

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) Friends of Gayle Harrell

ADDRESS (number and street) 1885 N.W. Eagle Point
Check if different than previously reported. (ACC) Stuart FL 34994

2. FEC IDENTIFICATION NUMBER C00432344
3. IS THIS REPORT NEW OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT FL 16

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

(b) 12-Day PRE-Election Report for the:
[ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R)
[ ] Convention (12C) [ ] Special (12S)
Election on in the State of
(c) 30-Day POST-Election Report for the:
[ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)
Election on in the State of

5. Covering Period 01 01 2008 through 03 31 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 Gordon Proctor
Signature of Treasurer Electronically Filed by Gordon Proctor Date 04 15 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Gayle Harrell

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	135453.82	517455.84
(b) Total Contribution Refunds (from Line 20(d)).....	700.00	2270.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	134753.82	515185.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	149175.39	284034.50
(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)).....	149175.39	284034.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	256151.34	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	25000.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Friends of Gayle Harrell

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

97901.47

396039.01

(ii) Unitemized.....

17052.35

61088.42

(iii) TOTAL of contributions

114953.82

457127.43

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

20500.00

60328.41

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

135453.82

517455.84

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

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

0.00

0.00

13. LOANS

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

0.00

30000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

30000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

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

135453.82

547455.84

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	149175.39	284034.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	5000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	5000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	700.00	2270.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	700.00	2270.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	149875.39	291304.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	270572.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	135453.82
25. SUBTOTAL (add Line 23 and Line 24).....	406026.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	149875.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	256151.34

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 132  
(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)  
Friends of Gayle Harrell

<p><b>A.</b> Full Name (Last, First, Middle Initial) Karen Allen</p> <p>Mailing Address 2150 S.E. Golf View Lane</p> <p>City State Zip Code Stuart FL 34996</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Barry University education</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">450.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 1 1 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C-16-000Z02</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">200.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Ralph Anderson</p> <p>Mailing Address 2 Lexington Court</p> <p>City State Zip Code Colts Neck NJ 07722</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Progress Realty Advisor mortgage banker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 3 / 3 0 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C-43-00Nr01</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Elaine M. Armstrong</p> <p>Mailing Address 2118 N.W. Greenbriar Lane</p> <p>City State Zip Code Palm City FL 34990</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation n/a retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C-55-00Lu01</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">950.00</span>
<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 6 / 132  
(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)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial) Cheryl A. Arroyave		Date of Receipt MM / DD / YYYY 02 / 06 / 2008
Mailing Address 6881 N. Marina Way		<b>Transaction ID:</b> C-60-00JU01
City Stuart	State FL	Zip Code 34996
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer n/a	Occupation homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

**B.**

Full Name (Last, First, Middle Initial) Mark O. Asperilla		Date of Receipt MM / DD / YYYY 03 / 19 / 2008
Mailing Address 287 Fields Terrace, S.E.		<b>Transaction ID:</b> C-65-009r02
City Port Charlotte	State FL	Zip Code 33952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mark O. Asperilla, M.D., P.A.	Occupation physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Robert R. Aune		Date of Receipt MM / DD / YYYY 01 / 29 / 2008
Mailing Address 1 Michael Road		<b>Transaction ID:</b> C-69-00Im01
City Stuart	State FL	Zip Code 34996
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer n/a	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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 7 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jacqueline A. Awad</p> <p>Mailing Address 7038 S.E. Harbor Circle</p> <p>City State Zip Code Stuart FL 34996</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer n/a Occupation retired</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px; float: right;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 0 6 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C-71-00JS01</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; float: right;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Thomas A. Babcock</p> <p>Mailing Address 261 Marina Drive</p> <p>City State Zip Code Fort Pierce FL 34949</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MRA Realty Occupation real estate</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px; float: right;">565.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 1 8 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C-75-003Z02</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; float: right;">65.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Carolyn A. Bailey</p> <p>Mailing Address P.O. Box 1044</p> <p>City State Zip Code Fort Pierce FL 34954</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer n/a Occupation retired</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px; float: right;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 2 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C-80-002703</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; float: right;">100.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1165.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

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

Mailing Address 1805 Sailfish Point Blvd.

City State Zip Code  
Stuart FL 34996

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation consultant

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

Date of Receipt MM / DD / YYYY  
02 / 06 / 2008

**Transaction ID:** C-90-00JY01

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)  
Robert O. Baratta

Mailing Address 31 S.E. Harbor Point Drive

City State Zip Code  
Stuart FL 34996

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1250.00

Date of Receipt MM / DD / YYYY  
03 / 03 / 2008

**Transaction ID:** C-93-001F02

Amount of Each Receipt this Period 750.00

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

**C.** Full Name (Last, First, Middle Initial)  
Scott R. Baratta

Mailing Address 923 S.E. Riverside Drive

City State Zip Code  
Stuart FL 34994

FEC ID number of contributing federal political committee. C

Name of Employer Ascent Health Care Advisors Occupation executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 06 / 2008

**Transaction ID:** C-94-00Ms01

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) ..... 1500.00

**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 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Marcia H. Benson

Mailing Address 137 South Shore Road

City State Zip Code  
Stuart FL 34994

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
self-employed realtor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 700.00

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

**Transaction ID:** C-127-002002

Amount of Each Receipt this Period 200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gertrude W. Bernhard

Mailing Address 2 Paddock Circle

City State Zip Code  
Tequesta FL 33469

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
self-employed consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 30 / 2008

**Transaction ID:** C-137-000101

Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Pamela L. Bessette

Mailing Address 5155 Palmetto Avenue

City State Zip Code  
Fort Pierce FL 34982

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation  
n/a homemaker

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

Date of Receipt MM / DD / YYYY  
03 / 03 / 2008

**Transaction ID:** C-146-00Mj01

Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 950.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Thilo D. Best	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 1903 S. Wykagyl Street	<b>Transaction ID:</b> C-147-00L101
	City Tampa State FL Zip Code 33629	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David F. Boden	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 938 S.W. Hidden River Avenue	<b>Transaction ID:</b> C-171-007o03
	City Palm City State FL Zip Code 34990	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self-employed Occupation dentist		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 595.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Anthony L. Bonna	Date of Receipt MM / DD / YYYY 03 / 30 / 2008
	Mailing Address 817 S.W. Koler Avenue	<b>Transaction ID:</b> C-182-00I206
	City Port St. Lucie State FL Zip Code 34953	Amount of Each Receipt this Period 27.00
	FEC ID number of contributing federal political committee. <b>C</b>	Earmarked-> Slatecard.com rcvd. 031108 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Friends of Gayle Harrell Occupation dep. campaign manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 346.13	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>727.00</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 / 132  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Anthony L. Bonna

