of Receipts This Page (optional) ► **2900.00**

TOTAL This Period (last page this line number only) ► **29001.00**

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 71 |
| | (check only one) |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input checked="" type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
SunTrust Bank, Central Florida, NA

Mailing Address P. O. Box 628096

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Orlando | FL | 32897- |

FEC ID number of contributing federal political committee. C

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
30525.68

Date of Receipt

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

Transaction ID: 81203.C13998

Amount of Each Receipt this Period
902.07

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

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 902.07 |
| TOTAL This Period (last page this line number only) | 902.07 |

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)
Keller For Congress

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 360002 <hr/> City Fort Lauderdale State FL Zip Code 33336-0002 <hr/> Purpose of Disbursement Credit Card: See Below Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2386 Date of Disbursement 11 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 1053.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW |
| B. | Full Name (Last, First, Middle Initial) Costco Wholesale <hr/> Mailing Address 2101 Water Bridge Blvd. <hr/> City Orlando State FL Zip Code 32837- <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81204.E2424 Date of Disbursement 11 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 616.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| C. | Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 1776 K Street NW <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81204.E2425 Date of Disbursement 11 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 436.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1053.51 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

| | | | |
|-----------|--|--|--|
| A. | Full Name (Last, First, Middle Initial) Aristotle International Inc. Mailing Address 205 Pennsylvania Ave, SE City Washington State DC Zip Code 20003- Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2422 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 991.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD FEES | |
| B. | Full Name (Last, First, Middle Initial) Mr. Joshua Bailey Mailing Address 605 E. Robinson Street Suite 103 City Orlando State FL Zip Code 32801- Purpose of Disbursement Reimbursement: Miles Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2319 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8 Amount of Each Disbursement this Period 107.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: MILES | |
| C. | Full Name (Last, First, Middle Initial) Mr. Joshua Bailey Mailing Address 605 E. Robinson Street Suite 103 City Orlando State FL Zip Code 32801- Purpose of Disbursement Reimbursement: Miles Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2331 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 315.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: MILES | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1415.51 |
| 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)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Joshua Bailey

Transaction ID: 81203.E2334
Date of Disbursement

Mailing Address 605 E. Robinson Street
Suite 103

/ /

City Orlando State FL Zip Code 32801-

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

Candidate Name

Category/Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SALARY

State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. Joshua Bailey

Transaction ID: 81203.E2387
Date of Disbursement

Mailing Address 605 E. Robinson Street
Suite 103

/ /

City Orlando State FL Zip Code 32801-

Amount of Each Disbursement this Period

Purpose of Disbursement
Reimbursement: Miles

Candidate Name

Category/Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

REIMBURSEMENT: MILES

State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Joshua Bailey

Transaction ID: 81203.E2395
Date of Disbursement

Mailing Address 605 E. Robinson Street
Suite 103

/ /

City Orlando State FL Zip Code 32801-

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

Candidate Name

Category/Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SALARY

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Bellwether Consulting Group <hr/> Mailing Address 1775 Eye Street, NW Suite 700 <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement PAC Fundraising Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2368 Date of Disbursement 11 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 3475.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAC FUNDRAISING FEE |
| B. | Full Name (Last, First, Middle Initial) Bellwether Consulting Group <hr/> Mailing Address 1775 Eye Street, NW Suite 700 <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement PAC Fundraising Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2369 Date of Disbursement 11 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 25881.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAC FUNDRAISING FEE |
| C. | Full Name (Last, First, Middle Initial) Bellwether Consulting Group <hr/> Mailing Address 1775 Eye Street, NW Suite 700 <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement PAC Fundraising Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2392 Date of Disbursement 11 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 8812.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAC FUNDRAISING FEE |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 38168.90 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Bellwether Consulting Group <hr/> Mailing Address 1775 Eye Street, NW Suite 700 <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement Blast Emails Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2393 Date of Disbursement 11 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 18.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BLAST EMAILS |
| B. | Full Name (Last, First, Middle Initial) Bellwether Consulting Group <hr/> Mailing Address 1775 Eye Street, NW Suite 700 <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement Blast Faxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2397 Date of Disbursement 11 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 37.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BLAST FAXES |
| C. | Full Name (Last, First, Middle Initial) Ms. Mallory Bose <hr/> Mailing Address 605 E. Robinson Street Suite 103 <hr/> City Orlando State FL Zip Code 32801- <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2322 Date of Disbursement 10 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 804.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY |

