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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
04 AUG 19 PM 1:47 HD

Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT — Example: If typing, type over the lines

Friends of Johnnie Byrd

ADDRESS (number and street) P.O. Box 568

Check if different than previously reported. (ACC)

Plant City | FL | 33564

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00388702

3. IS THIS REPORT — NEW (N) [X] OR AMENDED (A) [ ]

STATE ▼ DISTRICT: FL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report (Q1)
- [ ] July 15 Quarterly Report (Q2)
- [ ] October 15 Quarterly Report (Q3)
- [ ] January 31 Year-End Report (YE)
- [ ] Termination Report (TER)

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

- [X] Primary (12P)
- [ ] General (12G)
- [ ] Runoff (12R)
- [ ] Convention (12C)
- [ ] Special (12S)

Election on 08 31 2004 in the State of FL

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

- [ ] General (30G)
- [ ] Runoff (30R)
- [ ] Special (30S)

Election on ____ in the State of ____

5. Covering Period 07 01 2004 through 08 11 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Daniel D Raulerson

Signature of Treasurer: Daniel D Raulerson

Date 08 17 2004

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

Office Use Only							

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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2

Write or Type Committee Name

Friends of Johnnie Byrd

Report Covering the Period: From: 07 01 2004 To: 08 11 2004

		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))	31625.00	2745709.49
	(b) Total Contribution Refunds (from Line 20(d))	158901.19	267151.19
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-127276.19	2478558.30
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	324587.27	1969290.08
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	12925.73
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	324587.27	1956364.35
8.	Cash on Hand at Close of Reporting Period (from Line 27)	528783.89	
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)	3934.13	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

24020650598

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003) — Page 3

Write or Type Committee Name
Friends of Johnnie Byrd

Report Covering the Period: From: 07 01 2004 To: 08 11 2004

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	22105.00	
(ii) Unitemized	1520.00	
(iii) TOTAL of contributions from individuals ▶	23625.00	2616909.49
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	8000.00	129800.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	31625.00	2745709.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	12925.73
15. OTHER RECEIPTS (Dividends, Interest, etc.)	514.44	8589.94
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	32139.44	2767225.16

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	324587.27	1969290.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	158901.19	267151.19
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	158901.19	267151.19
21. OTHER DISBURSEMENTS	0.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	483488.46	2238441.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	980132.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	32139.44
25. SUBTOTAL (add Line 23 and Line 24)	1012272.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	483488.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	528783.89

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 133
(check only one)
[X] 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)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Norman Braman
Mailing Address 1 Indian Creek Island
City: Miami | State: FL | Zip Code: 33154-
FEC ID number of contributing federal political committee: C
Name of Employer: Braman Management Assoc.
Occupation: President
Receipt For: 2004 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 08 / 06 / 2004
Transaction ID: 08102004433C3990
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Irma Braman
Mailing Address 1 Indian Creek Island
City: Miami | State: FL | Zip Code: 33154-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 08 / 06 / 2004
Transaction ID: 08102004433C3991
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David Rancourt
Mailing Address 2000 Dogwood Hill
City: Tallahassee | State: FL | Zip Code: 32308-
FEC ID number of contributing federal political committee: C
Name of Employer: Southern Strategy Group
Occupation: Consultant
Receipt For: 2004 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3500.00

Date of Receipt: 08 / 02 / 2004
Transaction ID: 08082004434C3979
Amount of Each Receipt this Period: 1500.00
Receipt
[X] 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) ▶

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 133
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Regan E. Rancourt
Mailing Address 2000 Dogwood Hill
City: Tallahassee | State: FL | Zip Code: 32308-
FEC ID number of contributing federal political committee: C
Name of Employer: Holy Comforter Episcopal
Occupation: School Administrator
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 08 / 02 / 2004
Transaction ID: 0806200434C3980
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David A. Storck
Mailing Address 6214 Fullenkamp Dr.
City: Plant City | State: FL | Zip Code: 33565-
FEC ID number of contributing federal political committee: C
Name of Employer: Wal-Mart
Occupation: Manager
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 14 / 2004
Transaction ID: 0722200434C3955
Amount of Each Receipt this Period: 50.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mary Ann Stiles
Mailing Address 315 Plant Ave.
City: Tampa | State: FL | Zip Code: 33606-
FEC ID number of contributing federal political committee: C
Name of Employer: Stiles, Taylor & Grace
Occupation: Attorney
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 07 / 26 / 2004
Transaction ID: 0806200434C3972
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2050.00

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 133
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
John D. Collins
Mailing Address 600 Corporate Dr., Ste 600
City: Fort Lauderdale | State: FL | Zip Code: 33334-
FEC ID number of contributing federal political committee: C
Name of Employer: Gulf Construction
Occupation: President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 08 / 02 / 2004
Transaction ID: 08062004434C3982
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Wende A. Lewis
Mailing Address 8008 SW 47th Ct.
City: Gainesville | State: FL | Zip Code: 32608-
FEC ID number of contributing federal political committee: C
Name of Employer: Lewis Oil Company
Occupation: Vice President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1200.00

Date of Receipt: 08 / 11 / 2004
Transaction ID: 08112004934C3993
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Don E. Weiden, Jr.
Mailing Address PO Box 1569
City: Plant City | State: FL | Zip Code: 33564-1569
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Realtor
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 07 / 16 / 2004
Transaction ID: 07222004434C3958
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2200.00

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 133
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Scott F. Luigert
Mailing Address 4200 Gulf Shore Blvd. North
City: Naples State: FL Zip Code: 34103-
FEC ID number of contributing federal political committee. C
Name of Employer: The Luigert Companies
Occupation: Real Estate
Receipt For: 2004
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 07 / 26 / 2004
Transaction ID: 08062004434C3973
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Salvatore Chilura
Mailing Address 509 Finger Lakes Pl.
City: Seffner State: FL Zip Code: 33584-4163
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Landscape Designer
Receipt For: 2004
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 07 / 14 / 2004
Transaction ID: 07222004434C3956
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John P. Levine
Mailing Address 1157 Florence Rd.
City: Northampton State: MA Zip Code: 01062-
FEC ID number of contributing federal political committee. C
Name of Employer: Florida Central RR
Occupation: Executive
Receipt For: 2004
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 08 / 05 / 2004
Transaction ID: 08062004434C3984
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3100.00

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 133
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Upton McKenzie
Mailing Address 3820 NW 5th Ct.
City: Fort Lauderdale | State: FL | Zip Code: 33311-6306
FEC ID number of contributing federal political committee: C
Name of Employer: McKenzie Financial Services
Occupation: Owner
Receipt For: 2004
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 01 / 2004
Transaction ID: 07082004422C3936
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dr. Joseph Thomas
Mailing Address 2275 20th St.
City: Vero Beach | State: FL | Zip Code: 32960-3045
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Dentist
Receipt For: 2004
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3500.00

Date of Receipt: 08 / 02 / 2004
Transaction ID: 08062004434C3981
Amount of Each Receipt this Period: 1500.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Carmen Tarantino
Mailing Address 2402 Bryan Ln.
City: Tarpon Springs | State: FL | Zip Code: 34688-7344
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 525.00

Date of Receipt: 07 / 22 / 2004
Transaction ID: 07222004434C3987
Amount of Each Receipt this Period: 25.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1625.00

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 133
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Kenneth J. Mase
Mailing Address 3017 Alhambra Circle
City: Coral Gables | State: FL | Zip Code: 33134-
FEC ID number of contributing federal political committee. C
Name of Employer: Retired | Occupation: Retired
Receipt For: 2004 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 01 / 2004
Transaction ID: 07092004226C3935
Amount of Each Receipt this Period: 50.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John C. Kagan
Mailing Address 8981 Lake Devonwood Dr.
City: Fort Myers | State: FL | Zip Code: 33908-
FEC ID number of contributing federal political committee. C
Name of Employer: Kagan Jugan & Associates | Occupation: Physician
Receipt For: 2004 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 07 / 08 / 2004
Transaction ID: 07092004576C3945
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert G. Roskamp
Mailing Address 2040 Whitfield Ave.
City: Sarasota | State: FL | Zip Code: 34243-3922
FEC ID number of contributing federal political committee. C
Name of Employer: Roskamp Management Co. | Occupation: Developer
Receipt For: 2004 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 07 / 26 / 2004
Transaction ID: 08092004344C3974
Amount of Each Receipt this Period: 4000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4150.00

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 133
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Betty C. Carson
Mailing Address 2901 N. Fritzke Rd.
City: Dover State: FL Zip Code: 33527-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 230.00
Date of Receipt: 07 / 14 / 2004
Transaction ID: 0722200434C3954
Amount of Each Receipt this Period: 30.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Morris Kutner, M.D.
Mailing Address 3058 Highlands-By-The-Lake Way, No
City: Lakeland State: FL Zip Code: 33813-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 700.00
Date of Receipt: 07 / 08 / 2004
Transaction ID: 0708200457C3945
Amount of Each Receipt this Period: 200.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Nancy Wingate
Mailing Address 4325 Bethlehem Rd.
City: Dover State: FL Zip Code: 33527-
FEC ID number of contributing federal political committee: C
Name of Employer: Wingate Properties, Inc.
Occupation: Owner
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 200.75
Date of Receipt: 07 / 26 / 2004
Transaction ID: 0806200434C3970
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 330.00

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 133
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Steven E. Dadson
Mailing Address 8211 High Oaks Trail
City: Myakka | State: FL | Zip Code: 34251-
FEC ID number of contributing federal political committee: C
Name of Employer: Zieg Hospitality
Occupation: Hotel Manager
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 07 / 08 / 2004
Transaction ID: 0708200457C3944
Amount of Each Receipt this Period: 300.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Louis E. Marinaccio
Mailing Address 13407 Blythefield Ter.
City: Lakewood Ranch | State: FL | Zip Code: 34202-
FEC ID number of contributing federal political committee: C
Name of Employer: MGA Financial Services, Inc.
Occupation: Insurance Broker
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 07 / 16 / 2004
Transaction ID: 0722200434C3957
Amount of Each Receipt this Period: 600.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dr. Basil Mangra
Mailing Address 11920 N.W. 24th Street
City: Plantation | State: FL | Zip Code: 33323-1928
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 16 / 2004
Transaction ID: 0722200434C3960
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1150.00

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

24020650608
24020650608

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 133
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Dr. Ralph Germanone, Jr.
Mailing Address 3735 Oxford St.
City: Fort Myers | State: FL | Zip Code: 33901-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Plastic Surgeon
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 16 / 2004
Transaction ID: 0722200434C3961
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)
Dr. Patrick Flaherty
Mailing Address 11670 Rosemount Drive
City: Fort Myers | State: FL | Zip Code: 33913-
FEC ID number of contributing federal political committee: C
Name of Employer: Facial Aesthetic Centre
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 26 / 2004
Transaction ID: 0806200434C3969
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stephen Moenning
Mailing Address 1950 Jamaica Way
City: Punta Gorda | State: FL | Zip Code: 33950-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 26 / 2004
Transaction ID: 0806200434C3977
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) ▶ 1500.00

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

24020650609
24020650609

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 133
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jimi A. Adetula

Mailing Address 9281 NW 18th Street

City: Plantation
State: FL
Zip Code: 33322-

FEC ID number of contributing federal political committee.: C

Name of Employer: South Florida Medical Center
Occupation: President

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 28 / 2004

Transaction ID: 08D6200434C3978

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) ▶	500.00
TOTAL This Period (last page this line number only) ▶	22105.00

24020650610
24020650610

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 133
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
WellCare Hlth Plan Inc Good Govt Fd PAC
Mailing Address 6800 N. Dale Mabry, Suite 168
City: Tampa | State: FL | Zip Code: 33614-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: 2004
☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 7000.00

