

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

HASTINGS FOR CONGRESS

ADDRESS (number and street) P.O. BOX 100277

Check if different than previously reported. (ACC) FT. LAUDERDALE FL 33310

2. **FEC IDENTIFICATION NUMBER** C00269837 **CITY** **STATE** FL **ZIP CODE** 33310 **STATE** FL **DISTRICT** 23

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on in the State of

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

5. Covering Period 10 16 2008 through 11 24 2008

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

Signature of Treasurer Electronically Filed by Mr. TOMAS MCINTOSH Date 01 26 2008

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

Office Use Only **FEC FORM 3** (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

HASTINGS FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	24430.76	817908.17
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	24430.76	817508.17
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	56729.57	457407.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56729.57	457407.51
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>179201.37</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

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

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

Write or Type Committee Name

HASTINGS FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of  <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for  <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election)  through  <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
10100.00	295051.12	0.00																																																
(ii) Unitemized																																																		
2800.00	27722.64	0.00																																																
(iii) Total of contributions from individuals																																																		
12900.00	322773.76	0.00																																																
(b) Political Party Committees																																																		
0.00	28620.88	0.00																																																
(c) Other Political Committees																																																		
11530.76	466513.53	0.00																																																

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

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
24430.76	817908.17	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	1950.67	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
24430.76	819858.84	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

HASTINGS FOR CONGRESS

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
56729.57	457407.51	15142.85
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	400.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

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

(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

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

0.00	400.00	0.00
------	--------	------

21. OTHER DISBURSEMENTS

21600.00	188560.47	0.00
----------	-----------	------

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

78329.57	646367.98	15142.85
----------	-----------	----------

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

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

24430.76	817508.17	0.00
----------	-----------	------

**IV. NET OPERATING EXPENDITURES**

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

56729.57	457407.51	15142.85
----------	-----------	----------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	233100.18
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	24430.76
25. SUBTOTAL(add Line 23 and Line 24) .....	257530.94
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	78329.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	179201.37

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 32  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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

NAME OF COMMITTEE (In Full)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Mr. BASIN GUNEY ADAK

Mailing Address **7541 BRISTOL LANE**

City **PARKLAND** State **FL** Zip Code **33067**

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

Name of Employer **FLORIDA QUALITY TRUSS** Occupation **BUSINESSMAN**

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt **11 / 04 / 2008**  
**Transaction ID: SA11AI.16226**  
 Amount of Each Receipt this Period **300.00**

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. CEYLAN A. EATHERTON, Esq.

Mailing Address **2728 N. DAYTON STREET**

City **CHICAGO** State **IL** Zip Code **60614**

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

Name of Employer **KIRKLAND & ELLIS LLP** Occupation **ATTORNEY**

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt **10 / 29 / 2008**  
**Transaction ID: SA11AI.16197**  
 Amount of Each Receipt this Period **2300.00**

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. PETER J. EATHERTON, Esq.

Mailing Address **2728 N. DAYTON STREET**

City **CHICAGO** State **IL** Zip Code **60614**

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

Name of Employer **SIDLEY AUSTIN LLP** Occupation **ATTORNEY**

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt **10 / 29 / 2008**  
**Transaction ID: SA11AI.16194**  
 Amount of Each Receipt this Period **2300.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4900.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 32  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Ms ANGELO E. GOUSSE

Mailing Address **4108 S.W.195 TH TER**

City **MIRAMAR** State **FL** Zip Code **33029**

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

Name of Employer **UNIVERSITY OF MIAMI/MILLER SC** Occupation **PROFESSOR OF UROLOGY**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt **10 / 24 / 2008**  
**Transaction ID: SA11AI.16134**  
 Amount of Each Receipt this Period **250.00**

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. ULYSSES J. HUDSON

Mailing Address **3811 MCKINLEY STREET**

City **HOLLYWOOD** State **FL** Zip Code **33020**

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

Name of Employer **UNEMPLOYED** Occupation **VOLUNTEER**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt **10 / 23 / 2008**  
**Transaction ID: SA11AI.16228**  
 Amount of Each Receipt this Period **500.00**

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. TANZER H. KALAYCI

Mailing Address **4921 NE 28 TH AVE**

City **LIGHTHOUSE POINT** State **FL** Zip Code **33064**

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

Name of Employer **KEITH & SCHNARS, PA** Occupation **P. ENGINEERING PRESIDENT**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt **10 / 29 / 2008**  
**Transaction ID: SA11AI.16201**  
 Amount of Each Receipt this Period **250.00**

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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

NAME OF COMMITTEE (In Full)  
**HASTINGS FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial)  
Mr. BERNARD MACKENSON, Esq.