SUBTOTAL of Disbursements This Page (optional) ▶

861.05

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)
Keller For Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ms. Mallory Bose | Transaction ID: 81203.E2358 Date of Disbursement 10 / 31 / 2008 |
| | Mailing Address 605 E. Robinson Street Suite 103 | Amount of Each Disbursement this Period 848.50 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Salary Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | SALARY |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Capitol Hill Lists | Transaction ID: 81203.E2330 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address 264 N. Lumpkin Street Suite 202 | Amount of Each Disbursement this Period 665.00 |
| | City Athens State GA Zip Code 30601- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement List Purchase Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | LIST PURCHASE |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Capitol Hill Lists | Transaction ID: 81203.E2381 Date of Disbursement 11 / 05 / 2008 |
| | Mailing Address 264 N. Lumpkin Street Suite 202 | Amount of Each Disbursement this Period 4391.58 |
| | City Athens State GA Zip Code 30601- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement List Purchase Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | LIST PURCHASE |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5905.08 |
| 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)
Keller For Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Catchlight Studios Photography | Transaction ID: 81203.E2352 |
| | Mailing Address 284 E. Wildmere Ave. | Date of Disbursement 10 / 29 / 2008 |
| | City Longwood State FL Zip Code 32750- | Amount of Each Disbursement this Period 897.00 |
| | Purpose of Disbursement Photography | <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 State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PHOTOGRAPHY |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Catterton Printing, Inc. | Transaction ID: 81203.E2327 |
| | Mailing Address 100 Post Office Road | Date of Disbursement 10 / 22 / 2008 |
| | City Waldorf State MD Zip Code 20602- | Amount of Each Disbursement this Period 894.47 |
| | Purpose of Disbursement Direct Mail Services | <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 State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | DIRECT MAIL SERVICES |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Catterton Printing, Inc. | Transaction ID: 81203.E2380 |
| | Mailing Address 100 Post Office Road | Date of Disbursement 11 / 05 / 2008 |
| | City Waldorf State MD Zip Code 20602- | Amount of Each Disbursement this Period 7828.90 |
| | Purpose of Disbursement Direct Mail Services | <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 State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | DIRECT MAIL SERVICES |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 9620.37 |
| 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)
Keller For Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) CBS Radio | Transaction ID: 81203.E2362 |
| | Mailing Address 1800 Pembroke Drive Suite 400 | Date of Disbursement 11 / 03 / 2008 |
| | City Orlando State FL Zip Code 32810- | Amount of Each Disbursement this Period 2225.00 |
| | Purpose of Disbursement Broadcasting Spots | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BROADCASTING SPOTS |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Clear Channel Communications | Transaction ID: 81203.E2366 |
| | Mailing Address 2500 Maitland Center Parkway | Date of Disbursement 11 / 03 / 2008 |
| | City Maitland State FL Zip Code 32751- | Amount of Each Disbursement this Period 3675.00 |
| | Purpose of Disbursement Broadcasting Spots | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BROADCASTING SPOTS |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Conquest Communications | Transaction ID: 81203.E2354 |
| | Mailing Address 2812 Emerywood Parkway, Suite 103 | Date of Disbursement 10 / 30 / 2008 |
| | City Richmond State VA Zip Code 23294- | Amount of Each Disbursement this Period 9750.06 |
| | Purpose of Disbursement GOTV Phone Calls | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | GOTV PHONE CALLS |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 15650.06 |
| 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)
Keller For Congress