Mailing Address 817 S.W. Koler Avenue

City State Zip Code  
Port St. Lucie FL 34953

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

Name of Employer Friends of Gayle Harrell Occupation dep. campaign manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2008

**Transaction ID:** C-183-00I207

Amount of Each Receipt this Period  
269.13

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

346.13

**B.** Full Name (Last, First, Middle Initial)  
Patricia Book

Mailing Address 10711 Hawks Vista Street

City State Zip Code  
Plantation FL 33324

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2008

**Transaction ID:** C-186-00Nh01

Amount of Each Receipt this Period  
1500.00

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

1500.00

**C.** Full Name (Last, First, Middle Initial)  
Richard J. Boyle

Mailing Address 13412 Wax Myrtle Trail

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 14 / 2008

**Transaction ID:** C-205-00KZ01

Amount of Each Receipt this Period  
500.00

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

500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2269.13**

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

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

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

FOR LINE NUMBER: PAGE 12 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Norman J. Brodsky

Mailing Address 1346 Preservation Way

City State Zip Code  
Oldsmar FL 34677

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

Name of Employer self-employed Occupation  
self-employed physician

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

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

**Transaction ID:** C-225-00M501

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)  
William J. Bryant

Mailing Address 204 W. Ocean Blvd.

City State Zip Code  
Stuart FL 34994

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

Name of Employer self-employed Occupation  
self-employed dentist

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

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2008

**Transaction ID:** C-247-007G02

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mary K. Buckridge

Mailing Address 6719 S.E. S. Marina Way

City State Zip Code  
Stuart FL 34996

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

Name of Employer n/a Occupation  
retired

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

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

**Transaction ID:** C-251-00M701

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) ..... ▶ **750.00**

**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 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Charles M. Burkett

Mailing Address 6 Crooked Bridge Way

City State Zip Code  
Ormond Beach FL 32174

FEC ID number of contributing federal political committee. C

Name of Employer: Radiology Assoc. of Daytona Beach  
Occupation: physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 30 / 2008

**Transaction ID:** C-263-000001

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)  
Tommy Burrows

Mailing Address 108 N.E. Alice Street

City State Zip Code  
Jensen Beach FL 34957

FEC ID number of contributing federal political committee. C

Name of Employer: self-employed  
Occupation: landscaper

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
02 / 06 / 2008

**Transaction ID:** C-268-005002

Amount of Each Receipt this Period 200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Peter W. Busch

Mailing Address P.O. Box 12429

City State Zip Code  
Fort Pierce FL 34979

FEC ID number of contributing federal political committee. C

Name of Employer: Southern Eagle Distribution Co.  
Occupation: c.e.o.

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

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

**Transaction ID:** C-274-00C002

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) ..... 1450.00

**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 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Anson J. Buttles

Mailing Address 3359 S.E. Golf Trail

City State Zip Code  
Stuart FL 34997

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

Name of Employer  
Treasure Coast Hospice

Occupation  
physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 17 / 2008

Transaction ID: C-282-009g03

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)  
Jeff Carlson

Mailing Address 4480 Lakeview Drive

City State Zip Code  
Sebring FL 33870

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

Name of Employer  
Carlson Statler Business Accounting

Occupation  
owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 25 / 2008

Transaction ID: C-298-00La01

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Keith Carroll

Mailing Address P.O. Box 877

City State Zip Code  
Jensen Beach FL 34958

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

Name of Employer  
Rick Carroll Insurance

Occupation  
president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 29 / 2008

Transaction ID: C-305-004s02

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Keith Carroll		Date of Receipt
	Mailing Address P.O. Box 877		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 03 / 2008
	City	State	Zip Code
	Jensen Beach	FL	34958
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C-306-004s03
Name of Employer Rick Carroll Insurance		Occupation president	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 750.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Kahang Chan		Date of Receipt
	Mailing Address 3839 Brantley Place Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2008
	City	State	Zip Code
	Apopka	FL	32703
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C-320-00MX01
Name of Employer Florida Emergency Physi- cians		Occupation physician	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph J. Chanda		Date of Receipt
	Mailing Address 515 River Cove Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 24 / 2008
	City	State	Zip Code
	Indialantic	FL	32903
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C-324-001r04
Name of Employer Joseph J. Chanda, M.D., P.A.		Occupation physician	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
			<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) .....	<input type="text"/> 1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 132  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Michael F. Ciferri

Mailing Address 1010 Chapman Way

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2008

**Transaction ID:** C-330-00N401

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)  
John P. Coblentz

Mailing Address 2118 N.W. Greenbriar Lane

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

**Transaction ID:** C-341-00Lw01

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
George E. Cooper

Mailing Address 8891 S.E. Bridge Road

City State Zip Code  
Hobe Sound FL 33455

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

Name of Employer Cooper Consulting Engineers Occupation c.e.o.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

**Transaction ID:** C-353-004M02

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Josephine Covelli

Mailing Address 6713 N. Marina Way

City State Zip Code  
Stuart FL 34996

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
02 / 06 / 2008

**Transaction ID:** C-360-00JX01

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)  
Gretchen Cover

Mailing Address 276 Riverway Drive

City State Zip Code  
Vero Beach FL 32963

FEC ID number of contributing federal political committee. C

Name of Employer The Sheridan Group Occupation office manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID:** C-361-00MK01

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)  
Robert H. Coy

Mailing Address 1084 N.W. Spruce Ridge Drive

City State Zip Code  
Stuart FL 34994

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1325.00

Date of Receipt MM / DD / YYYY  
02 / 14 / 2008

**Transaction ID:** C-363-000I02

Amount of Each Receipt this Period 325.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1325.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
William B. Crandall

Mailing Address 12782 N.W. Mariner Court

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** C-365-00Ka01

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)  
Pierce K. Crompton

Mailing Address 3966 S.E. Old St. Lucie Blvd.