Date of Receipt: 07 / 07 / 2004
Transaction ID: 07082004422C3938
Amount of Each Receipt this Period: 5000.00
Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
WellCare Hlth Plan Inc Good Govt Fd PAC
Mailing Address 6800 N. Dale Mabry, Suite 168
City: Tampa | State: FL | Zip Code: 33614-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: 2004
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 10000.00

Date of Receipt: 07 / 07 / 2004
Transaction ID: 07082004422C3937
Amount of Each Receipt this Period: 3000.00
Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	8000.00

24020650611
24020650611

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 133
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Colonial Bank

Mailing Address P.O. Box 1887

City: Birmingham
State: AL
Zip Code: 35201-

FEC ID number of contributing federal political committee: C

Name of Employer:
Occupation:

Receipt For: 2004
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
7589.94

Date of Receipt: 07 / 30 / 2004

Transaction ID: 0810200433C3985

Amount of Each Receipt this Period
514.44

Other Receipt

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

Note: Interest

SUBTOTAL of Receipts This Page (optional) ▶	514.44
TOTAL This Period (last page this line number only) ▶	514.44

24020650612
24020650612

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: POSTAGE
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2053
Date of Disbursement: 08 / 02 / 2004

Amount of Each Disbursement this Period: 3700.00

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

POSTAGE

B. Full Name (Last, First, Middle Initial)
Johnnie Byrd

Mailing Address 2385 Hammock Drive

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: REIMBURSEMENT: SEE BELOW
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [X] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2059
Date of Disbursement: 08 / 03 / 2004

Amount of Each Disbursement this Period: 1216.02

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

REIMBURSEMENT: SEE BELOW

C. Full Name (Last, First, Middle Initial)
Johnnie Byrd

Mailing Address 2385 Hammock Drive

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: TRAVEL REIMB.
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2060
Date of Disbursement: 08 / 03 / 2004

Amount of Each Disbursement this Period: 1216.02

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

[MEMO ITEM]
MEMO: TRAVEL REIMB.

SUBTOTAL of Disbursements This Page (optional) ▶ 4918.02

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

24020650613
24020650613

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 18 / 133

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

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

Mailing Address P.O. Box 920041

City: Dallas | State: TX | Zip Code: 75392-

Purpose of Disbursement: TELEPHONES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1929
Date of Disbursement: 07 / 20 / 2004

Amount of Each Disbursement this Period: 1007.40

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

TELEPHONES

B. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine | State: IL | Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1863
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 151.70

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

DELIVERY

C. Full Name (Last, First, Middle Initial)
Excel Printing Center

Mailing Address 1102 S. Collins St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: PRINTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0810200433E2117
Date of Disbursement: 08 / 09 / 2004

Amount of Each Disbursement this Period: 205.44

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

PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶ 1364.54

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

24020650614

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
T-Mobile

Mailing Address P.O. Box 742596

City: Cincinnati | State: OH | Zip Code: 45274-2596

Purpose of Disbursement: TELEPHONES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0B10200433E2110
Date of Disbursement: 08 / 09 / 2004

Amount of Each Disbursement this Period: 1750.00

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

TELEPHONES

B. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine | State: IL | Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D7222D0434E1788
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 142.40

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

DELIVERY

C. Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D701200414E1643
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 337.36

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

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 2229.76

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

24020650615

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Red Sea, LLC
Mailing Address 1111 19th St. NW, Suite 211
City: Washington | State: DC | Zip Code: 20036-
Purpose of Disbursement: RADIO ADVERTISING
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1905
Date of Disbursement: 07 / 14 / 2004
Amount of Each Disbursement this Period: 16508.12
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
RADIO ADVERTISING

B.
Full Name (Last, First, Middle Initial)
Sherer E. Byrd
Mailing Address 2835 Hammock Dr.
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)

Transaction ID: 0706200422E1692
Date of Disbursement: 07 / 09 / 2004
Amount of Each Disbursement this Period: 742.88
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

C.
Full Name (Last, First, Middle Initial)
T-Mobile
Mailing Address P.O. Box 742596
City: Cincinnati | State: OH | Zip Code: 45274-2596
Purpose of Disbursement: TELEPHONE
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1769
Date of Disbursement: 07 / 13 / 2004
Amount of Each Disbursement this Period: 200.58
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 17449.58

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

24020650616

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Amanda T. Byrd
Mailing Address 2835 Hammock Drive
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0706200422E1691
Date of Disbursement: 07 / 09 / 2004
Amount of Each Disbursement this Period: 452.43
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

B.
Full Name (Last, First, Middle Initial)
Rafael Perez
Mailing Address 65 Olive Drive
City: Hialeah | State: FL | Zip Code: 33010-
Purpose of Disbursement: REIMBURSEMENT: SEE BELOW
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0806200434E2091
Date of Disbursement: 08 / 05 / 2004
Amount of Each Disbursement this Period: 2746.80
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
REIMBURSEMENT: SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car
Mailing Address 2330 NW 37th Ave.
City: Miami | State: FL | Zip Code: 33142-
Purpose of Disbursement: AUTO RENTAL
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0806200434E2095
Date of Disbursement: 08 / 05 / 2004
Amount of Each Disbursement this Period: 87.63
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AUTO RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶ 3188.33

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

24020650617

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Florida Legislature
Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building
City: Tallahassee State: FL Zip Code: 32399-1400
Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2094
Date of Disbursement: 08 / 05 / 2004
Amount of Each Disbursement this Period: 47.05
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

B.
Full Name (Last, First, Middle Initial)
Rafael Perez
Mailing Address 65 Olive Drive
City: Hialeah State: FL Zip Code: 33010-
Purpose of Disbursement: POLITICAL CONSULTING
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2092
Date of Disbursement: 08 / 05 / 2004
Amount of Each Disbursement this Period: 2250.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: POLITICAL CONSULTING

C.
Full Name (Last, First, Middle Initial)
State Health Trust Fund
Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building
City: Tallahassee State: FL Zip Code: 32399-1400
Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2093
Date of Disbursement: 08 / 05 / 2004
Amount of Each Disbursement this Period: 362.22
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

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

24020650618

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington | State: DC | Zip Code: 20036-

Purpose of Disbursement: ADVERTISING PRODUCTION
Candidate Name
Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0810200433E2114
Date of Disbursement: 08 / 09 / 2004

Amount of Each Disbursement this Period: 4580.00

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

ADVERTISING PRODUCTION

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

Mailing Address 1402 E. Spencer St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: MEDIA CONSULTING
Candidate Name
Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1851
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 1120.36

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

MEDIA CONSULTING

C. Full Name (Last, First, Middle Initial)
Plant City Airport Services

Mailing Address 4007 Airport Road

City: Plant City | State: FL | Zip Code: 33563-1134

Purpose of Disbursement: AIR TRAVEL
Candidate Name
Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1782
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 2000.00

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

AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 7700.36

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

24020650619

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

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

Mailing Address P.O. Box 94515

City: Palatine | State: IL | Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1793
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 248.10

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

DELIVERY

B. Full Name (Last, First, Middle Initial)
Eric Zichella

Mailing Address 1408 Plantation Circle., #1101

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1697
Date of Disbursement: 07 / 09 / 2004

Amount of Each Disbursement this Period: 1390.69

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

PAYROLL

C. Full Name (Last, First, Middle Initial)
MBA Graphics Of Tampa, Inc.

Mailing Address Aviation Division
201 Kelsey Lane

City: Tampa | State: FL | Zip Code: 33619-

Purpose of Disbursement: POLITICAL CONSULTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1686
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 6000.00

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

POLITICAL CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 7638.79

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

24020650620

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Custom Scoop

Mailing Address P.O. Box 609

City: Concord | State: NH | Zip Code: 03302-

Purpose of Disbursement: SUBSCRIPTION

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1649
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 250.00

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

SUBSCRIPTION

B. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0808200434E2039
Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 38.57

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

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

C. Full Name (Last, First, Middle Initial)
Basswood Research

Mailing Address 1111 19th St. NW, Suite 211

City: Washington | State: DC | Zip Code: 20036-

Purpose of Disbursement: CAMPAIGN SURVEYS

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1791
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 18842.00

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

CAMPAIGN SURVEYS

SUBTOTAL of Disbursements This Page (optional) ▶ 19130.57

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

24020650621

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Koch & Hoos, LLC

Mailing Address P.O. Box 1154

City: Alexandria | State: VA | Zip Code: 22313-

Purpose of Disbursement: ACCOUNTING CONSULTING

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0810200433E2112
Date of Disbursement: 08 / 09 / 2004

Amount of Each Disbursement this Period: 919.60

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

ACCOUNTING CONSULTING

B. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington | State: DC | Zip Code: 20036-

Purpose of Disbursement: MEDIA CONSULTING/PRODUCTION

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1653
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 12966.20

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

MEDIA CONSULTING/PRODUCTION

C. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington | State: DC | Zip Code: 20036-

Purpose of Disbursement: RADIO ADVERTISING

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2055
Date of Disbursement: 08 / 02 / 2004

Amount of Each Disbursement this Period: 14543.25

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

RADIO ADVERTISING

SUBTOTAL of Disbursements This Page (optional) ▶ 28329.05

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

24020650622
24020650622

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Sherer E. Byrd
Mailing Address 2835 Hammock Dr.
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D806200434E2083
Date of Disbursement: 08 / 06 / 2004
Amount of Each Disbursement this Period: 1187.37
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

B. Full Name (Last, First, Middle Initial)
Foley & Lardner, LLP
Mailing Address 3000 K Street, N.W.
City: Washington | State: DC | Zip Code: 20007-5101
Purpose of Disbursement: POLITICAL/LEGAL CONSULTING
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1787
Date of Disbursement: 07 / 13 / 2004
Amount of Each Disbursement this Period: 1295.30
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
POLITICAL/LEGAL CONSULTING

C. Full Name (Last, First, Middle Initial)
ADP Easypay
Mailing Address 4900 Lemon Street
City: Tampa | State: FL | Zip Code: 33609-
Purpose of Disbursement: PROCESSING FEE
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2020
Date of Disbursement: 07 / 23 / 2004
Amount of Each Disbursement this Period: 69.35
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional) ▶ 2552.02

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

24020650623

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

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

Mailing Address P.O. Box 94515

City: Palatine | State: IL | Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2057
Date of Disbursement: 08 / 02 / 2004

Amount of Each Disbursement this Period: 263.19

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

DELIVERY

B.
Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2036
Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 344.11

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

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

C.
Full Name (Last, First, Middle Initial)
Tampa Electric

Mailing Address P.O. Box 31318

City: Tampa | State: FL | Zip Code: 33631-3318

Purpose of Disbursement: UTILITIES

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08102004433E2119
Date of Disbursement: 08 / 10 / 2004

Amount of Each Disbursement this Period: 69.60

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

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶ 676.90

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

24020650624

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Leoni Development Partnership

Mailing Address 225 NE 34th St, Suite 203

City: Miami | State: FL | Zip Code: 33137-

Purpose of Disbursement: OFFICE LEASE
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1807
Date of Disbursement: 07 / 14 / 2004

Amount of Each Disbursement this Period: 1505.00

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

OFFICE LEASE

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

Mailing Address 2200 Old Germantown Road

City: Delray Beach | State: FL | Zip Code: 33445-

Purpose of Disbursement: OFFICE SUPPLIES
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1658
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 252.87

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

OFFICE SUPPLIES

C. Full Name (Last, First, Middle Initial)
Mathre Communications, Inc.

Mailing Address 216 23rd Avenue NE

City: St Petersburg | State: FL | Zip Code: 33704-3532

Purpose of Disbursement: DATA RESEARCH
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2051
Date of Disbursement: 07 / 30 / 2004