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Conquest Communications</p> <p>Mailing Address 2812 Emerywood Parkway, Suite 103</p> <p>City Richmond State VA Zip Code 23294-</p> <p>Purpose of Disbursement GOTV Phone Calls</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81203.E2382</p> <p>Date of Disbursement 11 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2749.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>GOTV PHONE CALLS</p> |
| <p>B. Full Name (Last, First, Middle Initial) Cox Radio, Inc.</p> <p>Mailing Address 4192 John Young Parkway</p> <p>City Orlando State FL Zip Code 32804-</p> <p>Purpose of Disbursement Broadcasting Spots</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81203.E2356</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 6200.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BROADCASTING SPOTS</p> |
| <p>C. Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car</p> <p>Mailing Address 35 E. Colonial Drive</p> <p>City Orlando State FL Zip Code 32801-</p> <p>Purpose of Disbursement Rental Car</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81203.E2384</p> <p>Date of Disbursement 11 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1853.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENTAL CAR</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

10803.88

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)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
Florida Dept Revenue

Mailing Address P.O. Box 6510

City Tallahassee State FL Zip Code 32314-6510

Purpose of Disbursement
Unemployment Taxes

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81203.E2349
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

10.90

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

UNEMPLOYMENT TAXES

B.

Full Name (Last, First, Middle Initial)
Florida Dept Revenue

Mailing Address P.O. Box 6510

City Tallahassee State FL Zip Code 32314-6510

Purpose of Disbursement
Unemployment Taxes

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81203.E2343
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

80.05

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

UNEMPLOYMENT TAXES

C.

Full Name (Last, First, Middle Initial)
Florida Digital Network

Mailing Address 390 North Orange Avenue

City Orlando State FL Zip Code 32801-

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81203.E2391
Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

318.62

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

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶

409.57

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) The Carlyle Gregory Group | Transaction ID: 81203.E2326 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address 140 Little Falls Street Suite 104 | Amount of Each Disbursement this Period 2500.00 |
| | City Falls Church State VA Zip Code 22046- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Political Strategy Fee | POLITICAL STRATEGY FEE |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) The Carlyle Gregory Group | Transaction ID: 81203.E2370 Date of Disbursement 11 / 05 / 2008 |
| | Mailing Address 140 Little Falls Street Suite 104 | Amount of Each Disbursement this Period 4241.54 |
| | City Falls Church State VA Zip Code 22046- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Political Strategy Fee | POLITICAL STRATEGY FEE |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) The Carlyle Gregory Group | Transaction ID: 81203.E2399 Date of Disbursement 11 / 14 / 2008 |
| | Mailing Address 140 Little Falls Street Suite 104 | Amount of Each Disbursement this Period 1519.44 |
| | City Falls Church State VA Zip Code 22046- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Political Strategy Fee | POLITICAL STRATEGY FEE |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 8260.98 |
| 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)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
Ms. Rebekah L. Hurd

Transaction ID: 81203.E2338
Date of Disbursement

Mailing Address 605 E. Robinson Street
Suite 103

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 7 | | 2 | 0 | 0 | 8 |

City Orlando State FL Zip Code 32801-

Amount of Each Disbursement this Period

| |
|---------|
| 3142.12 |
|---------|

Purpose of Disbursement
Salary

| |
|-------------------|
| 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: Primary General Other (specify) ▼

SALARY

State: District:

B.

Full Name (Last, First, Middle Initial)
Ms. Rebekah L. Hurd

Transaction ID: 81203.E2396
Date of Disbursement

Mailing Address 605 E. Robinson Street
Suite 103

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

City Orlando State FL Zip Code 32801-

Amount of Each Disbursement this Period

| |
|---------|
| 2368.63 |
|---------|

Purpose of Disbursement
Salary

| |
|-------------------|
| 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: Primary General Other (specify) ▼

SALARY

State: District:

C.