City State Zip Code  
Stuart FL 34996

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 2 6 / 2 0 0 8

**Transaction ID:** C-373-000H02

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)  
Donald R. Crow

Mailing Address 1208 S.W. Dyer Point

City State Zip Code  
Palm City FL 34990

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

Name of Employer Visiting Nurses Association Occupation c.e.o.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

**Transaction ID:** C-375-00Mf01

Amount of Each Receipt this Period  
750.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Robert Crowder

Mailing Address 800 S.E. Monterey Road

City State Zip Code  
Stuart FL 34994

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

Name of Employer Occupation  
Martin County Sheriff's Office sheriff

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

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2008

**Transaction ID:** C-376-00MC01

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)  
Renee H. Dabbs

Mailing Address 3306 W. Lawn Avenue

City State Zip Code  
Tampa FL 33611

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

Name of Employer Occupation  
The Victory Group producer

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

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2008

**Transaction ID:** C-394-00LW01

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)  
Bill Davenport

Mailing Address 2090 S.E. Ocean Blvd.

City State Zip Code  
Stuart FL 34996

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

Name of Employer Occupation  
Stuart Eye Institute, P.A. physician

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

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2008

**Transaction ID:** C-406-005404

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 20 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
John E. Dees

Mailing Address 3261 S.W. Water Edge Way

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
Isolation Systems, Inc. president

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

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

**Transaction ID:** C-425-006N03

Amount of Each Receipt this Period  
100.00

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

600.00

**B.** Full Name (Last, First, Middle Initial)  
Linda Delo

Mailing Address 7309 S. Indian River Drive

City State Zip Code  
Fort Pierce FL 34982

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

Name of Employer Occupation  
Linda F. Delo, D.O., P.A. physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2008

**Transaction ID:** C-431-002P02

Amount of Each Receipt this Period  
100.00

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

350.00

**C.** Full Name (Last, First, Middle Initial)  
John B. Dodge

Mailing Address 12772 Mariner Court

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
self-employed golf course development

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

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2008

**Transaction ID:** C-447-00KY01

Amount of Each Receipt this Period  
500.00

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

500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 132  
(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)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Henry N. Dreifus

Mailing Address 1899 Lake Markham Preserve

City Sanford State FL Zip Code 32771

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

Name of Employer Dreifus Associates Ltd., Inc. Occupation c.e.o.

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

Date of Receipt 03 / 20 / 2008  
**Transaction ID:** C-460-00MG01  
 Amount of Each Receipt this Period 2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert E. Drisner

Mailing Address 705 Winters Creek Road

City Palm City State FL Zip Code 34990

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

Name of Employer n/a Occupation retired

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

Date of Receipt 02 / 29 / 2008  
**Transaction ID:** C-464-00Lz01  
 Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Karen Eccleston

Mailing Address 1776 S.W. Cimarron Court

City Palm City State FL Zip Code 34990

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

Name of Employer Stryker Electrical Contracting, Inc. Occupation contractor

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

Date of Receipt 03 / 03 / 2008  
**Transaction ID:** C-475-00Mo01  
 Amount of Each Receipt this Period 1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 132  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Robert L. Emerson

Mailing Address 12813 N.W. Cinnamon Way

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2008

Transaction ID: C-483-00LU01

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)  
Mary B. Ettinger

Mailing Address 1373 N.W. Coconut Point Lane

City State Zip Code  
Stuart FL 34996

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2008

Transaction ID: C-495-00Mx01

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Louis Forget

Mailing Address 7939 Okeechobee Road

City State Zip Code  
Fort Pierce FL 34945

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2008

Transaction ID: C-542-002x04

Amount of Each Receipt this Period  
65.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **815.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Alan O. Forst

Mailing Address 3553 S.W. Thistlewood Lane

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
Unemployment Appeals Comm. chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

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

**Transaction ID:** C-544-009R02

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)  
Theodore N. Fotopoulos

Mailing Address 2166 Cielo Circle, E.

City State Zip Code  
Clearwater FL 33759

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

Name of Employer Occupation  
New Image Dermatology physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** C-547-00A102

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Donna L. Friedman

Mailing Address 4650 N.E. Spinnaker Point Place

City State Zip Code  
Stuart FL 34996

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

Name of Employer Occupation  
Tower Consultants Exec. Search, Inc. vice-president

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2008

**Transaction ID:** C-558-007n02

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **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 24 / 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Vidor Friedman

Mailing Address 13061 Water Point Blvd.

City State Zip Code  
Windermere FL 34786

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

Name of Employer Florida Emergency Physi-  
cians Occupation physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** C-559-00MU01

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)  
James R. Frogue

Mailing Address 1222 N. Meade Street, #18

City State Zip Code  
Arlington VA 22209

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

Name of Employer Center for Health Transfo-  
rmation Occupation state project director

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2008

**Transaction ID:** C-560-00MD01

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Diana Gannon

Mailing Address 1414 32nd Avenue, S.W.

City State Zip Code  
Vero Beach FL 32968

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

Name of Employer Southeastern Printing Occupation c.f.o.

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2008

**Transaction ID:** C-571-00Mn01

Amount of Each Receipt this Period  
750.00

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) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Pam Gardner	Date of Receipt MM / DD / YYYY 01 / 11 / 2008
	Mailing Address 555 S.E. Saint Lucie Blvd.	<b>Transaction ID:</b> C-574-000m03
	City State Zip Code Stuart FL 34996	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation homemaker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Frederick W. Geissinger	Date of Receipt MM / DD / YYYY 02 / 24 / 2008
	Mailing Address 8712 Whetstone Road	<b>Transaction ID:</b> C-583-001s03
	City State Zip Code Evansville IN 47725	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 265.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Anthony Dale George	Date of Receipt MM / DD / YYYY 02 / 14 / 2008
	Mailing Address 3802 S.E. Fairway Street	<b>Transaction ID:</b> C-590-004v03
	City State Zip Code Stuart FL 34997	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self-employed Occupation attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>365.00</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 26 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Deveron M. Gibbons

Mailing Address 773 Bay Vista Blvd., S.