Amount of Each Disbursement this Period: 2000.00

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

DATA RESEARCH

SUBTOTAL of Disbursements This Page (optional) ▶	3757.87
TOTAL This Period (last page this line number only) ▶	

24020650625

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

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

Mailing Address P.O. Box 30723

City: Tampa | State: FL | Zip Code: 33630-3723

Purpose of Disbursement: TELEPHONES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0810200433E2108
Date of Disbursement: 08 / 09 / 2004

Amount of Each Disbursement this Period: 2200.00

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

TELEPHONES

B. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine | State: IL | Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1650
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 137.81

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

DELIVERY

C. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1644
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 32.32

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

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 2370.13

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

24020650626

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Bright House Networks
Mailing Address 525 Grand Regency Blvd.
City: Brandon | State: FL | Zip Code: 33510-9933
Purpose of Disbursement: INTERNET SERVICE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0806200434E2042
Date of Disbursement: 07 / 28 / 2004
Amount of Each Disbursement this Period: 143.82
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
INTERNET SERVICE

B.
Full Name (Last, First, Middle Initial)
Eric Zichella
Mailing Address 1408 Plantation Circle., #1101
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0722200434E2009
Date of Disbursement: 07 / 13 / 2004
Amount of Each Disbursement this Period: 1818.46
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

C.
Full Name (Last, First, Middle Initial)
Nextel Communication
Mailing Address P.O. Box 17990
City: Denver | State: CO | Zip Code: 80217-0990
Purpose of Disbursement: TELEPHONES
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0701200414E1860
Date of Disbursement: 07 / 01 / 2004
Amount of Each Disbursement this Period: 932.93
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TELEPHONES

SUBTOTAL of Disbursements This Page (optional) ▶ 2895.21

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

24020650627

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Johnnie Byrd
Mailing Address 2385 Hammock Drive
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: REIMBURSEMENT: SEE BELOW
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1700
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 2127.35
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
REIMBURSEMENT: SEE BELOW

B.
Full Name (Last, First, Middle Initial)
Applebees
Mailing Address 1204 Townsgate Court
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1704
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 32.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car
Mailing Address 1414 S. Monroe St.
City: Tallahassee | State: FL | Zip Code: 32301-
Purpose of Disbursement: AUTO RENTAL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1714
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 56.21
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AUTO RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶ 2127.36

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

24020650628

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 33 / 133

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car
Mailing Address 1555 Perimeter Rd.
City: Dania | State: FL | Zip Code: 33004-
Purpose of Disbursement: AUTO RENTAL
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1711
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 143.65
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AUTO RENTAL

B.
Full Name (Last, First, Middle Initial)
Avis Rental
Mailing Address 2811 Highway 11 S
City: Meridian | State: MS | Zip Code: 39301-
Purpose of Disbursement: AUTO RENTAL
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1717
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 473.97
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AUTO RENTAL

C.
Full Name (Last, First, Middle Initial)
Barnes & Noble
Mailing Address 122 Brandon Town Center Dr
City: Brandon | State: FL | Zip Code: 33510-
Purpose of Disbursement: PERIODICALS/LITERATURE
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1701
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 146.29
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: PERIODICALS/LITERATURE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650629

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 07082004422E1706
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 27.84

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
Macaroni Grill

Mailing Address 132 Brandon Town Center Dr.

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 07082004422E1708
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 49.10

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Freds Market Restaurant

Mailing Address 1407 W. Dr. MLK Jr. Blvd. Box 11

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 07082004422E1710
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 91.38

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650630

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
U-Haul

Mailing Address 1903 S. Monroe St.

City: Tallahassee | State: FL | Zip Code: 32301-

Purpose of Disbursement: AUTO RENTAL

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1719
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 228.35

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

[MEMO ITEM]
MEMO: AUTO RENTAL

B. Full Name (Last, First, Middle Initial)
U-Haul

Mailing Address 1903 S. Monroe St.

City: Tallahassee | State: FL | Zip Code: 32301-

Purpose of Disbursement: AUTO RENTAL

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1718
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 346.04

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

[MEMO ITEM]
MEMO: AUTO RENTAL

C. Full Name (Last, First, Middle Initial)
Garcia, Mackin & Associates, Inc.

Mailing Address PO Box 1222

City: Safety Harbor | State: FL | Zip Code: 34695-

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D8062004 34E2041
Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 15000.00

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

MEDIA CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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

24020650631

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Rafael Perez

Mailing Address 65 Olive Drive

City: Hialeah | State: FL | Zip Code: 33010-

Purpose of Disbursement: POLITICAL CONSULTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2025
Date of Disbursement: 07 / 23 / 2004

Amount of Each Disbursement this Period: 4500.00

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

POLITICAL CONSULTING

B. Full Name (Last, First, Middle Initial)
Tampa Electric

Mailing Address P.O. Box 31318

City: Tampa | State: FL | Zip Code: 33631-3318

Purpose of Disbursement: UTILITIES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1790
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 327.56

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

UTILITIES

C. Full Name (Last, First, Middle Initial)
Andrew Roberts

Mailing Address 1302 Brantwood Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: COMMUNICATIONS CONSULTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0810200433E2115
Date of Disbursement: 08 / 09 / 2004

Amount of Each Disbursement this Period: 750.00

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

COMMUNICATIONS CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 5577.56

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

24020650632
24020650632

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1694
Date of Disbursement: 07 / 09 / 2004

Amount of Each Disbursement this Period: 1254.46

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

PAYROLL

B. Full Name (Last, First, Middle Initial)
Edwards, Pieli, Raulerson & Co. PA

Mailing Address 101 E. Mahoney St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: ACCOUNTING/CONSULTING SERVICES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1794
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 3000.00

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

ACCOUNTING/CONSULTING SERVICES

C. Full Name (Last, First, Middle Initial)
Sprint

Mailing Address P.O. Box 30723

City: Tempe | State: FL | Zip Code: 33630-3723

Purpose of Disbursement: TELEPHONES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1661
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 314.75

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

TELEPHONES

SUBTOTAL of Disbursements This Page (optional) ▶ 4569.21

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

24020650633
24020650633

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)
[X] 17 [ ] 18 [ ] 18a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: REIMBURSEMENT: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1873
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1051.65

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

REIMBURSEMENT: SEE BELOW

B. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1874
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 875.38

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

[MEMO ITEM]
MEMO: TRAVEL

C. Full Name (Last, First, Middle Initial)
Nextel Communication

Mailing Address P.O. Box 17990

City: Denver | State: CO | Zip Code: 80217-0890

Purpose of Disbursement: TELEPHONE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1876
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 177.88

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

[MEMO ITEM]
MEMO: TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 1051.65

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

24020650634
24020650634

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: PAYROLL
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2016
Date of Disbursement: 07 / 23 / 2004

Amount of Each Disbursement this Period: 1254.47

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

PAYROLL

B. Full Name (Last, First, Middle Initial)
Maggie E. Hehn

Mailing Address 904 W. Pinedale Dr.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: OFFICE SUPPLIES REIMBURSEMENT
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1720
Date of Disbursement: 07 / 08 / 2004

Amount of Each Disbursement this Period: 10.17

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

OFFICE SUPPLIES REIMBURSEMENT

C. Full Name (Last, First, Middle Initial)
Helen Meeks

Mailing Address 37737 Hart Circle

City: Zephyrhills | State: FL | Zip Code: 33541-

Purpose of Disbursement: OFFICE CLEANING
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0606200434E2049
Date of Disbursement: 07 / 29 / 2004

Amount of Each Disbursement this Period: 340.00

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

OFFICE CLEANING

SUBTOTAL of Disbursements This Page (optional) ▶ 1604.64

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

24020650635
24020650635

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Ancom Systems

Mailing Address 5312 W. Crenshaw Street

City: Tampa | State: FL | Zip Code: 33634-2407

Purpose of Disbursement: REPAIRS & MAINTENANCE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1648
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 81.25

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

REPAIRS & MAINTENANCE

B. Full Name (Last, First, Middle Initial)
Johnnie Byrd

Mailing Address 2385 Hammock Drive

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: REIMBURSEMENT: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1684
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 1279.98

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

REIMBURSEMENT: SEE BELOW

C. Full Name (Last, First, Middle Initial)
Johnnie Byrd

Mailing Address 2385 Hammock Drive

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: TRAVEL REIMB.

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1685
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 1279.98

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

[MEMO ITEM]
MEMO: TRAVEL REIMB.

SUBTOTAL of Disbursements This Page (optional) ▶ 1361.23

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

24020650636

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Amanda T. Byrd
Mailing Address 2835 Hammock Drive
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2013
Date of Disbursement: 07 / 23 / 2004
Amount of Each Disbursement this Period: 1056.57
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

B.
Full Name (Last, First, Middle Initial)
Eric Zichella
Mailing Address 1408 Plantation Circle., #1101
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: REIMBURSEMENT: SEE BELOW
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1820
Date of Disbursement: 07 / 13 / 2004
Amount of Each Disbursement this Period: 1211.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
REIMBURSEMENT: SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Eric Zichella
Mailing Address 1408 Plantation Circle., #1101
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: TRAVEL/LODGING REIMB.
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1821
Date of Disbursement: 07 / 13 / 2004
Amount of Each Disbursement this Period: 1211.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL/LODGING REIMB.

SUBTOTAL of Disbursements This Page (optional) ▶ 2267.57

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

24020650637

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Professional Business Printing

Mailing Address 15218 Leith Walk Lane

City: Tampa | State: FL | Zip Code: 33618-

Purpose of Disbursement: PRINTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1785
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 205.38

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

PRINTING

B. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: POSTAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2033
Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 740.00

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

POSTAGE

C. Full Name (Last, First, Middle Initial)
SunTrust BankCard, N.A.

Mailing Address P.O. Box 791250

City: Baltimore | State: MD | Zip Code: 21279-1250

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2095
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 731.15

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

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ 1676.53

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

24020650638

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08D6200434E2103
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 68.57

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

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

Mailing Address 40 Washington St., Ste 20

City: Wellesley Hills | State: MA | Zip Code: 02481-

Purpose of Disbursement: CREDIT CARD FEES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08D6200434E2104
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 49.95

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

[MEMO ITEM]
MEMO: CREDIT CARD FEES

C.
Full Name (Last, First, Middle Initial)
Macaroni Grill

Mailing Address 132 Brandon Town Center Dr.

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08D6200434E2097
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 6.27

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650639
24020650639

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Anchor Video Productions
Mailing Address 320 W. Fletcher Ave., Suite 102
City: Tampa | State: FL | Zip Code: 33612-3400
Purpose of Disbursement: ADVERTISING
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2099
Date of Disbursement: 08 / 05 / 2004
Amount of Each Disbursement this Period: 128.40
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: ADVERTISING

B.
Full Name (Last, First, Middle Initial)
U.S. Post Office
Mailing Address 301 W.Reynolds St.
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: POSTAGE
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2098
Date of Disbursement: 08 / 05 / 2004
Amount of Each Disbursement this Period: 234.85
[ ] 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)
WestEnd Recording
Mailing Address 3417 W. Lemon St.
City: Tampa | State: FL | Zip Code: 33609-
Purpose of Disbursement: ADVERTISING PRODUCTION
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2102
Date of Disbursement: 08 / 05 / 2004
Amount of Each Disbursement this Period: 76.40
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: ADVERTISING PRODUCT-ION

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

24020650640
24020650640

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Mercy L. Sawyer

Mailing Address 409 E. Virginia Ave.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2085
Date of Disbursement: 08 / 06 / 2004

Amount of Each Disbursement this Period: 886.56

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

PAYROLL

B. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1645
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 38.57

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

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

C. Full Name (Last, First, Middle Initial)
Champion Graphics

Mailing Address 4060 29th Street N

City: Saint Petersburg | State: FL | Zip Code: 33714-

Purpose of Disbursement: SIGNS

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2054
Date of Disbursement: 06 / 02 / 2004

Amount of Each Disbursement this Period: 983.39

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

SIGNS

SUBTOTAL of Disbursements This Page (optional) ▶ 1908.52

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

24020650641

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Cardmember Service

Mailing Address PO Box 15153

City Wilmington | State DE | Zip Code 19886-5153

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1930
Date of Disbursement 07 / 12 / 2004

Amount of Each Disbursement this Period
14792.98

[ ] 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)
Airtran Airways

Mailing Address 140 Happy Valley Ct.