Mailing Address 1534 FENTON DRIVE

City State Zip Code  
**DELRAY BEACH FL 33445**

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

Name of Employer SELF EMPLOYED Occupation **ATTORNEY**

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

Date of Receipt  
M M / D D / Y Y Y Y  
**1 0 / 2 4 / 2 0 0 8**

**Transaction ID: SA11AI.16136**

Amount of Each Receipt this Period  
**250.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
Dr. RUDOLPH MOISE

Mailing Address 5328 SW 195 TERRACE

City State Zip Code  
**MIRAMAR FL 33029**

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

Name of Employer SELF EMPLOYED Occupation **MEDICAL DOCTOR**

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

Date of Receipt  
M M / D D / Y Y Y Y  
**1 1 / 0 4 / 2 0 0 8**

**Transaction ID: SA11AI.16216**

Amount of Each Receipt this Period  
**2300.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. GEPSIE MORISSET-METELLUS, Esq.

Mailing Address 74 NW 108TH STREET

City State Zip Code  
**MIAMI SHORES FL 33168**

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

Name of Employer SELF EMPLOYED Occupation **ATTORNEY**

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

Date of Receipt  
M M / D D / Y Y Y Y  
**1 0 / 2 4 / 2 0 0 8**

**Transaction ID: SA11AI.16138**

Amount of Each Receipt this Period  
**250.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
HASTINGS FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial) Mr. ANDRE D. PIERRE		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
Mailing Address 2125 NE 121 ST STREET		Transaction ID: SA11AI.16142
City NORTH MIAMI	State FL	Zip Code 33181
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 550.00
Name of Employer SELF EMPLOYED	Occupation BUSINESS CONSULTANT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. LAURINUS PIERRE		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
Mailing Address 8260 NE 2 ND AVE		Transaction ID: SA11AI.16140
City MIAMI	State FL	Zip Code 33138
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer SELF EMPLOYED	Occupation BUSINESS OWNER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. WILLIAM PRIMUS		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
Mailing Address 3811 NW 7 TH PLACE		Transaction ID: SA11AI.16192
City FT LAUDERDALE	State FL	Zip Code 33311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer SELF	Occupation PHYSICAN	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 32	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
HASTINGS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. WAEL Z. TAMIM		Date of Receipt																					
	Mailing Address 520 SE 5TH AVE STE. 2301		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	4		2	0	0	8														
	City State Zip Code FT.LAUDERDALE FL 33301		Transaction ID: SA11AI.16188																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00																						
Name of Employer SELF EMPLOYED		Occupation MEDICAL DOCTOR																						
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 450.00																						
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10100.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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

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

NAME OF COMMITTEE (In Full)  
HASTINGS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 11 / 04 / 2008  
**Transaction ID:** SA11C.16211  
 Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COM

Mailing Address 1090 Vermont Ave. NW Suite 510

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 11 / 04 / 2008  
**Transaction ID:** SA11C.16212  
 Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN POSTAL WORKERS UNION AFL-CIO

Mailing Address 1300 L ST N W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C70003322

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 10 / 24 / 2008  
**Transaction ID:** SA11C.16180  
 Amount of Each Receipt this Period: 2500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
ASSOCIATION OF FLIGHT ATTENDANTS POLITICAL ACTION COMMITTEE ('FLIGHT PAC')

Mailing Address 1275 K STREET NW 5TH FLOOR

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00151811

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11C.16307

Amount of Each Receipt this Period  
500.00

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

B.

Full Name (Last, First, Middle Initial)  
ASSOCIATION OF PROGRESSIVE RENTAL ORGANIZATIONS POLITICAL ACTION COMMITTEE

Mailing Address 1504 Robin Hood Trail  
HOUSTON BLDG #220

City State Zip Code  
Austin TX 78703

FEC ID number of contributing federal political committee. **C** C00166223

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11C.16184

Amount of Each Receipt this Period  
500.00

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

C.