City State Zip Code  
St. Petersburg FL 33705

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

Name of Employer AmSat Financial Occupation vice-president

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

**Transaction ID:** C-595-00Le01

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Marc S. Goldman

Mailing Address 2494 S. Ocean Blvd.

City State Zip Code  
Boca Raton FL 33432

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

Name of Employer self-employed Occupation investor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 2 4 / 2 0 0 8

**Transaction ID:** C-606-00Nm01

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)  
Elizabeth Cahn Goodman

Mailing Address 907 S. Orleans Avenue

City State Zip Code  
Tampa FL 33606

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

Name of Employer Genentech, Inc. Occupation attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2202.85

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 5 / 2 0 0 8

**Transaction ID:** C-608-007J02

Amount of Each Receipt this Period  
750.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5350.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 132  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Elizabeth Cahn Goodman

Mailing Address 907 S. Orleans Avenue

City Tampa State FL Zip Code 33606

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

Name of Employer Genentech, Inc. Occupation attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2202.85

Date of Receipt 02 / 03 / 2008

Transaction ID: C-609-007J03

Amount of Each Receipt this Period 245.41

printing

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

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Cahn Goodman

Mailing Address 907 S. Orleans Avenue

City Tampa State FL Zip Code 33606

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

Name of Employer Genentech, Inc. Occupation attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2202.85

Date of Receipt 02 / 19 / 2008

Transaction ID: C-610-007J04

Amount of Each Receipt this Period 207.44

food & beverage

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

**C.**

Full Name (Last, First, Middle Initial)  
M. Adam Goodman

Mailing Address 907 S. Orleans Avenue

City Tampa State FL Zip Code 33606

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

Name of Employer The Victory Group Occupation president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt 02 / 25 / 2008

Transaction ID: C-613-007m02

Amount of Each Receipt this Period 750.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1202.85**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Jason M. Gorrie

Mailing Address 3109 Fountain Blvd.

City State Zip Code  
Tampa FL 33609

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

Name of Employer Occupation  
Ogden engineer

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: C-616-00Lb01

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)  
Michael S. Gorton

Mailing Address 2332 Lady Cornwell

City State Zip Code  
Lewisville TX 75056

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

Name of Employer Occupation  
Teladoc Medical Services c.e.o.

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

Date of Receipt

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

Transaction ID: C-618-00O301

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)  
Drew A. Graham

Mailing Address 2433 W. Watrous Avenue

City State Zip Code  
Tampa FL 33629

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

Name of Employer Occupation  
Raymond James Financial investment advisor

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

Date of Receipt

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

Transaction ID: C-622-00Lh01

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 132  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Judy Graham

Mailing Address 1698 Hillview Street

City State Zip Code  
Sarasota FL 34239

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

Name of Employer self-employed Occupation interior design

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2008

**Transaction ID:** C-623-00N101

Amount of Each Receipt this Period  
1000.00

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

1000.00

**B.** Full Name (Last, First, Middle Initial)  
David J. Grofic

Mailing Address 5427 S.W. Landing Creek Drive

City State Zip Code  
Palm City FL 34990

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

Name of Employer Sandhill Cove Occupation executive director

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2008

**Transaction ID:** C-637-005H02

Amount of Each Receipt this Period  
100.00

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

300.00

**C.** Full Name (Last, First, Middle Initial)  
Jack O. Hackett

Mailing Address 1869 Citron Street

City State Zip Code  
Charlotte Harbor FL 33980

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

Name of Employer Farr Law Firm Occupation attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2008

**Transaction ID:** C-650-00NA01

Amount of Each Receipt this Period  
250.00

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

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**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 30 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Eleanor Hanley  
 Mailing Address 2254 S.W. Waterview Place  
 City State Zip Code  
 Palm City FL 34990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Treasure Coast Hospice nurse  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 700.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 8  
**Transaction ID:** C-662-009E02  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Eleanor Hanley  
 Mailing Address 2254 S.W. Waterview Place  
 City State Zip Code  
 Palm City FL 34990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Treasure Coast Hospice nurse  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 700.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 5 / 2 0 0 8  
**Transaction ID:** C-663-009E03  
 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)  
Eric A. Hansen  
 Mailing Address 8305 N. Sunburst Trail  
 City State Zip Code  
 Parker CO 80134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lockheed Martin engineer  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 9 / 2 0 0 8  
**Transaction ID:** C-670-00HO02  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**  
**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 31 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Kay Harvin  
Mailing Address 3959 S.W. Marlin Drive  
City State Zip Code  
Palm City FL 34990  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Harvin & Harvin attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 639.24  
Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 8  
Transaction ID: C-697-009C02  
Amount of Each Receipt this Period  
190.83  
food & beverage  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Kay Harvin  
Mailing Address 3959 S.W. Marlin Drive  
City State Zip Code  
Palm City FL 34990  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Harvin & Harvin attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 639.24  
Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 8  
Transaction ID: C-698-009C03  
Amount of Each Receipt this Period  
248.41  
food & beverage  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Edward W. Hendricks  
Mailing Address 1704 N.W. Shore Terrace  
City State Zip Code  
Stuart FL 34994  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
n/a retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 8  
Transaction ID: C-723-006Q02  
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) ..... ▶ **689.24**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth M. Herold

Mailing Address 2822 S.E. Dune Drive, #2104

City State Zip Code  
Stuart FL 34996

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** C-729-00JQ01

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)  
Allen P. Herskowitz

Mailing Address 6834 S.E. Isle Way

City State Zip Code  
Stuart FL 34996

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** C-731-00J001

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)  
Donald J. Hesch

Mailing Address 1202 N.W. Winters Creek Road

City State Zip Code  
Palm City FL 34990

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

Name of Employer AH Management Group Occupation c.e.o.