City Newnan | State GA | Zip Code 30263-

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1938
Date of Disbursement 07 / 12 / 2004

Amount of Each Disbursement this Period
698.40

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

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Airtran Airways

Mailing Address 140 Happy Valley Ct.

City Newnan | State GA | Zip Code 30263-

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1958
Date of Disbursement 07 / 12 / 2004

Amount of Each Disbursement this Period
248.20

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

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 14792.98

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

24020650642

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 18a [ ] 18b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 4333 Amon Carter Blvd.

City: Fort Worth | State: TX | Zip Code: 76155-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1959
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 424.20

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

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1555 Perimeter Rd.

City: Dania | State: FL | Zip Code: 33004-

Purpose of Disbursement: AUTO RENTAL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1999
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 84.29

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

[MEMO ITEM]
MEMO: AUTO RENTAL

C. Full Name (Last, First, Middle Initial)
Barnes & Noble

Mailing Address 122 Brandon Town Center Dr

City: Brandon | State: FL | Zip Code: 33510-

Purpose of Disbursement: PERIODICALS/LITERATURE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1951
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 229.32

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

[MEMO ITEM]
MEMO: PERIODICALS/LITERATURE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650643

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Best Buy Co.

Mailing Address 116 Grand Regency Blvd.

City: Brandon | State: FL | Zip Code: 33510-

Purpose of Disbursement: COMPUTER EXPENSE

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1949
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 171.19

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

[MEMO ITEM]
MEMO: COMPUTER EXPENSE

B. Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1945
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 23.19

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1998
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 60.71

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650644

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Cardmember Service

Mailing Address PO Box 15153

City: Wilmington | State: DE | Zip Code: 19886-5153

Purpose of Disbursement: INTEREST

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President | State: | District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Category/ Type

Transaction ID: 0722200434E1931
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 259.90

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

[MEMO ITEM]
MEMO: INTEREST

B. Full Name (Last, First, Middle Initial)
Circuit City

Mailing Address 10277 Adamo Dr.

City: Tampa | State: FL | Zip Code: 33619-

Purpose of Disbursement: OFFICE EQUIPMENT

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President | State: | District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Category/ Type

Transaction ID: 0722200434E1992
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 74.89

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

[MEMO ITEM]
MEMO: OFFICE EQUIPMENT

C. Full Name (Last, First, Middle Initial)
Grove Isle Club Restaurant

Mailing Address 4 Grove Isle Club Drive

City: Coconut Grove | State: FL | Zip Code: 33133-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President | State: | District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Category/ Type

Transaction ID: 0722200434E1976
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 427.14

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Delta Air Lines

Mailing Address P.O. Box 20706

City: Atlanta | State: GA | Zip Code: 30320-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1939
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 217.20

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

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
ExxonMobil

Mailing Address 11210 Causeway Blvd.

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: GAS

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2005
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 62.03

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

[MEMO ITEM]
MEMO: GAS

C. Full Name (Last, First, Middle Initial)
ExxonMobil

Mailing Address 11210 Causeway Blvd.

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: GAS

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1983
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 31.85

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

[MEMO ITEM]
MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1937
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 80.92

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1954
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 49.54

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Four Seasons Hotel Miami

Mailing Address 1435 Brickell Ave.

City: Miami | State: FL | Zip Code: 33131-

Purpose of Disbursement: LODGING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2007
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 318.15

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

[MEMO ITEM]
MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Apple Store International Plaza

Mailing Address 2223 N. West Shore Blvd.

City: Tampa | State: FL | Zip Code: 33607-

Purpose of Disbursement: COMPUTER SOFTWARE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2008
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 2248.36

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

[MEMO ITEM]
MEMO: COMPUTER SOFTWARE

B. Full Name (Last, First, Middle Initial)
Macaroni Grill

Mailing Address 132 Brandon Town Center Dr.

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1961
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 40.82

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Macaroni Grill

Mailing Address 132 Brandon Town Center Dr.

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1971
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 136.92

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Freds Market Restaurant

Mailing Address 1407 W. Dr. MLK Jr. Blvd.
Box 11

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1983
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 68.62

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
Mitchell Enterprises

Mailing Address 4007 Airport Rd.

City: Plant City | State: FL | Zip Code: 33563-1134

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1983
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 2000.00

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

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Mitchell Enterprises

Mailing Address 4007 Airport Rd.

City: Plant City | State: FL | Zip Code: 33563-1134

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1932
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 1130.69

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

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Nextel Wireless Svc
Mailing Address 333 Inverness Dr. S
City: Englewood | State: CO | Zip Code: 80112-
Purpose of Disbursement: TELEPHONE
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1997
Date of Disbursement: 07 / 12 / 2004
Amount of Each Disbursement this Period: 45.55
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TELEPHONE

B.
Full Name (Last, First, Middle Initial)
Outback Restaurant
Mailing Address 1203 Townsgate Ct.
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1966
Date of Disbursement: 07 / 12 / 2004
Amount of Each Disbursement this Period: 254.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Red Barn
Mailing Address 6150 New Tampa Hwy
City: Lakeland | State: FL | Zip Code: 33815-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1950
Date of Disbursement: 07 / 12 / 2004
Amount of Each Disbursement this Period: 82.60
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Republic Parking

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33601-

Purpose of Disbursement: PARKING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1977
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 42.00

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

[MEMO ITEM]
MEMO: PARKING

B. Full Name (Last, First, Middle Initial)
Republic Parking

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33601-

Purpose of Disbursement: PARKING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1980
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 85.25

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

[MEMO ITEM]
MEMO: PARKING

C. Full Name (Last, First, Middle Initial)
Raddison Riverwalk Hotel

Mailing Address 1515 Prudential Dr.

City: Jacksonville | State: FL | Zip Code: 32207-

Purpose of Disbursement: LODGING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1982
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 631.73

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

[MEMO ITEM]
MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas | State: TX | Zip Code: 75235-1647

Purpose of Disbursement: AIR TRAVEL

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1942
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 1238.40

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

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas | State: TX | Zip Code: 75235-1647

Purpose of Disbursement: AIR TRAVEL

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1934
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 353.40

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

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
T-Mobile

Mailing Address P.O. Box 742596

City: Cincinnati | State: OH | Zip Code: 45274-2596

Purpose of Disbursement: TELEPHONE

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1972
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 30.36

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

[MEMO ITEM]
MEMO: TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650652

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 222 E. 3rd St.

City: Charlotte | State: NC | Zip Code: 28202-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1938
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 1388.40

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

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Maggie E. Hehn

Mailing Address 804 W. Pinedale Dr.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2016
Date of Disbursement: 07 / 23 / 2004

Amount of Each Disbursement this Period: 482.21

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

PAYROLL

C. Full Name (Last, First, Middle Initial)
STAND-Orlando

Mailing Address 530 Dog Track Road

City: Longwood | State: FL | Zip Code: 32750-

Purpose of Disbursement: EVENT EQUIPMENT RENTAL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1651
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 300.00

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

EVENT EQUIPMENT RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶	782.21
TOTAL This Period (last page this line number only) ▶	

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Arriva Business Machines, Inc.
Mailing Address PO Box 527
City: Valrico | State: FL | Zip Code: 33594-
Purpose of Disbursement: REPAIRS
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0706200422E1667
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 192.80
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
REPAIRS

B.
Full Name (Last, First, Middle Initial)
U.S. Post Office
Mailing Address 301 W.Reynolds St.
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: POSTAGE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0706200422E1664
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 37.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
POSTAGE

C.
Full Name (Last, First, Middle Initial)
U.S. Post Office
Mailing Address 301 W.Reynolds St
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: POSTAGE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0806200434E2050
Date of Disbursement: 07 / 29 / 2004
Amount of Each Disbursement this Period: 256.26
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 485.86

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Heritage Cornerstone Property, LLC

Mailing Address 2020 W. Brandon Blvd., Suite 208

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: OFFICE RENT
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0808200434E2035
Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 918.00

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

OFFICE RENT

B. Full Name (Last, First, Middle Initial)
Florida Div. of Motor Vehicles

Mailing Address Data Listing Unit, MailStop 74
2900 Apalachee Pkwy

City: Tallahassee | State: FL | Zip Code: 32399-0500

Purpose of Disbursement: MAILING LIST
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0709200450E1724
Date of Disbursement: 07 / 08 / 2004

Amount of Each Disbursement this Period: 50.00

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

MAILING LIST

C. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington | State: DC | Zip Code: 20036-

Purpose of Disbursement: MEDIA CONSULTING
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1792
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 15000.00

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

MEDIA CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 15968.00

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) — PAGE 60 / 133

[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jennifer K. Whelihan

Mailing Address 5005 Mint Hill Ct.

City: Tallahassee | State: FL | Zip Code: 32309-

Purpose of Disbursement: PAYROLL

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2087
Date of Disbursement: 08 / 06 / 2004

Amount of Each Disbursement this Period: 1290.46

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

PAYROLL

B. Full Name (Last, First, Middle Initial)
Paul Bolan

Mailing Address 5984 Harvey Tew Rd.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: OFFICE SUPPLIES REIMB.

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2047
Date of Disbursement: 07 / 29 / 2004

Amount of Each Disbursement this Period: 19.92

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

OFFICE SUPPLIES REIMB.