Full Name (Last, First, Middle Initial)  
CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)

Mailing Address 2111 WILSON BOULEVARD 8TH FLOOR

City State Zip Code  
ARLINGTON VA 22201

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 4000.00

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

Transaction ID: SA11C.16199

Amount of Each Receipt this Period  
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

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

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

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

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

NAME OF COMMITTEE (In Full)  
HASTINGS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE INC

Mailing Address PO BOX 1809  
PO BOX 89

City LAKELAND State FL Zip Code 33802

FEC ID number of contributing federal political committee. **C** C00131607

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 10 / 24 / 2008  
**Transaction ID:** SA11C.16181  
 Amount of Each Receipt this Period: 1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
FRATERNITY & SORORITY POLITICAL ACTION COMMITTEE

Mailing Address PO Box 3435

City Alexandria State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C** C00410068

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 24 / 2008  
**Transaction ID:** SA11C.16186  
 Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
HUMAN RIGHTS CAMPAIGN FUND POLITICAL ACTION COMMITTEE

Mailing Address 919 18TH NW STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2525.00

Date of Receipt: 10 / 27 / 2008  
**Transaction ID:** SA11C.16235  
 Amount of Each Receipt this Period: 25.00

In-kind - WEBSITE ADVOCACY

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2525.00

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

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

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

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

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

NAME OF COMMITTEE (In Full)  
HASTINGS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL EDUCATION ASSOCIATION  
 Mailing Address 1201 16TH STREET NW  
 City State Zip Code  
 WASHINGTON DC 20036  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 8  
**Transaction ID:** SA11C.16198  
 Amount of Each Receipt this Period  
 1500.00  
 FEC ID number of contributing federal political committee. **C** C30000848  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 3000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
POKER PLAYERS ALLIANCE POLITICAL ACTION COMMITTEE  
 Mailing Address 1325 G STREET NW SUITE 500  
 City State Zip Code  
 WASHINGTON DC 20005  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 4 / 2 0 0 8  
**Transaction ID:** SA11C.16233  
 Amount of Each Receipt this Period  
 5.76  
 FEC ID number of contributing federal political committee. **C** C00448688  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1505.76  
 In-kind - EMAIL ADV.  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
TURKISH COALITON USA PAC (TC-USA PAC)  
 Mailing Address 1025 CONNECTICUT AVE SUITE 1000  
 City State Zip Code  
 WASHINGTON DC 20036  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 8  
**Transaction ID:** SA11C.16200  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C** C00432526  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 3000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2505.76  
**TOTAL** This Period (last page this line number only) ..... ► 11530.76

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

A.

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

Mailing Address P.O. BOX 70529

City CHARLOTTE State NC Zip Code 28272

Purpose of Disbursement  
CAMPAIGN TELEPHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16246  
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

168.51

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

B.

Full Name (Last, First, Middle Initial)  
BANK OF AMERICA BANK OF AMERICA

Mailing Address 9000 SOUTHSIDE BLVD

City JACKSONVILLE State FL Zip Code 32256

Purpose of Disbursement  
OCTOBER BANK CHARGES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16237  
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

103.26

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

C.

Full Name (Last, First, Middle Initial)  
BASHFULL DAISY BASHFULL DAISY

Mailing Address 618 NE 3 AVENUE

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement  
FLOWERS FOR CONST.

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16283  
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

117.66

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

SUBTOTAL of Disbursements This Page (optional) .....

389.43

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



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

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. JOHN BELL	Transaction ID: SB17.16284 Date of Disbursement 11 / 03 / 2008
	Mailing Address 1112 NW 15TH CT	Amount of Each Disbursement this Period 2650.00
	City FT. LAUDERDALE State FL Zip Code 33311	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CAMPAIGN DOOR-TO-DOOR GET OUT THE VOTE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. JOHN BELL	Transaction ID: SB17.16297 Date of Disbursement 11 / 07 / 2008
	Mailing Address 1112 NW 15TH CT	Amount of Each Disbursement this Period 1850.00
	City FT. LAUDERDALE State FL Zip Code 33311	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CAMPAIGN DOOR -TO-DOOR GET OUT VOTE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BETTYS RESTAURANT & BETTYS RESTAURANT & BBQ	Transaction ID: SB17.16255 Date of Disbursement 10 / 18 / 2008
	Mailing Address 601 NW 22 ROAD	Amount of Each Disbursement this Period 510.00
	City FT LAUDERDALE State FL Zip Code 33311	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement BREAKFAST MINISTER BLACK ELEC OFFICERS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

5010.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
BETTYS RESTAURANT & BETTYS RESTAURANT & BBQ