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** C-732-00M401

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 33 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Dan Hiler

Mailing Address 1824 St. Ives Circle

City Lexington State KY Zip Code 40502

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

Name of Employer Superior Nissan, Inc. Occupation auto sales

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2008  
**Transaction ID:** C-740-001Y02  
 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)  
Leslie A. Hoffmann

Mailing Address 3056 S.E. Island Point Lane

City Stuart State FL Zip Code 34996

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2008  
**Transaction ID:** C-752-001z01  
 Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mary Jo H. Horton

Mailing Address 2626 S.W. Egret Pond Circle

City Palm City State FL Zip Code 34990

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

Name of Employer Martin Memorial Health Systems Occupation health care

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 01 / 29 / 2008  
**Transaction ID:** C-771-005203  
 Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
H. Wayne Huizenga  
Mailing Address 450 E. Las Olas Blvd., #1500  
City Fort Lauderdale State FL Zip Code 33301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Huizenga Holdings Occupation c.e.o.  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
2300.00  
Date of Receipt 03 / 19 / 2008  
Transaction ID: C-782-00NS01  
Amount of Each Receipt this Period 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Margaret Hutton  
Mailing Address 2610 Holly Point, W.  
City Orange Park State FL Zip Code 32073  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
1130.00  
Date of Receipt 02 / 14 / 2008  
Transaction ID: C-790-00Ap03  
Amount of Each Receipt this Period 130.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Deanna L. Jacobson  
Mailing Address 2960 N.E. Heather Court  
City Jensen Beach State FL Zip Code 34957  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dan G. Jacobson, MD, P.A. Occupation office manager  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
750.00  
Date of Receipt 02 / 02 / 2008  
Transaction ID: C-802-002v02  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2930.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Sharon Jones

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

Mailing Address 2001 S.E. Sailfish Point Blvd.

Transaction ID: C-834-00ly01

City State Zip Code  
Stuart FL 34996

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation homemaker

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

250.00

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

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2008

Mailing Address 6981 Lake Devonwood Drive

Transaction ID: C-840-004V03

City State Zip Code  
Fort Myers FL 33908

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee. C

Name of Employer Kagan Jugan & Assoc. P.A. Occupation physician

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

750.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Linda M. Kaiser

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2008

Mailing Address 6981 S.E Harbor Circle

Transaction ID: C-842-00JP01

City State Zip Code  
Stuart FL 34996

Amount of Each Receipt this Period  
2000.00

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation homemaker

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
William H. Kane

Mailing Address 30 W. 90th Street, #2D

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Sled Co. salesman

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2008

Transaction ID: C-845-00Nq01

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)  
William L. Kane

Mailing Address 1315 Bent Pine Cove

City State Zip Code  
Port St. Lucie FL 34986

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

Name of Employer Occupation  
self-employed entrepreneur

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2008

Transaction ID: C-847-00EG02

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)  
Kenneth A. Kaplan

Mailing Address 13782 Palmetto Point Court

City State Zip Code  
Port Charlotte FL 33953

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

Name of Employer Occupation  
self-employed physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2008

Transaction ID: C-850-00NB01

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) ..... ▶

1750.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Audrey A. Kight  
Mailing Address 1688 S.W. Thornberry Circle  
City State Zip Code  
Palm City FL 34990  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00  
Date of Receipt: 01 / 11 / 2008  
Transaction ID: C-870-000o02  
Amount of Each Receipt this Period: 200.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Loneita L. Kirsch  
Mailing Address P.O. Box 2668  
City State Zip Code  
Okeechobee FL 34973  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Martin County Schools Occupation teacher  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00  
Date of Receipt: 03 / 17 / 2008  
Transaction ID: C-878-00GR02  
Amount of Each Receipt this Period: 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Gwen Knapp  
Mailing Address 2948 S.E. Southview Drive  
City State Zip Code  
Stuart FL 34996  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt: 01 / 29 / 2008  
Transaction ID: C-889-00lh01  
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) ..... ▶ 550.00  
**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 38 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Dianne E. Krahnert

Mailing Address 2001 S.E. Sailfish Point Blvd., #4

City State Zip Code  
Stuart FL 34996

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-904-00JO01

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)  
Charles A. LaForge

Mailing Address 617 N.W. Winters Creek Road

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C-912-00Kx01

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Stuart M. Lamb

Mailing Address 110 S. Seawall's Point Road

City State Zip Code  
Stuart FL 34996

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: C-917-00Mi01

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**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 39 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Steven F. Lay

Mailing Address 8502 Lays Cove Place

City Odessa State FL Zip Code 33556

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

Name of Employer Tampa Bay Emergency Physicians Occupation physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 24 / 2008

Transaction ID: C-931-00OH01

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)  
Jacqueline Lazarus

Mailing Address 31 S. River Road

City Stuart State FL Zip Code 34996

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 30 / 2008

Transaction ID: C-932-00Nx01

Amount of Each Receipt this Period: 300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Michael L. Lazarus

Mailing Address 173 S.W. Hatteras Court

City Palm City State FL Zip Code 34990

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

Name of Employer self-employed Occupation consultant

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 29 / 2008

Transaction ID: C-933-00MV01

Amount of Each Receipt this Period: 300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 40 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Kevin K. Lee

Mailing Address 3435 S. Highlands Avenue

City State Zip Code  
Sebring FL 33870

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

Name of Employer self-employed Occupation  
physician

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2008

Transaction ID: C-935-00Be02

Amount of Each Receipt this Period

1300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Linda P. Leowenberg

Mailing Address 12777 Mariner Court

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation  
homemaker

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

Date of Receipt

M M / D D / Y Y Y Y  
02 / 29 / 2008

Transaction ID: C-944-00Lq01

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)  
Pauline Levesque

Mailing Address 8101 Madison Lakes Circle, S.