Full Name (Last, First, Middle Initial)
Ms. Rebekah L. Hurd

Transaction ID: 81203.E2408
Date of Disbursement

Mailing Address 605 E. Robinson Street
Suite 103

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

City Orlando State FL Zip Code 32801-

Amount of Each Disbursement this Period

| |
|--------|
| 763.18 |
|--------|

Purpose of Disbursement
Reimbursement: Miles

| |
|-------------------|
| 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: Primary General Other (specify) ▼

REIMBURSEMENT: MILES

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 6273.93 |
|---------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 71

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Keller For Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Integram Printing | Transaction ID: 81203.E2333 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address 8421 Hilltop Road | Amount of Each Disbursement this Period 3000.48 |
| | City Fairfax State VA Zip Code 22031- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Printing Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PRINTING |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Integram Printing | Transaction ID: 81203.E2347 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address 8421 Hilltop Road | Amount of Each Disbursement this Period 2525.22 |
| | City Fairfax State VA Zip Code 22031- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Printing Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PRINTING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Integram Printing | Transaction ID: 81203.E2374 Date of Disbursement 11 / 05 / 2008 |
| | Mailing Address 8421 Hilltop Road | Amount of Each Disbursement this Period 5295.88 |
| | City Fairfax State VA Zip Code 22031- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Printing Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PRINTING |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 10821.58 |
| 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)
Keller For Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Lauren Kelm | Transaction ID: 81203.E2363 Date of Disbursement 11 / 03 / 2008 |
| | Mailing Address 605 E. Robinson Street Suite 103 | Amount of Each Disbursement this Period 955.41 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement: Miles Candidate Name | REIMBURSEMENT: MILES |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Lauren Kelm | Transaction ID: 81203.E2364 Date of Disbursement 11 / 05 / 2008 |
| | Mailing Address 605 E. Robinson Street Suite 103 | Amount of Each Disbursement this Period 90.00 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement: Miles Candidate Name | REIMBURSEMENT: MILES |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Baron Leacock | Transaction ID: 81203.E2360 Date of Disbursement 10 / 31 / 2008 |
| | Mailing Address 605 E. Robinson Street Suite 103 | Amount of Each Disbursement this Period 1696.00 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Salary Candidate Name | SALARY |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2741.41 |
| 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)
Keller For Congress

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Orlando Marriott Downtown Mailing Address 400 West Livingston Street City Orlando State FL Zip Code 32801- | Transaction ID: 81203.E2400 Date of Disbursement 11 / 17 / 2008 |
| | Amount of Each Disbursement this Period 2034.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ELECTION NIGHT PARTY |
| Purpose of Disbursement Election Night Party Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) McDirmit, Davis, Puckett & Company Mailing Address 605 E. Robinson St., Ste. 635 City Orlando State FL Zip Code 32802-1185 | Transaction ID: 81203.E2398 Date of Disbursement 11 / 14 / 2008 |
| | Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING SERVICES |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) Mike Meaney Mailing Address 605 E. Robinson Street Suite 103 City Orlando State FL Zip Code 32801- | Transaction ID: 81203.E2320 Date of Disbursement 10 / 17 / 2008 |
| | Amount of Each Disbursement this Period 96.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: MILES |
| Purpose of Disbursement Reimbursement: Miles Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2180.02 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Mike Meaney <hr/> Mailing Address 605 E. Robinson Street Suite 103 <hr/> City Orlando State FL Zip Code 32801- <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2340 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1250.00 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | SALARY |
| | Category/Type |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) Mike Meaney <hr/> Mailing Address 605 E. Robinson Street Suite 103 <hr/> City Orlando State FL Zip Code 32801- <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2383 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1750.00 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | SALARY |
| | Category/Type |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Miller Strategies <hr/> Mailing Address 5528 Dinah Lane <hr/> City Sarasota State FL Zip Code 34231- <hr/> Purpose of Disbursement GOTV Phone Calls Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2323 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1627.20 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | GOTV PHONE CALLS |
| | Category/Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4627.20 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
Dominic Palvisak