Transaction ID: SB17.16293

Mailing Address 601 NW 22 ROAD

Date of Disbursement

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

City State Zip Code  
FT LAUDERDALE FL 33311

Amount of Each Disbursement this Period

650.76
--------

Purpose of Disbursement  
LUNCH FOR CAMPAIGN WORKERS

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

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Ms KERSANDRA BROOKS

Transaction ID: SB17.16278

Mailing Address 2348 NW 15TH COURT

Date of Disbursement

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

City State Zip Code  
FT. LAUDERDALE FL 33311

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
CAMPAIGN DOOR-TO-DOOR GET OUT THE VOTE

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

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
CITGO CITGO NINETY ONE

Transaction ID: SB17.16264

Mailing Address 901 NW 19 TH STREET

Date of Disbursement

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

City State Zip Code  
FT. LAUDERDALE FL 33311

Amount of Each Disbursement this Period

849.00
--------

Purpose of Disbursement  
GAS FOR CAMPAIGN WORKERS

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

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1999.76
---------

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

--

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 32

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

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)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. HOWARD D. COLEMAN

Mailing Address 312 N 8 TH STREERT

City State Zip Code  
FORT PIERCE FL 34950

Purpose of Disbursement  
CAMPAIGN DOOR-TO-DOOR GET OUT THE VOTE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16281  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)  
Mr. HOWARD D. COLEMAN

Mailing Address 312 N 8 TH STREERT

City State Zip Code  
FORT PIERCE FL 34950

Purpose of Disbursement  
CAMPAIGN DOOR -DOOR GET OUT THE VOTE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16286  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)  
COMCAST COMCAST

Mailing Address P.O. BOX 173885

City State Zip Code  
DENVER CO 80217

Purpose of Disbursement  
CAMPAIGN INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16242  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) .....

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

# 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 20 / 32

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

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)  
HASTINGS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) COOPPA- CENTRAL VILL COOPPA , INC. <hr/> Mailing Address 13550 S.W. 10 TH STREET <hr/> City PEMBROKE PINES State FL Zip Code 33027 <hr/> Purpose of Disbursement CAMPAIGN ADV. IN JOURNAL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.16251 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 236.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) FEDEX FEDEX <hr/> Mailing Address P.O. BOX 1140 <hr/> City MEMPHIS State TN Zip Code 38101 <hr/> Purpose of Disbursement CAMPAIGN AIRBILLS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.16250 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 23.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. JAMES FERGUSON <hr/> Mailing Address 732 NW 22 ND ROAD <hr/> City FT. LAUDERDALE State FL Zip Code 33311 <hr/> Purpose of Disbursement CAMPAIGN FUND RAISER CONSULTANT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.16301 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 725.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	985.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Ms MARCIA GRANDISON

Mailing Address 2411 SW 86TH AVENUE

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement  
CAMPAIGN G.O.T.V. PHONE CALLS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16240

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)  
Mr. WILLIAM GREAR

Mailing Address P.O. BOX 262

City BELLE GLADE State FL Zip Code 33430

Purpose of Disbursement  
PERMIT & FOOD FOR CAMPAIGN RALLY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16241

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

750.00

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

C.

Full Name (Last, First, Middle Initial)  
Mr. WILLIAM GREAR

Mailing Address P.O. BOX 262

City BELLE GLADE State FL Zip Code 33430

Purpose of Disbursement  
CAMPAIGN GET OUT THE VOTE PHONE CALLS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16277

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1500.00

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) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. WILLIAM GREAR

Mailing Address P.O. BOX 262

City State Zip Code  
BELLE GLADE FL 33430

Purpose of Disbursement  
CAMPAIGN OFFICE RENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16296  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)  
Mr. EUGENE K. HERRING, Esq.

Mailing Address 255 NW 9 TH AVE

City State Zip Code  
DELRAY BEACH FL 33444

Purpose of Disbursement  
CAMPAIGN DRIVING VOTERS TO THE POLLS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16280  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)  
Ms CAROL HUTCHINSON

Mailing Address 514 SE 7 TH AVE

City State Zip Code  
TAMARAC FL 33321

Purpose of Disbursement  
CAMPAIGN G.O.T.V. PHONE CALLS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16291  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Ms BEVERLY INGRAM

Mailing Address 2555 NW 21ST STREET

City OAKLAND PARK State FL Zip Code 33311

Purpose of Disbursement  
CAMPAIGN H/Q RENT

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16239  
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1745.77

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

B.