City State Zip Code  
Davie FL 33328

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

Name of Employer self-employed Occupation  
consultant

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2008

Transaction ID: C-946-00Nu01

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) ..... ▶

2050.00

**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 41 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

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

Mailing Address 508 Winters Creek Road

City State Zip Code  
Palm City FL 34990

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** C-953-00L901

Amount of Each Receipt this Period 2000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
John D. Loewenberg

Mailing Address 12777 Mariner Court

City State Zip Code  
Palm City FL 34990

FEC ID number of contributing federal political committee. C

Name of Employer JDL Enterprise Occupation owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** C-963-00Lp01

Amount of Each Receipt this Period 250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Steve A. Lofton

Mailing Address 1128 S.W. Catalina Street

City State Zip Code  
Palm City FL 34990

FEC ID number of contributing federal political committee. C

Name of Employer Martin Memorial Health System Occupation physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** C-964-00lw01

Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2750.00

**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 42 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Jorge Lopez

Mailing Address 1476 Chippewa Lane

City State Zip Code  
Geneva FL 32732

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

Name of Employer  
Florida Emergency Physi-  
cians

Occupation  
physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2008

Transaction ID: C-966-00MT01

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)  
Robert L. Lord

Mailing Address 2980 N.E. Pinecrest Lakes Blvd.

City State Zip Code  
Jensen Beach FL 34957

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

Name of Employer  
Martin Memorial Health Sy-  
stems

Occupation  
attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 29 / 2008

Transaction ID: C-969-00A902

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Edward D. Losch

Mailing Address 2603 Juniper Court

City State Zip Code  
Palm City FL 34990

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

Name of Employer  
n/a

Occupation  
retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 17 / 2008

Transaction ID: C-972-00LI01

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 43 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Robert J. Lowe  
 Mailing Address 4949 N. A1A, #131  
 City State Zip Code  
 Fort Pierce FL 34949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lowe's Intl. Realty Plus, Inc. real estate broker  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 900.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 8 / 2 0 0 8  
**Transaction ID:** C-977-004104  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Thomas L. Lucido  
 Mailing Address 2 Sabal Court  
 City State Zip Code  
 Stuart FL 34996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lucido & Associates landscaper  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 8  
**Transaction ID:** C-982-00Ny01  
 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)  
Thomas G. Lusty  
 Mailing Address 1759 N.W. River Trail  
 City State Zip Code  
 Stuart FL 34994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 n/a retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 0 / 2 0 0 8  
**Transaction ID:** C-991-000h04  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**  
**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 44 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Ann S. MacMillan  
 Mailing Address 201 Harbor Point Drive  
 City State Zip Code  
 Stuart FL 34996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 370.00  
 Date of Receipt: 02 / 17 / 2008  
**Transaction ID:** C-995-002502  
 Amount of Each Receipt this Period: 120.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Miguel A. Machado  
 Mailing Address 301 Health Park Blvd., #216  
 City State Zip Code  
 St. Augustine FL 32086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 215.00  
 Date of Receipt: 02 / 29 / 2008  
**Transaction ID:** C-1000-004H04  
 Amount of Each Receipt this Period: 65.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Carol Hoffman Maloch  
 Mailing Address 603 Howard Creek Lane  
 City State Zip Code  
 Stuart FL 34994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hoffman & Maloch, P.A. Occupation dentist  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
 Date of Receipt: 02 / 14 / 2008  
**Transaction ID:** C-1006-00Ob01  
 Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 685.00  
**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 45 / 132  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial) Gary Marder		Date of Receipt MM / DD / YYYY 02 / 17 / 2008
Mailing Address 9580 U.S. Highway 1, S.		<b>Transaction ID:</b> C-1014-00Dc03
City Port St. Lucie	State FL	Zip Code 34952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self-employed	Occupation physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

**B.**

Full Name (Last, First, Middle Initial) Gary Marder		Date of Receipt MM / DD / YYYY 02 / 17 / 2008
Mailing Address 9580 U.S. Highway 1, S.		<b>Transaction ID:</b> C-1015-00Dc04
City Port St. Lucie	State FL	Zip Code 34952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self-employed	Occupation physician	<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 ▼ 2500.00	

**C.**

Full Name (Last, First, Middle Initial) Jean W. Markell		Date of Receipt MM / DD / YYYY 01 / 11 / 2008
Mailing Address 1386 S.E. Brewster Place		<b>Transaction ID:</b> C-1018-009602
City Stuart	State FL	Zip Code 34997
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer n/a	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<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 46 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Jean W. Markell

Mailing Address 1386 S.E. Brewster Place

City State Zip Code  
Stuart FL 34997

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

Name of Employer Occupation  
n/a retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2008

Transaction ID: C-1019-009603

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Barbara B. Marshall

Mailing Address 1522 Buttonbush Circle

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
n/a retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 24 / 2008

Transaction ID: C-1021-00OL01

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Edward A. Mason

Mailing Address 13218 Harbour Ridge Blvd.

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
n/a retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 29 / 2008

Transaction ID: C-1026-00Ln01

Amount of Each Receipt this Period

350.00

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

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

650.00

**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 47 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Iris McCaffery

Mailing Address 1051 Romona Road

City State Zip Code  
Wilmette IL 60091

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

Name of Employer self-employed Occupation real estate

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

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2008

**Transaction ID:** C-1034-00J201

Amount of Each Receipt this Period  
400.00

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

**B.** Full Name (Last, First, Middle Initial)  
Arthur R. McCamey

Mailing Address 1536 N.W. Buttonbush Circle

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

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

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2008

**Transaction ID:** C-1036-00LT01

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)  
John N. McConnell

Mailing Address 8811 Prospect

City State Zip Code  
Kansas City MO 64132

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

Name of Employer Labconco Occupation c.e.o.