Transaction ID: 81203.E2359
Date of Disbursement

Mailing Address 605 E. Robinson Street
Suite 103

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

City Orlando State FL Zip Code 32801-

Amount of Each Disbursement this Period

| |
|---------|
| 1609.00 |
|---------|

Purpose of Disbursement
Salary

| |
|---------------|
| Category/Type |
|---------------|

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

Candidate Name

| |
|---------------|
| Category/Type |
|---------------|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SALARY

State: District:

B.

Full Name (Last, First, Middle Initial)
Dominic Palvisak

Transaction ID: 81203.E2394
Date of Disbursement

Mailing Address 605 E. Robinson Street
Suite 103

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

City Orlando State FL Zip Code 32801-

Amount of Each Disbursement this Period

| |
|--------|
| 202.00 |
|--------|

Purpose of Disbursement
Reimbursement: Miles

| |
|---------------|
| Category/Type |
|---------------|

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

Candidate Name

| |
|---------------|
| Category/Type |
|---------------|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

REIMBURSEMENT: MILES

State: District:

C.

Full Name (Last, First, Middle Initial)
Public Opinion Strategies

Transaction ID: 81203.E2378
Date of Disbursement

Mailing Address 214 North Fayette Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 5 | | 2 | 0 | 0 | 8 |

City Alexandria State VA Zip Code 22314-

Amount of Each Disbursement this Period

| |
|----------|
| 19500.00 |
|----------|

Purpose of Disbursement
Research Poll

| |
|---------------|
| Category/Type |
|---------------|

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

Candidate Name

| |
|---------------|
| Category/Type |
|---------------|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

RESEARCH POLL

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|----------|
| 21311.00 |
|----------|

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Kenworth Reeves, Jr. | Transaction ID: 81203.E2401 Date of Disbursement 11 / 17 / 2008 |
| | Mailing Address 217 S. Brown Ave | Amount of Each Disbursement this Period 5853.47 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement: See Below | REIMBURSEMENT: SEE BELOW |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Grand Bohemian | Transaction ID: 81203.E2402 Date of Disbursement 11 / 17 / 2008 |
| | Mailing Address 325 S. Orange Ave. | Amount of Each Disbursement this Period 5853.47 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Catering | [MEMO ITEM] MEMO: CATERING |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Response America LLC | Transaction ID: 81203.E2329 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address 2800 Shirlington Road Suite 901 | Amount of Each Disbursement this Period 3161.13 |
| | City Arlington State VA Zip Code 22206- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Printing | PRINTING |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 9014.60 |
| 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)
Keller For Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Response America LLC | Transaction ID: 81203.E2373 Date of Disbursement 11 / 05 / 2008 |
| | Mailing Address 2800 Shirlington Road Suite 901 City Arlington State VA Zip Code 22206- Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period 10904.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) Rob Richmond | Transaction ID: 81203.E2345 Date of Disbursement 10 / 29 / 2008 |
| | Mailing Address 605 E. Robinson Street Suite 605 City Orlando State FL Zip Code 32801- Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period 2363.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. S. Zack Sanders | Transaction ID: 81203.E2321 Date of Disbursement 10 / 17 / 2008 |
| | Mailing Address 605 E Robinson Street Suite 103 City Orlando State FL Zip Code 32801- Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period 1125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 14393.09 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Mr. S. Zack Sanders | Transaction ID: 81203.E2357 Date of Disbursement 10 / 31 / 2008 |
| | Mailing Address 605 E Robinson Street Suite 103 | Amount of Each Disbursement this Period 1125.00 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Salary Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | SALARY |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. S. Zack Sanders | Transaction ID: 81203.E2385 Date of Disbursement 11 / 06 / 2008 |
| | Mailing Address 605 E Robinson Street Suite 103 | Amount of Each Disbursement this Period 100.00 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement: Miles Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | REIMBURSEMENT: MILES |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. S. Zack Sanders | Transaction ID: 81203.E2389 Date of Disbursement 11 / 13 / 2008 |
| | Mailing Address 605 E Robinson Street Suite 103 | Amount of Each Disbursement this Period 750.00 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Salary Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | SALARY |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1975.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Sir Speedy | Transaction ID: 81203.E2332 |
| | Mailing Address 317 N. Orange Ave. | Date of Disbursement 10 / 22 / 2008 |
| | City Orlando State FL Zip Code 32801- | Amount of Each Disbursement this Period 1695.38 |
| | Purpose of Disbursement Printing | <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 State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PRINTING |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Sir Speedy | Transaction ID: 81203.E2375 |
| | Mailing Address 317 N. Orange Ave. | Date of Disbursement 11 / 05 / 2008 |
| | City Orlando State FL Zip Code 32801- | Amount of Each Disbursement this Period 1729.14 |
| | Purpose of Disbursement Printing | <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 State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PRINTING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Smart Media Group | Transaction ID: 81203.E2346 |
| | Mailing Address 814 King Street Suite 400 | Date of Disbursement 10 / 16 / 2008 |
| | City Alexandria State VA Zip Code 22314- | Amount of Each Disbursement this Period 151029.00 |
| | Purpose of Disbursement Broadcasting | <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 State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | BROADCASTING |