Full Name (Last, First, Middle Initial)  
Mr. CLARENCE JACKSON

Mailing Address 4361 NW 12TH COURT

City LAUDERHILL State FL Zip Code 33313

Purpose of Disbursement  
CAMPAIGN F/R CONSULTANT

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16303  
Date of Disbursement

11 / 18 / 2008

Amount of Each Disbursement this Period

5360.00

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

C.

Full Name (Last, First, Middle Initial)  
Mr. EDDIE W MARSHALL

Mailing Address 2131 NW 7TH STREET  
APT. 3

City FT. LAUDERDALE State FL Zip Code 33311

Purpose of Disbursement  
CAMPAIGN DOOR-TO-DOOR PHONE CALLS

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16247  
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1500.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

8605.77

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
HASTINGS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. EDDIE W MARSHALL  Mailing Address 2131 NW 7TH STREET APT. 3  City FT. LAUDERDALE State FL Zip Code 33311  Purpose of Disbursement CAMPAIGN DOOR-TO-DOOR GET OUT THE VOTE  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.16249 Date of Disbursement 10 / 19 / 2008  Amount of Each Disbursement this Period 2437.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. EDDIE W MARSHALL  Mailing Address 2131 NW 7TH STREET APT. 3  City FT. LAUDERDALE State FL Zip Code 33311  Purpose of Disbursement CAMPAIGN DOOR-TO-DOOR GET OUT THE VOTE  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.16267 Date of Disbursement 10 / 23 / 2008  Amount of Each Disbursement this Period 2900.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. EDDIE W MARSHALL  Mailing Address 2131 NW 7TH STREET APT. 3  City FT. LAUDERDALE State FL Zip Code 33311  Purpose of Disbursement CAMPAIGN DRIVING VOTERS TO THE POLLS  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.16279 Date of Disbursement 10 / 30 / 2008  Amount of Each Disbursement this Period 6100.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11437.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. EDDIE W MARSHALL  Mailing Address 2131 NW 7TH STREET APT. 3  City FT. LAUDERDALE State FL Zip Code 33311  Purpose of Disbursement CAMPAIGN DRIVING VOTERS TO THE POLLS  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.16282 Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 1600.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. EDDIE W MARSHALL  Mailing Address 2131 NW 7TH STREET APT. 3  City FT. LAUDERDALE State FL Zip Code 33311  Purpose of Disbursement CAMPAIGN OFFICE MANAGER  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.16294 Date of Disbursement 11 / 06 / 2008  Amount of Each Disbursement this Period 1200.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. TOMAS MCINTOSH  Mailing Address P.O. BOX 100277  City FT. LAUDERDALE State FL Zip Code 33310  Purpose of Disbursement CAMPAIGN DATA ENTRY  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.16243 Date of Disbursement 10 / 29 / 2008  Amount of Each Disbursement this Period 1100.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. TOMAS MCINTOSH

Mailing Address P.O. BOX 100277

City State Zip Code  
FT. LAUDERDALE FL 33310

Purpose of Disbursement  
CAMPAIGN DATA ENTRY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16254  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)  
NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB

Mailing Address 30 IVY STREET. SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
CAMPAIGN BRUNCH

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16248  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)  
NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB

Mailing Address 30 IVY STREET. SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
DONATION-HOLIDAY FUND FOR EMPLOYEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16258  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB

Transaction ID: SB17.16299  
Date of Disbursement

Mailing Address 30 IVY STREET. SE

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

City State Zip Code  
WASHINGTON DC 20003

Amount of Each Disbursement this Period

225.63
--------

Purpose of Disbursement  
CAMPAIGN BRUNCH

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
PRIDE PRIDE OF FORT LAUDERDALE

Transaction ID: SB17.16287  
Date of Disbursement

Mailing Address P.O. BOX 7758

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

City State Zip Code  
FT. LAUDERDALE FL 33311

Amount of Each Disbursement this Period

1400.00
---------

Purpose of Disbursement  
FOOD& DRINKS FOR VICTORY PARTY

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
SOUTH FLORIDA TIMES SOUTH FLORIDA TIMES

Transaction ID: SB17.16252  
Date of Disbursement

Mailing Address 105 NE 3 RD STREET

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

City State Zip Code  
FT. LAUDERDALE FL 33301

Amount of Each Disbursement this Period

340.00
--------

Purpose of Disbursement  
CAMPAIGN ADV. IN JOURNAL

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1965.63
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
THE DIAMOND LLC THE DIAMOND LLC