C. Full Name (Last, First, Middle Initial)
UCRT

Mailing Address c/o 1408 Plantation Cir., Unit 110

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: UTILITIES

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [X] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08102004433E2120
Date of Disbursement: 08 / 10 / 2004

Amount of Each Disbursement this Period: 29.79

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

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶ 1340.17

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
ADP Easypay
Mailing Address 4900 Lemon Street
City: Tampa | State: FL | Zip Code: 33609-
Purpose of Disbursement: PROCESSING FEE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004345E2089
Date of Disbursement: 08 / 06 / 2004
Amount of Each Disbursement this Period: 67.37
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PROCESSING FEE

B.
Full Name (Last, First, Middle Initial)
Plant City Airport Services
Mailing Address 4007 Airport Road
City: Plant City | State: FL | Zip Code: 33563-1134
Purpose of Disbursement: AIR TRAVEL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004345E2061
Date of Disbursement: 08 / 03 / 2004
Amount of Each Disbursement this Period: 2000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
AIR TRAVEL

C.
Full Name (Last, First, Middle Initial)
State Health Trust Fund
Mailing Address Room 701, 111 W. Madison St. Claude Pepper Building
City: Tallahassee | State: FL | Zip Code: 32399-1400
Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 07012004145E1642
Date of Disbursement: 07 / 01 / 2004
Amount of Each Disbursement this Period: 344.11
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 2411.48

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
WJP Enterprises, Inc
Mailing Address 1402 E. Spencer St.
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: MEDIA CONSULTING
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1850
Date of Disbursement: 07 / 16 / 2004
Amount of Each Disbursement this Period: 8500.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
MEDIA CONSULTING

B.
Full Name (Last, First, Middle Initial)
Laural L. Sherer
Mailing Address 2835 Hammock Dr.
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2018
Date of Disbursement: 07 / 23 / 2004
Amount of Each Disbursement this Period: 558.70
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

C.
Full Name (Last, First, Middle Initial)
Aristotle Intl, Inc
Mailing Address 2285 Peachtree Rd., NE, Suite 210
City: Atlanta | State: GA | Zip Code: 30309-
Purpose of Disbursement: CAMPAIGN SOFTWARE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1854
Date of Disbursement: 07 / 01 / 2004
Amount of Each Disbursement this Period: 2400.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CAMPAIGN SOFTWARE

SUBTOTAL of Disbursements This Page (optional) ▶ 11458.70

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address: Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0906200434E2038
Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 32.32

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

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

B.
Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address: 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: REIMBURSEMENT: SEE BELOW
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1801
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 2000.00

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

REIMBURSEMENT: SEE BELOW

C.
Full Name (Last, First, Middle Initial)
United Healthcare Of Florida

Mailing Address: P.O. Box 861848

City: Orlando | State: FL | Zip Code: 32886-1848

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1802
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 2000.00

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

[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 2032.32

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington | State: DC | Zip Code: 20036-

Purpose of Disbursement: ADVERTISING PRODUCTION

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2058
Date of Disbursement: 08 / 02 / 2004

Amount of Each Disbursement this Period: 4248.99

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

ADVERTISING PRODUCTION

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

Mailing Address 1402 E. Spencer St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: COMPUTER CONSULTING

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1640
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

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

COMPUTER CONSULTING

C. Full Name (Last, First, Middle Initial)
Florida Div. of Motor Vehicles

Mailing Address Data Listing Unit, MailStop 74
2900 Apalachee Pkwy

City: Tallahassee | State: FL | Zip Code: 32399-0500

Purpose of Disbursement: MAILING LIST

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1852
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 163.50

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

MAILING LIST

SUBTOTAL of Disbursements This Page (optional) ▶ 5412.49

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

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24020650660

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Marcy L. Sawyer

Mailing Address 408 E. Virginia Ave.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: PAYROLL
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2017
Date of Disbursement: 07 / 23 / 2004

Amount of Each Disbursement this Period: 886.56

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

PAYROLL

B. Full Name (Last, First, Middle Initial)
Paul Bolan

Mailing Address 5884 Harvey Tew Rd.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: PAYROLL
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2081
Date of Disbursement: 08 / 06 / 2004

Amount of Each Disbursement this Period: 1101.89

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

PAYROLL

C. Full Name (Last, First, Middle Initial)
Capitol Consulting, Inc.

Mailing Address 13945 5th Street

City: Dade City | State: FL | Zip Code: 33525-

Purpose of Disbursement: POLITICAL CONSULTING
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1848
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 10000.00

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

POLITICAL CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶	11988.45
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)
[X] 17 [ ] 18 [ ] 18a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Capitol Consulting, Inc.
Mailing Address 13945 5th Street
City: Dade City | State: FL | Zip Code: 33525-
Purpose of Disbursement: POSTAGE
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2029
Date of Disbursement: 07 / 23 / 2004
Amount of Each Disbursement this Period: 14206.89
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
POSTAGE

B.
Full Name (Last, First, Middle Initial)
Electronic Merchant Systems
Mailing Address 6005 Rockside Rd., Ste. PH100
City: Independence | State: OH | Zip Code: 44131-6828
Purpose of Disbursement: CREDIT CARD PROCESSING FEES
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0810200433E2107
Date of Disbursement: 07 / 31 / 2004
Amount of Each Disbursement this Period: 181.87
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CREDIT CARD PROCESSING FEES

C.
Full Name (Last, First, Middle Initial)
Paul Bolan
Mailing Address 5984 Harvey Tew Rd.
City: Plant City | State: FL | Zip Code: 33565-
Purpose of Disbursement: PAYROLL
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0722200434E2012
Date of Disbursement: 07 / 23 / 2004
Amount of Each Disbursement this Period: 1101.89
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 15490.65

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

24020650662

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Mercy L. Sawyer
Mailing Address 408 E. Virginia Ave.
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: PAYROLL
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1695
Date of Disbursement: 07 / 09 / 2004
Amount of Each Disbursement this Period: 886.56
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

B.
Full Name (Last, First, Middle Initial)
Red Sea, LLC
Mailing Address 1111 19th St. NW, Suite 211
City: Washington | State: DC | Zip Code: 20036-
Purpose of Disbursement: RADIO ADVERTISING
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0810200433E2113
Date of Disbursement: 08 / 09 / 2004
Amount of Each Disbursement this Period: 13617.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
RADIO ADVERTISING

C.
Full Name (Last, First, Middle Initial)
Rafael Perez
Mailing Address 65 Olive Drive
City: Hialeah | State: FL | Zip Code: 33010-
Purpose of Disbursement: REIMBURSEMENT: SEE BELOW
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1688
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 4909.27
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ 19412.63

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

24020650663

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address: Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1671
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 47.05

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

[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

B. Full Name (Last, First, Middle Initial)
Rafael Perez

Mailing Address: 65 Olive Drive

City: Hialeah | State: FL | Zip Code: 33010-

Purpose of Disbursement: POLITICAL CONSULTING

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1669
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 4500.00

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

[MEMO ITEM]
MEMO: POLITICAL CONSULTING

C. Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address: Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1670
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 362.22

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

[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650664

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Garcia, Mackin & Associates, Inc.

Mailing Address PO Box 1222

City: Safety Harbor | State: FL | Zip Code: 34695-

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 07012004414E1646
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 15000.00

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

MEDIA CONSULTING

B.
Full Name (Last, First, Middle Initial)
Foley & Lardner, LLP

Mailing Address 3000 K Street, N.W.

City: Washington | State: DC | Zip Code: 20007-5101

Purpose of Disbursement: POLITICAL/LEGAL CONSULTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 07012004414E1662
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 452.13

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

POLITICAL/LEGAL CONSULTING

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

Mailing Address PO Box 15153

City: Wilmington | State: DE | Zip Code: 19886-5153

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 07152004428E1725
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 9609.86

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

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ 25061.99

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

24020650665

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Airtran Airways
Mailing Address 140 Happy Valley Ct.
City: Newnan | State: GA | Zip Code: 30263-
Purpose of Disbursement: AIR TRAVEL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1747
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 546.40
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

B.
Full Name (Last, First, Middle Initial)
Airtran Airways
Mailing Address 140 Happy Valley Ct.
City: Newnan | State: GA | Zip Code: 30263-
Purpose of Disbursement: AIR TRAVEL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1734
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 118.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

C.
Full Name (Last, First, Middle Initial)
Applebees
Mailing Address 1204 Townsgate Court
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1753
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 58.15
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650666

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Siminarim Archiologim
Mailing Address 19 Washington St. P.O.B. 71047
Jerusalem Israel 91710
City | State | Zip Code

Transaction ID: 0715200428E1776
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 1500.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL SERVICES

Purpose of Disbursement: TRAVEL SERVICES
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

B.
Full Name (Last, First, Middle Initial)
Smokey Bones BBQ & Sports Bar
Mailing Address 3131 Capital Cir NE
City: Tallahassee | State: FL | Zip Code: 32308-

Transaction ID: 0715200428E1738
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 62.32
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro
Mailing Address 110 E. Reynolds St.
City: Plant City | State: FL | Zip Code: 33563-

Transaction ID: 0715200428E1732
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 30.28
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address 1600 Smith St.

City: Houston | State: TX | Zip Code: 77002-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1760
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 200.00

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

[MEMO ITEM]
MEMO: AIR TRAVEL

B.
Full Name (Last, First, Middle Initial)
ExxonMobil

Mailing Address 11210 Causeway Blvd.

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: GAS

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1774
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 31.80

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

[MEMO ITEM]
MEMO: GAS

C.
Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1727
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 15.90

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650668

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
David Citadel Hotel

Mailing Address 7 King David Street
Jerusalem Il 94101

City | State | Zip Code

Purpose of Disbursement
LODGING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1761
Date of Disbursement 07 / 06 / 2004

Amount of Each Disbursement this Period
189.94

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

[MEMO ITEM]
MEMO: LODGING

B.
Full Name (Last, First, Middle Initial)
David Citadel Hotel

Mailing Address 7 King David Street
Jerusalem Il 94101

City | State | Zip Code

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1762
Date of Disbursement 07 / 06 / 2004

Amount of Each Disbursement this Period
88.05

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Freds Market Restaurant

Mailing Address 1407 W. Dr. MLK Jr. Blvd.
Box 11

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1750
Date of Disbursement 07 / 06 / 2004

Amount of Each Disbursement this Period
84.52

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650669

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 74 / 133

[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Mitchell Enterprises

Mailing Address 4007 Airport Rd.

City: Plant City | State: FL | Zip Code: 33563-1134

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1752
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 500.00

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

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Mitchell Enterprises

Mailing Address 4007 Airport Rd.

City: Plant City | State: FL | Zip Code: 33563-1134

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1737
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 424.12

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

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Republic Parking

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33601-

Purpose of Disbursement: PARKING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0715200428E1777
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 28.00

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

[MEMO ITEM]
MEMO: PARKING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650670

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Republic Parking
Mailing Address 5503 Spruce St.
City: Tampa State: FL Zip Code: 33601-
Purpose of Disbursement: PARKING
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1767
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 14.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: PARKING

B.
Full Name (Last, First, Middle Initial)
Daat Travel Services
Mailing Address 19 Washington St. P.O.B. 71047 Jerusalem Israel 91710
City: State: Zip Code:
Purpose of Disbursement: TRAVEL SERVICES
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1768
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 1801.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL SERVICES

C.
Full Name (Last, First, Middle Initial)
Shell Oil
Mailing Address 2009 N. Wheeler St.
City: Plant City State: FL Zip Code: 33566-
Purpose of Disbursement: GAS
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1764
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 48.41
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650671

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 2009 N. Wheeler St.

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: GAS

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1746
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 36.48

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

[MEMO ITEM]
MEMO: GAS

B.
Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 1514 S. Alexander St.

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: GAS

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1769
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 29.17

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

[MEMO ITEM]
MEMO: GAS

C.
Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 1514 S. Alexander St.

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: GAS

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1730
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 49.95

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

[MEMO ITEM]
MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650672
24020650672

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas | State: TX | Zip Code: 75235-1647

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1742
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 383.40

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

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas | State: TX | Zip Code: 75235-1647

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1735
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 698.80

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

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1866 Jim Redman Parkway

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1731
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 385.82

[ ] 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) ▶

24020650673

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
T-Mobile

Mailing Address P.O. Box 742596

City: Cincinnati | State: OH | Zip Code: 45274-2596

Purpose of Disbursement: TELEPHONE

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1780
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 400.96

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

[MEMO ITEM]
MEMO: TELEPHONE

B. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: POSTAGE

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1733
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 818.00

[ ] 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)
WestEnd Recording

Mailing Address 3417 W. Lemon St.

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: ADVERTISING PRODUCTION

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0715200428E1754
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 131.40

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

[MEMO ITEM]
MEMO: ADVERTISING PRODUCT-ION

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650674

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

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

Mailing Address 1402 E. Spencer St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: COMPUTER CONSULTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2040
Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 1000.00

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

COMPUTER CONSULTING

B. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2084
Date of Disbursement: 08 / 06 / 2004

Amount of Each Disbursement this Period: 1254.47

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

PAYROLL

C. Full Name (Last, First, Middle Initial)
Amanda T. Byrd

Mailing Address 2835 Hammock Drive

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2062
Date of Disbursement: 08 / 06 / 2004

Amount of Each Disbursement this Period: 498.69

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 2753.16

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

24020650675

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Clarke American Checks, Inc.