| | |
|--|------------------|
| SUBTOTAL of Disbursements This Page (optional) | 154453.52 |
| 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)
Keller For Congress

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Smart Media Group</p> <p>Mailing Address 814 King Street Suite 400</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement Broadcasting</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81203.E2348 Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 250000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BROADCASTING</p> |
| <p>B. Full Name (Last, First, Middle Initial) Southstate Management Co.</p> <p>Mailing Address 605 East Robinson Street</p> <p>City Orlando State FL Zip Code 32801-</p> <p>Purpose of Disbursement Office Rent</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81023.E2317 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1579.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE RENT</p> |
| <p>C. Full Name (Last, First, Middle Initial) Southstate Management Co.</p> <p>Mailing Address 605 East Robinson Street</p> <p>City Orlando State FL Zip Code 32801-</p> <p>Purpose of Disbursement Office Rent</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81203.E2367 Date of Disbursement 11 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 299.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE RENT</p> |

| | |
|--|------------------|
| SUBTOTAL of Disbursements This Page (optional) | 251878.66 |
| 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)
Keller For Congress

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Staples Inc. <hr/> Mailing Address 2474 East Colonial Drive <hr/> City Orlando State FL Zip Code 32803- <hr/> Purpose of Disbursement Office Supplies <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2318 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 143.45 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES |
| B. | Full Name (Last, First, Middle Initial) Strategic Perception, Inc. <hr/> Mailing Address 6158 Mulholland Highway <hr/> City Los Angeles State CA Zip Code 90068- <hr/> Purpose of Disbursement Media Consulting Fee <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2351 Date of Disbursement 10 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 1611.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA CONSULTING FEE |
| C. | Full Name (Last, First, Middle Initial) SunTrust Bank, Central Florida, NA <hr/> Mailing Address P. O. Box 628096 <hr/> City Orlando State FL Zip Code 32897- <hr/> Purpose of Disbursement Credit Card: See Below <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2325 Date of Disbursement 10 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW |

SUBTOTAL of Disbursements This Page (optional) ▶

6754.45

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)
Keller For Congress

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) US Airways Mailing Address 1776 K Street NW City Washington State DC Zip Code 20006- Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2404 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 282.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address Robinson Street City Orlando State FL Zip Code 32801- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90127.E2459 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) SunTrust Bank, Central Florida, NA Mailing Address P. O. Box 628096 City Orlando State FL Zip Code 32897- Purpose of Disbursement Credit Card: See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2342 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| 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 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)
Keller For Congress