Transaction ID: SB17.16244

Date of Disbursement

Mailing Address 2101 E. HALLANDALE BEACH BLVD  
STE. 304

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

City HALLANDALE State FL Zip Code 33009

Amount of Each Disbursement this Period

350.00
--------

Purpose of Disbursement  
CAMPAIGN OFFICE LEASE PAYMENT

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. VINCENTE THROWER

Transaction ID: SB17.16285

Date of Disbursement

Mailing Address 1890 NW 6TH AVENUE

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

City POMPANO BEACH State FL Zip Code 33061

Amount of Each Disbursement this Period

1300.00
---------

Purpose of Disbursement  
CAMPAIGN G.O.T.V.( POMPANO)

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
U.S. POSTAL SERVICE U.S. POSTAL SERVICE

Transaction ID: SB17.16266

Date of Disbursement

Mailing Address 1899 W. OAKLAND PARK BLVD.

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

City FT. LAUDERDALE State FL Zip Code 33310

Amount of Each Disbursement this Period

210.00
--------

Purpose of Disbursement  
STAMPS FOR CAMPAIGN MAILOUT

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1860.00
---------

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

--

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

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) U.S. POSTAL SERVICE U.S. POSTAL SERVICE</p> <p>Mailing Address 1899 W. OAKLAND PARK BLVD.</p> <p>City FT. LAUDERDALE State FL Zip Code 33310</p> <p>Purpose of Disbursement P.O. BOX ANNUAL BOX RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.16298</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="208.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) UNION PRINTING UNION PRINTING</p> <p>Mailing Address 2321 PEMBROKE ROAD</p> <p>City HOLLYWOOD State FL Zip Code 33020</p> <p>Purpose of Disbursement CAMPAIGN SIGNS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.16263</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="980.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) UNION PRINTING UNION PRINTING</p> <p>Mailing Address 2321 PEMBROKE ROAD</p> <p>City HOLLYWOOD State FL Zip Code 33020</p> <p>Purpose of Disbursement PRINTING CAMPAIGN PALM CARDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.16245</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1113.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. EARL WALLEN

Mailing Address 362 NW. 21 ROAD

City State Zip Code  
FT. LAUDERDALE FL 33311

Purpose of Disbursement  
CATERING FOR VICTORY PARTY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16304  
Date of Disbursement

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

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)  
WESTSIDE GAZETTE WESTSIDE GAZETTE

Mailing Address P.O. BOX 5304

City State Zip Code  
FT. LAUDERDALE FL 33310

Purpose of Disbursement  
CAMPAIGN T-SHIRTS ( 50 )

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16295  
Date of Disbursement

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

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)  
Mrs. DAISY WILLIAMS

Mailing Address 701 NW 31 ST AVE

City State Zip Code  
FT. LAUDERDALE FL 33311

Purpose of Disbursement  
CAMPAIGN GET OUT THE VOTE PNONE CALLS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.16276  
Date of Disbursement

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

Amount of Each Disbursement this Period

200.00
--------

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1200.00

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

55981.62

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
HASTINGS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. CHRIS VAN HOLLEN D.C.C.C.

Mailing Address 430 S. CAPITAL STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRANSFER OF EXCESS FUNDS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB21.16312

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

20000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MT. HERMON A.M.E.

Mailing Address 711 N. W. 4 TH STREET

City FT. LAUDERDALE State FL Zip Code 33311

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB21.16272

Date of Disbursement

10 / 26 / 2008

Amount of Each Disbursement this Period

250.00

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

**C.** Full Name (Last, First, Middle Initial)  
NEW HOPE MISSIONARY NEW HOPE M.B. CHURCH

Mailing Address 1321 NW 6TH STREET

City FT. LAUDERDALE State FL Zip Code 33311

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB21.16262

Date of Disbursement

10 / 19 / 2008

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) ..... ▶

20750.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
HASTINGS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. ANTHONY SANDERS

Transaction ID: SB21.16268

Date of Disbursement

10 / 23 / 2008

Mailing Address 120 HALLANDALE BEACH BLVD

Amount of Each Disbursement this Period

500.00

City HALLANDALE State FL Zip Code 33000

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Rev. JOHN WHITE

Transaction ID: SB21.16275

Date of Disbursement

10 / 26 / 2008

Mailing Address 401 NW 7 TH TERRACE

Amount of Each Disbursement this Period

250.00

City FT. LAUDERDALE State FL Zip Code 33311

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

750.00

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

21500.00