Mailing Address 10575 Vista Park Rd.

City: Dallas | State: TX | Zip Code: 75238-

Purpose of Disbursement: PREPRINTED CHECKS

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0810200433E2106
Date of Disbursement: 07 / 21 / 2004

Amount of Each Disbursement this Period: 87.03

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

PREPRINTED CHECKS

B. Full Name (Last, First, Middle Initial)
Laurel L. Sherer

Mailing Address 2835 Hammock Dr.

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0706200422E1696
Date of Disbursement: 07 / 09 / 2004

Amount of Each Disbursement this Period: 584.22

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

PAYROLL

C. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: POSTAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0810200433E2116
Date of Disbursement: 08 / 09 / 2004

Amount of Each Disbursement this Period: 1850.00

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 2521.25

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

24020650676

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PROCESSING FEE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1699
Date of Disbursement: 07 / 09 / 2004

Amount of Each Disbursement this Period: 77.35

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

PROCESSING FEE

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

Mailing Address 2200 Old Germantown Road

City: Delray Beach | State: FL | Zip Code: 33445-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2044
Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 218.20

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

OFFICE SUPPLIES

C. Full Name (Last, First, Middle Initial)
Verizon Florida, Inc

Mailing Address P.O. Box 920041

City: Dallas | State: TX | Zip Code: 75392-

Purpose of Disbursement: TELEPHONES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [X] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1647
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 900.20

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

TELEPHONES

SUBTOTAL of Disbursements This Page (optional) ▶ 1195.75

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

24020650677

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Bright House Networks

Mailing Address 525 Grand Regency Blvd.

City: Brandon | State: FL | Zip Code: 33510-3933

Purpose of Disbursement: INTERNET SERVICE
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1658
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 143.82

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

INTERNET SERVICE

B. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: POSTAGE
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0709200450E1723
Date of Disbursement: 07 / 08 / 2004

Amount of Each Disbursement this Period: 370.00

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

POSTAGE

C. Full Name (Last, First, Middle Initial)
Sherer E. Byrd

Mailing Address 2835 Hammock Dr.

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2014
Date of Disbursement: 07 / 23 / 2004

Amount of Each Disbursement this Period: 1591.47

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 2105.29

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

24020650678

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
City of Plant City

Mailing Address: Water Dept.
P.O. Box C

City: Plant City | State: FL | Zip Code: 33564-9003

Purpose of Disbursement: UTILITIES

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President | State: | District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1655
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 90.07

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

UTILITIES

B. Full Name (Last, First, Middle Initial)
Maggie E. Hehn

Mailing Address: 904 W. Pinedale Dr.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President | State: | District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1693
Date of Disbursement: 07 / 09 / 2004

Amount of Each Disbursement this Period: 551.05

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

PAYROLL

C. Full Name (Last, First, Middle Initial)
City of Plant City

Mailing Address: Water Dept.
P.O. Box C

City: Plant City | State: FL | Zip Code: 33564-9003

Purpose of Disbursement: UTILITIES

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President | State: | District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2052
Date of Disbursement: 07 / 30 / 2004

Amount of Each Disbursement this Period: 84.36

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

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶ 725.48

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Nextel Communication

Mailing Address P.O. Box 17990

City: Denver | State: CO | Zip Code: 80217-0990

Purpose of Disbursement: TELEPHONES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0610200433E2109
Date of Disbursement: 08 / 09 / 2004

Amount of Each Disbursement this Period: 4000.00

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

TELEPHONES

B. Full Name (Last, First, Middle Initial)
SunTrust BankCard, N.A.

Mailing Address P.O. Box 791250

City: Baltimore | State: MD | Zip Code: 21279-1250

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1808
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 675.74

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

CREDIT CARD: SEE BELOW

C. Full Name (Last, First, Middle Initial)
Geotrust Inc.

Mailing Address 40 Washington St., Ste 20

City: Wellesley Hills | State: MA | Zip Code: 02481-

Purpose of Disbursement: CREDIT CARD FEES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1818
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 49.95

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

[MEMO ITEM]
MEMO: CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional) ▶ 4675.74

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

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24020650680

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Anchor Video Productions

Mailing Address 320 W. Fletcher Ave., Suite 102

City: Tampa | State: FL | Zip Code: 33612-3400

Purpose of Disbursement: ADVERTISING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1810
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 141.24

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

[MEMO ITEM]
MEMO: ADVERTISING

B. Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1866 Jim Redman Parkway

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1816
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 43.16

[ ] 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)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PAYROLL TAXES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2088
Date of Disbursement: 08 / 06 / 2004

Amount of Each Disbursement this Period: 1937.81

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

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶ 1937.81

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

24020650681

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2037
Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 337.36

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

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

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

Mailing Address 1402 E. Spencer St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1849
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 10000.00

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

MEDIA CONSULTING

C. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PAYROLL TAXES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E2019
Date of Disbursement: 07 / 23 / 2004

Amount of Each Disbursement this Period: 2891.88

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

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶ 13229.24

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

24020650682

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: POSTAGE
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2046
Date of Disbursement: 07 / 29 / 2004

Amount of Each Disbursement this Period: 14.80

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

POSTAGE

B. Full Name (Last, First, Middle Initial)
Heritage Cornerstone Property, LLC

Mailing Address 2020 W. Brandon Blvd., Suite 206

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: OFFICE RENT
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1641
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 918.00

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

OFFICE RENT

C. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington | State: DC | Zip Code: 20036-

Purpose of Disbursement: MEDIA CONSULTING/PRODUCTION
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0701200414E1652
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 975.00

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

MEDIA CONSULTING/PRODUCTI-ON

SUBTOTAL of Disbursements This Page (optional) ▶	1907.80
TOTAL This Period (last page this line number only) ▶	

24020650683

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Wayne Garcia

Mailing Address P.O. Box 1222

City: Safety Harbor | State: FL | Zip Code: 34695-

Purpose of Disbursement: REIMBURSEMENT: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1795
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 330.24

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

REIMBURSEMENT: SEE BELOW

B. Full Name (Last, First, Middle Initial)
Applebees

Mailing Address 1204 Townsgate Court

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1798
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 29.68

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1799
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 37.62

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 330.24

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

24020650684

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas | State TX | Zip Code 75235-1647

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1796
Date of Disbursement 07 / 13 / 2004

Amount of Each Disbursement this Period 132.70

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

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Sofitel Miami

Mailing Address 5800 Blue Lagoon Drive

City Miami | State FL | Zip Code 33126-

Purpose of Disbursement
FUNDRAISING EVENT/CATERING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0722200434E1872
Date of Disbursement 07 / 19 / 2004

Amount of Each Disbursement this Period 1136.13

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

FUNDRAISING EVENT/CATERING

C. Full Name (Last, First, Middle Initial)
Paul Bolan

Mailing Address 5884 Harvey Tew Rd.

City Plant City | State FL | Zip Code 33565-

Purpose of Disbursement
OFFICE SUPPLIES REIMB.

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0810200433E2118
Date of Disbursement 08 / 09 / 2004

Amount of Each Disbursement this Period 51.34

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

OFFICE SUPPLIES REIMB.

SUBTOTAL of Disbursements This Page (optional) ▶ 1187.47

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

24020650685

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)
[X] 17 [ ] 18 [ ] 18a [ ] 18b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

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

Mailing Address 5984 Harvey Tew Rd.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0706200422E1690
Date of Disbursement: 07 / 09 / 2004

Amount of Each Disbursement this Period: 1101.89

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

PAYROLL

B. Full Name (Last, First, Middle Initial)
Johnnie Byrd

Mailing Address 2385 Hammock Drive

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: REIMBURSEMENT: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2052
Date of Disbursement: 08 / 03 / 2004

Amount of Each Disbursement this Period: 1242.16

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

REIMBURSEMENT: SEE BELOW

C. Full Name (Last, First, Middle Initial)
ABC Pizza

Mailing Address 114 N. Alexander St.

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2080
Date of Disbursement: 08 / 03 / 2004

Amount of Each Disbursement this Period: 82.06

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 2344.05

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

24020650686

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Applebees
Mailing Address 1204 Townsgate Court
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0806200434E2068
Date of Disbursement: 08 / 03 / 2004
Amount of Each Disbursement this Period: 84.87
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Applebees
Mailing Address 1204 Townsgate Court
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0806200434E2078
Date of Disbursement: 08 / 03 / 2004
Amount of Each Disbursement this Period: 21.02
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car
Mailing Address 1414 S. Monroe St.
City: Tallahassee | State: FL | Zip Code: 32301-
Purpose of Disbursement: AUTO RENTAL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0806200434E2073
Date of Disbursement: 08 / 03 / 2004
Amount of Each Disbursement this Period: 39.63
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AUTO RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650687

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car
Mailing Address 1555 Perimeter Rd.
City: Dania | State: FL | Zip Code: 33004-
Purpose of Disbursement: AUTO RENTAL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08D6200434E2065
Date of Disbursement: 08 / 03 / 2004
Amount of Each Disbursement this Period: 112.90
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AUTO RENTAL

B.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car
Mailing Address 1555 Perimeter Rd.
City: Dania | State: FL | Zip Code: 33004-
Purpose of Disbursement: AUTO RENTAL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08D6200434E2075
Date of Disbursement: 08 / 03 / 2004
Amount of Each Disbursement this Period: 158.73
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AUTO RENTAL

C.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro
Mailing Address 110 E. Reynolds St.
City: Plant City | State: FL | Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08D6200434E2072
Date of Disbursement: 08 / 03 / 2004
Amount of Each Disbursement this Period: 8.32
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020650688

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08D6200434E2063
Date of Disbursement: 08 / 03 / 2004

Amount of Each Disbursement this Period: 84.78

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
Outback Restaurant

Mailing Address 1203 Townsgate Ct.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08D6200434E2069
Date of Disbursement: 08 / 03 / 2004

Amount of Each Disbursement this Period: 107.14

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

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1866 Jim Redman Parkway

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08D6200434E2077
Date of Disbursement: 08 / 03 / 2004

Amount of Each Disbursement this Period: 41.59

[ ] 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) ▶

24020650689

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PAYROLL TAXES

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0708200422E1698

Date of Disbursement: 07 / 09 / 2004

Amount of Each Disbursement this Period: 2067.81

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

PAYROLL TAXES

B. Full Name (Last, First, Middle Initial)
Custom Scoop

Mailing Address P.O. Box 609

City: Concord | State: NH | Zip Code: 03302-

Purpose of Disbursement: SUBSCRIPTION

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2043

Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 250.00

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

SUBSCRIPTION

C. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine | State: IL | Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2045

Date of Disbursement: 07 / 28 / 2004

Amount of Each Disbursement this Period: 109.66

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

DELIVERY

SUBTOTAL of Disbursements This Page (optional) ▶ 2427.47

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

24020650690

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Cardmember Service
Mailing Address PO Box 15153
City: Wilmington | State: DE | Zip Code: 19886-5153
Purpose of Disbursement: ADVANCE PAYMENT/TRAVEL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0816200432E2139
Date of Disbursement: 07 / 27 / 2004
Amount of Each Disbursement this Period: 11098.35
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
ADVANCE PAYMENT/TRAVEL

B.
Full Name (Last, First, Middle Initial)
Laurel L. Sherer
Mailing Address 2835 Hammock Dr.
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0806200434E2086
Date of Disbursement: 08 / 06 / 2004
Amount of Each Disbursement this Period: 533.17
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