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) OBoys Bar-B-Que <hr/> Mailing Address 924 W. Colonial Dr. <hr/> City Orlando State FL Zip Code 32804- <hr/> Purpose of Disbursement Catering Costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2415 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 362.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING COSTS |
| B. | Full Name (Last, First, Middle Initial) Shugard Storage <hr/> Mailing Address 653 Maguire Blvd <hr/> City Orlando State FL Zip Code 32803- <hr/> Purpose of Disbursement Storage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2413 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 273.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STORAGE |
| C. | Full Name (Last, First, Middle Initial) Staples Inc. <hr/> Mailing Address 2474 East Colonial Drive <hr/> City Orlando State FL Zip Code 32803- <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2409 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 376.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) SunTrust Bank, Central Florida, NA Mailing Address P. O. Box 628096 City Orlando State FL Zip Code 32897- Purpose of Disbursement Credit Card: See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2403 Date of Disbursement 11 / 17 / 2008 |
| | Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) Circuit City Stores Mailing Address 2728 E Colonial Drive City Orlando State FL Zip Code 32803- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90126.E2455 Date of Disbursement 11 / 17 / 2008 |
| | Amount of Each Disbursement this Period 1344.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Home Depot, Inc. Mailing Address 6130 East Colonial Drive City Orlando State FL Zip Code 32807- Purpose of Disbursement Supplies for Yard Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90126.E2456 Date of Disbursement 11 / 17 / 2008 |
| | Amount of Each Disbursement this Period 428.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUPPLIES FOR YARD SIGNS |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 15000.00 |
| 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 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)
Keller For Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Orlando Marriott Downtown | Transaction ID: 81203.E2419 Date of Disbursement 11 / 17 / 2008 |
| | Mailing Address 400 West Livingston Street | Amount of Each Disbursement this Period 2034.12 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Volunteer Hotel Rooms Candidate Name | [MEMO ITEM] MEMO: VOLUNTEER HOTEL ROOMS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Orlando Marriott Downtown | Transaction ID: 81203.E2420 Date of Disbursement 11 / 17 / 2008 |
| | Mailing Address 400 West Livingston Street | Amount of Each Disbursement this Period 3411.93 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Election Night Party Candidate Name | [MEMO ITEM] MEMO: ELECTION NIGHT PARTY |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Orlando Marriott Downtown | Transaction ID: 81203.E2421 Date of Disbursement 11 / 17 / 2008 |
| | Mailing Address 400 West Livingston Street | Amount of Each Disbursement this Period 1472.56 |
| | City Orlando State FL Zip Code 32801- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Volunteer Hotel Rooms Candidate Name | [MEMO ITEM] MEMO: VOLUNTEER HOTEL ROOMS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Keller For Congress

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Ocean Reef Club Mailing Address 35 Ocean Reef Drive City Key Largo State FL Zip Code 33037- Purpose of Disbursement Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90126.E2449 Date of Disbursement 11 / 17 / 2008 Amount of Each Disbursement this Period 185.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: HOTEL |
| | Category/Type | Category/Type |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Staples Inc. Mailing Address 2474 East Colonial Drive City Orlando State FL Zip Code 32803- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90126.E2453 Date of Disbursement 11 / 17 / 2008 Amount of Each Disbursement this Period 536.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| | Category/Type | Category/Type |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address Robinson Street City Orlando State FL Zip Code 32801- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90127.E2458 Date of Disbursement 11 / 17 / 2008 Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE |
| | Category/Type | Category/Type |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Robinson Street

City Orlando State FL Zip Code 32801-

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90126.E2454
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 7 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 1 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

[MEMO ITEM]
MEMO: POSTAGE

B.