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

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

**Transaction ID:** C-1041-00Ep02

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) ..... ► **1150.00**

**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 48 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
William W. McDaniel

Mailing Address 2010 Doormar Drive

City State Zip Code  
Tallahassee FL 32308

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

Name of Employer Occupation  
McDaniel Consulting, LLC business consultant

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

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2008

**Transaction ID:** C-1046-005d02

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)  
Caroline W. McDonough

Mailing Address 1533 N.W. Buttonbush Circle

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
n/a retired

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

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2008

**Transaction ID:** C-1050-00LV01

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Edward McGowan

Mailing Address 2600 N.W. Juniper Court

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
Correlation Services Inc. president

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

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2008

**Transaction ID:** C-1054-00JV01

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) ..... ► **1500.00**

**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 49 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Charles S. McIntyre  
Mailing Address 1530 Hollywood Drive  
City State Zip Code  
Monroe MI 48162  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00  
Date of Receipt: 02 / 06 / 2008  
Transaction ID: C-1056-000s02  
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)  
Manuel Mercado  
Mailing Address 6661 S.E. Harbor Circle  
City State Zip Code  
Stuart FL 34996  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt: 02 / 06 / 2008  
Transaction ID: C-1075-00JM01  
Amount of Each Receipt this Period: 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
H. Kent Mergler  
Mailing Address 6306 S.E. Oakmont Place  
City State Zip Code  
Stuart FL 34997  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Northstar Capital Management, Inc. Occupation president  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00  
Date of Receipt: 02 / 29 / 2008  
Transaction ID: C-1077-000D02  
Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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 Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael W. Miles		Date of Receipt
	Mailing Address 793 Westwood Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 30 / 2008
	City	State	Zip Code
	River Vale	NJ	07675
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C-1085-00Nn01
Name of Employer n/a		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Glenda D. Miller		Date of Receipt
	Mailing Address 7806 Seville Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2008
	City	State	Zip Code
	Bradenton	FL	34209
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C-1101-00MS01
Name of Employer n/a		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Vincent P. Miraglia		Date of Receipt
	Mailing Address 2398 S.E. Ocean Blvd., #A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 06 / 2008
	City	State	Zip Code
	Stuart	FL	34996
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C-1106-004O03
Name of Employer Martin Memorial Physician Group		Occupation physician	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<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) .....	<input type="text"/> 1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
James F. Mondello  
 Mailing Address 1204 N.W. Winter Creek Road  
 City State Zip Code  
 Palm City FL 34990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00  
 Date of Receipt: 02 / 17 / 2008  
**Transaction ID:** C-1120-006c02  
 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)  
Kathy S. Moore  
 Mailing Address 6860 S.E. Harbor Circle  
 City State Zip Code  
 Stuart FL 34996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
 Date of Receipt: 02 / 10 / 2008  
**Transaction ID:** C-1124-00KT01  
 Amount of Each Receipt this Period: 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Edwin E. Mortell  
 Mailing Address 21 S.E. Harbor Point Drive  
 City State Zip Code  
 Stuart FL 34996  
 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) ▼ 400.00  
 Date of Receipt: 03 / 03 / 2008  
**Transaction ID:** C-1138-002B03  
 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) ..... ▶ 750.00  
**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 52 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Desiree M. Mufson

Mailing Address 17 S. River Road

City State Zip Code  
Sewall's Point FL 34996

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: C-1141-00KR01

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

**B.** Full Name (Last, First, Middle Initial)  
John C. Nordt

Mailing Address 3580 Royal Palm Avenue

City State Zip Code  
Coconut Grove FL 33133

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

Name of Employer Spine Center of Miami Occupation physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: C-1167-00MR01

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

**C.** Full Name (Last, First, Middle Initial)  
George T. Norton

Mailing Address 2668 S.W. Greenwich Way

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 275.00

Transaction ID: C-1173-001J06

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 53 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
George T. Norton

Mailing Address 2668 S.W. Greenwich Way

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2008

**Transaction ID:** C-1174-001J07

Amount of Each Receipt this Period  
25.00

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

**B.** Full Name (Last, First, Middle Initial)  
Arthur P. O'Hara

Mailing Address 13413 Wax Myrtle Trail

City State Zip Code  
Palm City FL 34990

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

Name of Employer Olympia Sales, Inc. Occupation chairman

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

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 18 / 2008

**Transaction ID:** C-1179-00L201

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Arthur P. O'Hara

Mailing Address 13413 Wax Myrtle Trail

City State Zip Code  
Palm City FL 34990

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

Name of Employer Olympia Sales, Inc. Occupation chairman

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2008

**Transaction ID:** C-1180-00L202

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

**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 54 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Palestrant

Mailing Address 804 S.E. Portage Avenue

City State Zip Code  
Port St. Lucie FL 34984

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

Name of Employer self-employed Occupation physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	8

Transaction ID: C-1205-00Nj01

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)  
John F. Palmer

Mailing Address 1304 Lancewood Terrace

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

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

Date of Receipt  

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

Transaction ID: C-1206-00L001

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Pamela Papola

Mailing Address P.O. Box 511896

City State Zip Code  
Punta Gorda FL 33951

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

Name of Employer Peace River Regional Hospital Occupation physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	8

Transaction ID: C-1209-00ND01

Amount of Each Receipt this Period  
250.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Doyal W. Parks		Date of Receipt
	Mailing Address 1415 N.W. Winters Creek Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Palm City	FL	34990
	FEC ID number of contributing federal political committee.		Transaction ID: C-1211-00M601
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer n/a		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
retired		<input type="text"/> 250.00	
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Nora L. Pasquale		Date of Receipt
	Mailing Address 2001 S.E. Sailfish Point Blvd., #1		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Stuart	FL	34996
	FEC ID number of contributing federal political committee.		Transaction ID: C-1218-00JR01
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer n/a		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
retired		<input type="text"/> 500.00	
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Pearson		Date of Receipt
	Mailing Address 485 S.E. St. Lucie Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Stuart	FL	34996
	FEC ID number of contributing federal political committee.		Transaction ID: C-1232-00IJ01
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer n/a		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
retired		<input type="text"/> 500.00	
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Fern E. Penicak

Mailing Address 1535 Buttonbush Circle

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C-1237-00M801

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas A. Pepin

Mailing Address 4121 N. 50th Street

City State Zip Code  
Tampa FL 33610

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

Name of Employer Pepin Distributing Company Occupation executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2000.00

Transaction ID: C-1241-00M901

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

**C.** Full Name (Last, First, Middle Initial)  
John E. Pierson

Mailing Address 5101 S.E. Federal Highway

City State Zip Code  
Stuart FL 34997

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

Name of Employer Toyota of Stuart Occupation auto dealer

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 543.00

Transaction ID: C-1253-00I001

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2793.00**

**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 57 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
W. Jack Pledger