C.
Full Name (Last, First, Middle Initial)
Fitch Electronics Inc
Mailing Address 2251 Pottstown Pike
City: Pottstown | State: PA | Zip Code: 19465-
Purpose of Disbursement: EVENT EQUIPMENT RENTAL
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0708200422E1688
Date of Disbursement: 07 / 06 / 2004
Amount of Each Disbursement this Period: 393.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
EVENT EQUIPMENT RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶ 12024.72

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

24020650691

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Advantage Consultants

Mailing Address 3101 Maguire Blvd., Suite 161

City: Orlando | State: FL | Zip Code: 32803-

Purpose of Disbursement: RADIO ADVERTISING
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2032
Date of Disbursement: 07 / 27 / 2004

Amount of Each Disbursement this Period: 1000.00

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

RADIO ADVERTISING

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

Mailing Address 1402 E. Spencer St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: MEDIA CONSULTING
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2030
Date of Disbursement: 07 / 27 / 2004

Amount of Each Disbursement this Period: 4250.00

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

MEDIA CONSULTING

C. Full Name (Last, First, Middle Initial)
UDRT

Mailing Address c/o 1408 Plantation Cir., Unit 110

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: RENT
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 08062004434E2105
Date of Disbursement: 08 / 06 / 2004

Amount of Each Disbursement this Period: 589.00

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

RENT

SUBTOTAL of Disbursements This Page (optional) ▶	5839.00
TOTAL This Period (last page this line number only) ▶	323196.97

24020650692

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jennifer Agee

Mailing Address 1004 Shelby Forest Trace

City: Chelsea | State: AL | Zip Code: 35043-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 07222D0434E1822
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Ajit Ajmani

Mailing Address 112 W. 76th Street

City: New York | State: NY | Zip Code: 10023-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 07222D0434E1823
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Maximo Alvarez

Mailing Address 8675 NW 53rd St., Suite 109

City: Miami | State: FL | Zip Code: 33166-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 07222D0434E1824
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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

24020650693

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
James E. Alver

Mailing Address 622 Rivera Drive

City: Tampa | State: FL | Zip Code: 33606-3808

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1825
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Isabel Arjona

Mailing Address 7227 Clint Moore Rd.

City: Boca Raton | State: FL | Zip Code: 33496-1402

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1826
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Barbara B. Barnett

Mailing Address 2420 Country Club Lane

City: Little Rock | State: AR | Zip Code: 72207-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1827
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

24020650694

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jerald M. Barnett, Jr.

Mailing Address 2420 Country Club Lane

City: Little Rock | State: AR | Zip Code: 72207-

Purpose of Disbursement: Refund of Contribution
Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1828
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
John W. Beebe

Mailing Address 705 Saint Albans Dr

City: Boca Raton | State: FL | Zip Code: 33486-

Purpose of Disbursement: Refund of Contribution
Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1678
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Thaddeus Bereday

Mailing Address 851 Forestville Meadows Dr

City: Great Falls | State: VA | Zip Code: 22066-

Purpose of Disbursement: Refund of Contribution
Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1829
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

24020650695

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Robert Bernstein

Mailing Address 5260 NW 80th Terrace

City: Parkland | State: FL | Zip Code: 33067-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1830
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Ilene M. Blicblum

Mailing Address 505 Hidden Lake Drive

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1831
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Steve Blicblum, MD

Mailing Address 505 Hidden Lake Drive

City: Brandon | State: FL | Zip Code: 33511-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1832
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

24020650696

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Nancy M. Bradley

Mailing Address 10736 Emerald Chase Dr.

City: Orlando | State: FL | Zip Code: 32836-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President | State: | District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1833
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Roger Bradley

Mailing Address 10736 Emerald Chase Dr.

City: Orlando | State: FL | Zip Code: 32836-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President | State: | District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1834
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
John A. Burchfield

Mailing Address 10502 Royal Points Drive

City: Northport | State: AL | Zip Code: 35475-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President | State: | District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1682
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

24020650697

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Steven G. Burton

Mailing Address 9938 Deer Creek Dr.

City: Tampa | State: FL | Zip Code: 33647-

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1835
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Susan Marie Burton

Mailing Address 9938 Deer Creek Dr.

City: Tampa | State: FL | Zip Code: 33647-

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1836
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Glenn M. Burton, Sr.

Mailing Address 4404 Charleston Ct.

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1837
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

24020650698

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Wayne H. Calabrese
Mailing Address 384 Royal Palm Way
City: Boca Raton | State: FL | Zip Code: 33432-
Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President | District: | State:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0722200434E1838
Date of Disbursement: 07 / 15 / 2004
Amount of Each Disbursement this Period: 500.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
H. Thomas Cato
Mailing Address PO Box 67
City: Lynn Haven | State: FL | Zip Code: 32444-0067
Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President | District: | State:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0722200434E1839
Date of Disbursement: 07 / 15 / 2004
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Charles Closshey
Mailing Address 2111 Golfview Dr
City: Plant City | State: FL | Zip Code: 33567-
Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President | District: | State:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0708200422E1680
Date of Disbursement: 07 / 08 / 2004
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

24020650699

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jennifer Clossney

Mailing Address 2111 Golfview Dr

City: Plant City | State: FL | Zip Code: 33567-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1679
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Armando Codina

Mailing Address 355 Alhambra Circle

City: Coral Gables | State: FL | Zip Code: 33134-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1840
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Margarita Codina

Mailing Address 355 Alhambra Circle, 9th Floor

City: Coral Gables | State: FL | Zip Code: 33134-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1841
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

24020650700
24020650700

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Miles C. Collier

Mailing Address 3001 Tamiami Trail North, Suite 20

City: Naples | State: FL | Zip Code: 34103-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1842
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Parker J. Collier

Mailing Address 3001 Tamiami Trail North, Suite 20

City: Naples | State: FL | Zip Code: 34103-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1844
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Theresa A. Collier

Mailing Address 3001 Tamiami Trail North, Suite 20

City: Naples | State: FL | Zip Code: 34103-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1843
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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

24020650701

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Barron G. Collier II

Transaction ID: 0722200434E1845
Date of Disbursement: 07 / 15 / 2004

Mailing Address 3001 Tamiami Trail North, Suite 20

City: Naples | State: FL | Zip Code: 34103-

Amount of Each Disbursement this Period: 500.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

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

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

B. Full Name (Last, First, Middle Initial)
John D. Collins

Transaction ID: 0722200434E1846
Date of Disbursement: 07 / 15 / 2004

Mailing Address 600 Corporate Dr., Ste 600

City: Fort Lauderdale | State: FL | Zip Code: 33334-

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

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

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

C. Full Name (Last, First, Middle Initial)
Doshie Crandall

Transaction ID: 0722200434E1847
Date of Disbursement: 07 / 15 / 2004

Mailing Address 777 Wedge Drive

City: Naples | State: FL | Zip Code: 34109-

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

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

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

24020650702
24020650702

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

PAGE 107 / 133

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Chuck Davis

Mailing Address 1410 N. Westshore Blvd., Ste. 600

City: Tampa | State: FL | Zip Code: 33607-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: D7222004434E1861
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Jorge De Cespedes

Mailing Address 3075 NW 107 Avenue

City: Miami | State: FL | Zip Code: 33172-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: D7222004434E1862
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Amarjit S. Dhaliwal

Mailing Address 6338 W. MacLaurin Dr.

City: Tampa | State: FL | Zip Code: 33647-1163

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: D7222004434E1863
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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

24020650703

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Gonzalo R. Dorta

Mailing Address 806 Parma Ave.

City: Coral Gables | State: FL | Zip Code: 33146-2045

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify)

Transaction ID: 0722200434E1864
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Mercy Dorta

Mailing Address 806 Parma Ave

City: Coral Gables | State: FL | Zip Code: 33146-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify)

Transaction ID: 0722200434E1865
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
J. Norman Estes

Mailing Address 11142 Talmar Drive

City: Northport | State: AL | Zip Code: 35475-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify)

Transaction ID: 0806200434E2028
Date of Disbursement: 07 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

24020650704

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Rebecca Estes
Mailing Address 11142 Telmar Drive
City: Northport State: AL Zip Code: 35475-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: D806200434E2027
Date of Disbursement: 07 / 23 / 2004
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Todd S. Farha
Mailing Address 67 East 11th Street, Apt 318
City: New York State: NY Zip Code: 10003-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0722200434E1866
Date of Disbursement: 07 / 16 / 2004
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Douglas Hayward
Mailing Address 2788 Long Hill Rd
City: Guilford State: CT Zip Code: 06437-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0722200434E1867
Date of Disbursement: 07 / 16 / 2004
Amount of Each Disbursement this Period: 1000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

24020650705

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Gregory L Henderson, M.D.

Mailing Address 2901 Brucken Rd.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1868
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Joseph P. Henn

Mailing Address 22773 Ponderosa Drive

City: Boca Raton | State: FL | Zip Code: 33428-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1869
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Thomas M. Hoeler

Mailing Address 9942 12th Way N., #202

City: Saint Petersburg | State: FL | Zip Code: 33716-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1870
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

24020650706

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Arthur E. Keiser

Transaction ID: 0722200434E1926
Date of Disbursement: 07 / 20 / 2004

Mailing Address 5997 N W 63rd Way

City: Parkland | State: FL | Zip Code: 33067-

Amount of Each Disbursement this Period: 454.88

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

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

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify)

B. Full Name (Last, First, Middle Initial)
Evelyn Keiser

Transaction ID: 0722200434E1925
Date of Disbursement: 07 / 20 / 2004

Mailing Address 1360 South Ocean Blvd. No. 2303

City: Pompano Beach | State: FL | Zip Code: 33062-

Amount of Each Disbursement this Period: 1000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

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

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify)

C. Full Name (Last, First, Middle Initial)
Kathryn L. Kepes

Transaction ID: 0722200434E1921
Date of Disbursement: 07 / 20 / 2004

Mailing Address 407 N. Parsons Ave., Ste 103A

City: Brandon | State: FL | Zip Code: 33510-

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

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

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 3454.88

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

24020650707

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
John F. Kirtley

Mailing Address 601 N Ashley Dr Ste 300

City: Tampa | State: FL | Zip Code: 33602-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1672
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Kimberly Kirtley

Mailing Address 601 N Ashley Dr Ste 300

City: Tampa | State: FL | Zip Code: 33602-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1673
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Denielle M. Landers

Mailing Address 2185 7th Avenue SE

City: Vero Beach | State: FL | Zip Code: 32962-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1922
Date of Disbursement: 07 / 20 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

24020650708

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
John P. Levine

Mailing Address 1157 Florence Rd.

City: Northampton | State: MA | Zip Code: 01062-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1923
Date of Disbursement: 07 / 20 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Rick Allen Lott

Mailing Address 3200 Polo Place

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1924
Date of Disbursement: 07 / 20 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Scott F. Lutgert

Mailing Address 4200 Gulf Shore Blvd. North

City: Naples | State: FL | Zip Code: 34103-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1803
Date of Disbursement: 07 / 14 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

24020650709

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Dennis M. Mackman

Mailing Address 7911 Redwood Ln.

City: Parkland | State: FL | Zip Code: 33067-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1882
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Jeffrey Mell

Mailing Address 3001 S Ocean Dr Apt 7-J

City: Hollywood | State: FL | Zip Code: 33019-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1883
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Jerry L. Monts de Oca

Mailing Address 12421 Citation Rd.