Full Name (Last, First, Middle Initial)
Tele-Town Hall

Mailing Address 5101 MacArthur Blvd. NW Suite 200

City Washington State DC Zip Code 20016-

Purpose of Disbursement
Town Hall Meeting Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81203.E2377
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 5 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 4 | 3 | 6 | . | 7 | 1 |
|---|---|---|---|---|---|---|

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

TOWN HALL MEETING EXPENSE

C.

Full Name (Last, First, Middle Initial)
Tiger Bay Club of Orlando

Mailing Address P. O. Box 7066

City Orlando State FL Zip Code 32854-

Purpose of Disbursement
Event Tickets

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81203.E2350
Date of Disbursement

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

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

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

EVENT TICKETS

SUBTOTAL of Disbursements This Page (optional)

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 4 | 7 | 6 | . | 7 | 1 |
|---|---|---|---|---|---|---|

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)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
Tiger Bay Club of Orlando

Mailing Address P. O. Box 7066

City Orlando State FL Zip Code 32854-

Purpose of Disbursement
Event Tickets
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81203.E2353
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 400.00 |
|--------|

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

EVENT TICKETS

B.

Full Name (Last, First, Middle Initial)
United States Treasury

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220-

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81203.E2388
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|---------|
| 4596.26 |
|---------|

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

PAYROLL TAXES

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Robinson Street

City Orlando State FL Zip Code 32801-

Purpose of Disbursement
Postage
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81203.E2324
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|---------|
| 2100.00 |
|---------|

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 7096.26 |
|---------|

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)
Keller For Congress

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Transaction ID: 81203.E2339
Date of Disbursement

Mailing Address Robinson Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 7 | / | 2 | 0 | 0 | 8 |

City Orlando State FL Zip Code 32801-

Amount of Each Disbursement this Period

Purpose of Disbursement

| |
|---------|
| 2100.00 |
|---------|

Postage

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

POSTAGE

State: District:

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Transaction ID: 81203.E2344
Date of Disbursement

Mailing Address Robinson Street

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

City Orlando State FL Zip Code 32801-

Amount of Each Disbursement this Period

Purpose of Disbursement

| |
|---------|
| 1260.00 |
|---------|

Postage

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

POSTAGE

State: District:

C.

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

Transaction ID: 81203.E2372
Date of Disbursement

Mailing Address 2914 East Colonial Drive

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 5 | / | 2 | 0 | 0 | 8 |

City Orlando State FL Zip Code 32803-

Amount of Each Disbursement this Period

Purpose of Disbursement

| |
|--------|
| 162.60 |
|--------|

Telephone

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

TELEPHONE

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

3522.60

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)
Keller For Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Win Right Data Company, LLC <hr/> Mailing Address 264 N. Lumpkin Street Suite 202 <hr/> City Athens State GA Zip Code 30601- <hr/> Purpose of Disbursement Direct Mail Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2328 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 248.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL SERVICES |
| B. | Full Name (Last, First, Middle Initial) Win Right Data Company, LLC <hr/> Mailing Address 264 N. Lumpkin Street Suite 202 <hr/> City Athens State GA Zip Code 30601- <hr/> Purpose of Disbursement Direct Mail Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2379 Date of Disbursement 11 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 689.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL SERVICES |
| C. | Full Name (Last, First, Middle Initial) Winning Edge, LLC <hr/> Mailing Address Robinson Building 1016 Forrest Avenue <hr/> City Gadsden State AL Zip Code 35901- <hr/> Purpose of Disbursement Direct Mail Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E2335 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 97795.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL SERVICES |

SUBTOTAL of Disbursements This Page (optional) ▶

98733.43

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

Image# 29990825614

Form/Schedule: **F3A**

Transaction ID:

This amended report is in response to your letter dated December 24, 2008. The following steps have been taken:
1. All credit card disbursements have been itemized 2. constituent outreach has been changed to town hall meeting expense.