City: Spring Hill | State: FL | Zip Code: 34610-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1884
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

24020650710
24020650710

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
David G. Moore

Mailing Address 88 Linda Isle

City: Newport Beach | State: CA | Zip Code: 92660-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1886
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Kathryn K. Moore

Mailing Address 88 Linda Isle

City: Newport Beach | State: CA | Zip Code: 92660-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1885
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Daniel M. Parlett

Mailing Address 499 No Broadway Apt 8F

City: White Plains | State: NY | Zip Code: 10603-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1887
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

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

24020650711

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Shyam Paryani

Mailing Address 8001 James Island Trail

City: Jacksonville | State: FL | Zip Code: 32256-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1888
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Alan H. Potamkin

Mailing Address 1 Casuarina Concourse

City: Coral Gables | State: FL | Zip Code: 33143-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1889
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Robert Potamkin

Mailing Address 7714 Fisher Island Dr.

City: Fisher Island | State: FL | Zip Code: 33109-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1890
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

24020650712
24020650712

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

PAGE 117 / 133

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Annette C. Rachel

Mailing Address 10102 Tarpon Dr.

City: Treasure Island | State: FL | Zip Code: 33706-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1691
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

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

Mailing Address 2000 Dogwood Hill

City: Tallahassee | State: FL | Zip Code: 32308-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1692
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1500.00

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

C. Full Name (Last, First, Middle Initial)
Regan E. Rancourt

Mailing Address 2000 Dogwood Hill

City: Tallahassee | State: FL | Zip Code: 32308-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1693
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

24020650713

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 118 / 133

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Samad S. Rashid

Mailing Address 3621 Sugarloaf Lane

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: 2004 — ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1681
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Daniel D. Raulerson

Mailing Address 2911 Aston Ave.

City: Plant City | State: FL | Zip Code: 33567-

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: 2004 — ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1668
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Shirley D. Raulerson

Mailing Address 2911 Aston Ave.

City: Plant City | State: FL | Zip Code: 33567-

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: 2004 — ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1687
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

24020650714

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

PAGE 119 / 133

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Nathaniel Roberts

Mailing Address 286 Granada Rd.

City: West Palm Beach | State: FL | Zip Code: 33401-

Purpose of Disbursement: Refund of Contribution
Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1894
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Jamie Rood

Mailing Address 2635 Forest Circle

City: Jacksonville | State: FL | Zip Code: 32257-

Purpose of Disbursement: Refund of Contribution
Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1896
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
John D. Rood

Mailing Address 2635 Forest Circle

City: Jacksonville | State: FL | Zip Code: 32257-

Purpose of Disbursement: Refund of Contribution
Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1895
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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

24020650715

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)
☐ 17 ☐ 18 ☐ 18a ☐ 18b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Kathleen Ryan Alvarez

Mailing Address 700 S. Alhambra Circle

City: Coral Gables | State: FL | Zip Code: 33146-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1897
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Nabil El Sanadi

Mailing Address 5100 N. Ocean Blvd. Apt. 312

City: Ft. Lauderdale | State: FL | Zip Code: 33308-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1898
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Robert G. Schemel

Mailing Address 5881 Heritage Park Way

City: Delray Beach | State: FL | Zip Code: 33484-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1899
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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24020650716

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Heath G. Schiesser

Mailing Address 5416 Avenue Simone

City: Lutz | State: FL | Zip Code: 33558-

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1900
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Yitzchok Schwartz

Mailing Address 191 Rodney St.

City: Brooklyn | State: NY | Zip Code: 11211-

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1901
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Chase M. Scott

Mailing Address 271 W. Coconut Palm Rd.

City: Boca Raton | State: FL | Zip Code: 33432-

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1903
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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

24020650717
24020650717

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

PAGE 122 / 133

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Steven M. Scott

Mailing Address 215 W. Coconut Palm

City: Boca Raton | State: FL | Zip Code: 33432-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1902
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Brent W. Sembler

Mailing Address 7741 Hunter Lane

City: Pinellas Park | State: FL | Zip Code: 33782-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1927
Date of Disbursement: 07 / 20 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Debbie N. Sembler

Mailing Address 7741 Hunter Lane

City: Pinellas Park | State: FL | Zip Code: 33782-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1928
Date of Disbursement: 07 / 20 / 2004

Amount of Each Disbursement this Period: 446.31

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

SUBTOTAL of Disbursements This Page (optional) ▶	4446.31
TOTAL This Period (last page this line number only) ▶	

24020650718

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jack N. Shoemaker

Mailing Address 14 Levelwind Ct.

City: Greensboro | State: NC | Zip Code: 27455-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1904
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Barrett B. Smith

Mailing Address 315 Plant Ave.

City: Tampa | State: FL | Zip Code: 33606-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1905
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
David K. Smith

Mailing Address 12503 Clendinning Dr.

City: Tampa | State: FL | Zip Code: 33618-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1906
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

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

24020650719

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
J. Thomas Solano

Mailing Address PO Box 16101

City: Jacksonville | State: FL | Zip Code: 32245-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1683
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Patricia L. Stein

Mailing Address 2103 N. Golfview Dr.

City: Plant City | State: FL | Zip Code: 33566-8709

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1907
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Jerry N. Stein, MD

Mailing Address 2103 N. Golfview Dr.

City: Plant City | State: FL | Zip Code: 33566-8709

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1908
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

24020650720
24020650720

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Veronica P Stitzel

Mailing Address 2710 Laurel Oak Dr

City: Plant City | State: FL | Zip Code: 33567-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0701200414E1657
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
D. Howard Stitzel III

Mailing Address 2710 Laurel Oak Dr

City: Plant City | State: FL | Zip Code: 33567-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0701200414E1639
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Jon F. Strohmeyer, MD

Mailing Address 1900 8th St. S.

City: Naples | State: FL | Zip Code: 34102-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 072220D434E1909
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

24020650721

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Dr. Joseph Thomas

Mailing Address 2275 20th St.

City: Vero Beach | State: FL | Zip Code: 32960-3045

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1910
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Gail L. Tober

Mailing Address 2240 Southwinds Drive

City: Naples | State: FL | Zip Code: 34102-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1911
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Eddie Trump

Mailing Address 4000 Island Blvd., PH-2

City: Aventura | State: FL | Zip Code: 33160-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/ Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1914
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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

24020650722
24020650722

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Julius Trump

Mailing Address 4000 Island Blvd., PH-4

City: Williams Island | State: FL | Zip Code: 33160-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1913
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Stephanie Trump

Mailing Address 4000 Island Blvd., PH-4

City: Williams Island | State: FL | Zip Code: 33160-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1912
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Emilio D. Vergara

Mailing Address 5075 White Rd

City: Brooksville | State: FL | Zip Code: 34602-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1675
Date of Disbursement: 07 / 06 / 2004

Amount of Each Disbursement this Period: 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

24020650723

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Pamela S. Vergara

Mailing Address 5075 White Rd

City: Brooksville | State: FL | Zip Code: 34602-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0708200422E1674
Date of Disbursement: 07 / 08 / 2004

Amount of Each Disbursement this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Edward M. Verner

Mailing Address PO Box 1118

City: Plant City | State: FL | Zip Code: 33564-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1804
Date of Disbursement: 07 / 14 / 2004

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
James M. Viola

Mailing Address 1465 NW North River Dr

City: Miami | State: FL | Zip Code: 33125-

Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1915
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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24020650724

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Indrajit Vyas

Mailing Address 8618 Whispering Willow Court

City: Orlando | State: FL | Zip Code: 32835-

Purpose of Disbursement: Refund of Contribution
Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1916
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Zabunnissa Vyas

Mailing Address 2996 Altaka Ct.

City: Longwood | State: FL | Zip Code: 32779-

Purpose of Disbursement: Refund of Contribution
Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1917
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Kimball W. Wetherington

Mailing Address 2107 E. Trapnell Rd

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: Refund of Contribution
Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0722200434E1783
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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24020650725

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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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Vickie L. Wetherington
Mailing Address 2107 E. Trapnell Rd.
City: Plant City | State: FL | Zip Code: 33566-
Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0722200434E1784
Date of Disbursement: 07 / 12 / 2004
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
George C. Zoley
Mailing Address 621 N.W. 53rd St., Suite 700
City: Boca Raton | State: FL | Zip Code: 33487-
Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0722200434E1918
Date of Disbursement: 07 / 19 / 2004
Amount of Each Disbursement this Period: 1000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Randall D. Zonnermaand
Mailing Address 1105 Malaga Ave
City: Coral Gables | State: FL | Zip Code: 33134-
Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0722200434E1919
Date of Disbursement: 07 / 19 / 2004
Amount of Each Disbursement this Period: 1000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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

24020650726

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Laura Zung

Mailing Address 268 Granada Rd.

City: West Palm Beach | State: FL | Zip Code: 33401-

Transaction ID: 0722200434E1920
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

010 Category/ Type

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

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	158901.19

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nextel Communication

Nature of Debt (Purpose):
Telephones

Mailing Address P.O. Box 17990

City: Denver | State: CO | ZIP Code: 80217-0990

Transaction ID: LS0701200414E1630

Outstanding Balance Beginning This Period: 932.93

Amount Incurred This Period: 0.00

Payment This Period: 932.93

Outstanding Balance at Close of This Period: 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Aristotle Intl, Inc

Nature of Debt (Purpose):
Campaign Software

Mailing Address 2285 Peachtree Rd., NE, Suite 210

City: Atlanta | State: GA | ZIP Code: 30309-

Transaction ID: LS0701200414E1654

Outstanding Balance Beginning This Period: 2400.00

Amount Incurred This Period: 0.00

Payment This Period: 2400.00

Outstanding Balance at Close of This Period: 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Edwards, Platt, Raulerson & Co. PA

Nature of Debt (Purpose):
Accounting/Consulting Services

Mailing Address 101 E. Mahoney St

City: Plant City | State: FL | ZIP Code: 33563-

Transaction ID: LS0811200 49E2122

Outstanding Balance Beginning This Period: 0.00

Amount Incurred This Period: 3000.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 3000.00

1) **SUBTOTALS** This Period This Page (optional)	3000.00
2) **TOTALS** This Period (last page this line number only)	
3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only)	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon Florida, Inc

Nature of Debt (Purpose):
Telephones

Mailing Address P.O. Box 920041

City: Dallas | State: TX | ZIP Code: 75392-

Outstanding Balance Beginning This Period: 900.20

Transaction ID: LS0701200414E1647

Amount Incurred This Period: 934.13

Payment This Period: 900.20

Outstanding Balance at Close of This Period: 934.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Red Sea, LLC

Nature of Debt (Purpose):
Media Consulting/Producti-on

Mailing Address 1111 19th St. NW, Suite 211

City: Washington | State: DC | ZIP Code: 20036-

Outstanding Balance Beginning This Period: 13841.20

Transaction ID: LS0701200414E1652

Amount Incurred This Period: 0.00

Payment This Period: 13841.20

Outstanding Balance at Close of This Period: 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Foley & Lardner, LLP

Nature of Debt (Purpose):
Political/Legal Consulting

Mailing Address 3000 K Street, N.W.

City: Washington | State: DC | ZIP Code: 20007-5101

Outstanding Balance Beginning This Period: 1295.30

Transaction ID: LS0722200434E1787

Amount Incurred This Period: 0.00

Payment This Period: 1295.30

Outstanding Balance at Close of This Period: 0.00

1) **SUBTOTALS** This Period This Page (optional)	934.13
2) **TOTALS** This Period (last page this line number only)	3934.13
3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)	
4) **ADD 2)** and 3) and carry forward to appropriate line of Summary Page (last page only)	

24020650729
24020650729

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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_____ FEDERAL EXPRESS
_____ UPS
_____ AIRBORNE EXPRESS_____
Postmark

_____PRIORITY MAIL (NO CONFIRMATION)_____
Date of Receipt

_____FIRST CLASS MAIL_____
Date of Receipt

_____FAX _____
Date of Receipt

_____NO POSTMARK **_____POSTMARK ILLEGIBLE**

_____OTHER_____
Date of Receipt

RD 08-19-04
Preparer **Date Prepared**

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