Mailing Address 6018 Hammock Woods Drive

City Odessa State FL Zip Code 33556

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

Name of Employer H. Lee Moffitt Cancer Center Occupation deputy director

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 29 / 2008

Transaction ID: C-1257-00Lf01

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)  
Ted Poliac

Mailing Address 5724 Edgewater Terrace

City Sebring State FL Zip Code 33876

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 01 / 2008

Transaction ID: C-1260-00PF01

Amount of Each Receipt this Period: 215.65

office supplies

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

**C.** Full Name (Last, First, Middle Initial)  
Douglas B. Porter

Mailing Address 7934 S.E. Country Estates Way

City Jupiter State FL Zip Code 33458

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 17 / 2008

Transaction ID: C-1270-00Mv01

Amount of Each Receipt this Period: 750.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1215.65**

**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 58 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Nicolas C. Porter

Mailing Address 5224 Fairway One Drive

City Valrico State FL Zip Code 33594

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

Name of Employer H. Lee Moffitt Cancer Center Occupation administration

Receipt For: 2008 Election Cycle-to-Date ▼

Primary    General  
 Other (specify) ▼

Date of Receipt: 02 / 29 / 2008  
Transaction ID: C-1271-00Lg01  
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)  
Linda M. Post

Mailing Address 1130 S.W. Chapman Way, #509

City Palm City State FL Zip Code 34990

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008 Election Cycle-to-Date ▼

Primary    General  
 Other (specify) ▼

Date of Receipt: 03 / 30 / 2008  
Transaction ID: C-1272-000201  
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)  
Louise B. Potter

Mailing Address 804 Winters Creek Road

City Palm City State FL Zip Code 34990

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

Name of Employer n/a Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary    General  
 Other (specify) ▼

Date of Receipt: 02 / 29 / 2008  
Transaction ID: C-1276-00M101  
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 59 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Lisa Y. Rath

Mailing Address 1319 Mirror Terrace, N.W.

City State Zip Code  
Winter Haven FL 33881

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

Name of Employer Occupation  
Fl. Citrus Processors executive

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

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

**Transaction ID:** C-1309-00Lc01

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)  
A. Clark Raynor

Mailing Address 845 S.E. Osceola Street

City State Zip Code  
Stuart FL 34994

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

Name of Employer Occupation  
self-employed physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2008

**Transaction ID:** C-1314-004d04

Amount of Each Receipt this Period  
65.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas J. Regan

Mailing Address 943 Central Parkway

City State Zip Code  
Stuart FL 34996

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

Name of Employer Occupation  
self-employed human resources

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

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

**Transaction ID:** C-1318-001604

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2065.00**

**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 60 / 132

(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
							15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Cheryl S. Reynolds		Date of Receipt MM / DD / YYYY 03 / 29 / 2008		
	Mailing Address 996 Oakpoint Circle		<b>Transaction ID:</b> C-1325-00MW01		
	City Apopka	State FL	Zip Code 32712	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Florida Emergency Physicians Occupation physician				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Margaret W. Richebourg		Date of Receipt MM / DD / YYYY 01 / 18 / 2008		
	Mailing Address 3 Timor Street		<b>Transaction ID:</b> C-1329-001402		
	City Stuart	State FL	Zip Code 34996	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Richebourg Marketing, LLC Occupation president				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 450.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Margaret W. Richebourg		Date of Receipt MM / DD / YYYY 03 / 31 / 2008		
	Mailing Address 3 Timor Street		<b>Transaction ID:</b> C-1330-001403		
	City Stuart	State FL	Zip Code 34996	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Richebourg Marketing, LLC Occupation president				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 450.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</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 61 / 132  
(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)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
S. Robert Rimer

Mailing Address P. O. Box 1048

City State Zip Code  
Stuart FL 34995

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

Name of Employer Occupation  
Lear Development Corp. general contractor

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

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

Transaction ID: C-1333-002p03

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Howard M. Robbins

Mailing Address 2322 Bay Colony Court

City State Zip Code  
Stuart FL 34994

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

Name of Employer Occupation  
Martin Memorial Health physician

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

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

Transaction ID: C-1341-001R01

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Romano

Mailing Address 4989 S.W. Saint Creek Drive

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
New Horizons c.e.o.

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

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

Transaction ID: C-1349-003n02

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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 62 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Richard Ross

Mailing Address 2440 S.E. Bahia Way

City State Zip Code  
Stuart FL 34996

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  

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

**Transaction ID:** C-1360-001703

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Charles A. Ruibal

Mailing Address 7002 S.E. Harbor Circle

City State Zip Code  
Stuart FL 34996

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  

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

**Transaction ID:** C-1371-001X01

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mitchell J. Sabagh

Mailing Address 2501 S.E. Delano Road

City State Zip Code  
Port St. Lucie FL 34952

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 295.00

Date of Receipt  

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

**Transaction ID:** C-1382-000T06

Amount of Each Receipt this Period  
25.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**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 63 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mitchell J. Sabagh</p> <p>Mailing Address 2501 S.E. Delano Road</p> <p>City State Zip Code Port St. Lucie FL 34952</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer n/a Occupation retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">295.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 1 7 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C-1383-000T07</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; text-align: right;">50.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Stuart J. Sabol</p> <p>Mailing Address 2221 E. Ocean Blvd.</p> <p>City State Zip Code Stuart FL 34996</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Ear Nose &amp; Throat, P.A. Occupation physician</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 2 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C-1385-001x01</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; text-align: right;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael R. Sakele</p> <p>Mailing Address 609 Winters Creek Road</p> <p>City State Zip Code Palm City FL 34990</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer n/a Occupation retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C-1390-00M301</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; text-align: right;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">550.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 132  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Douglas C. Sampson

Mailing Address 5551 S.W. Mistletoe Lane

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2008

Transaction ID: C-1393-00N301

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)  
Julio Sanguily

Mailing Address 509 Riverside Drive, #305

City State Zip Code  
Stuart FL 34994

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

Name of Employer Martin Memorial Health Systems Occupation physician

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

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

Transaction ID: C-1403-003405

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Julio Sanguily

Mailing Address 509 Riverside Drive, #305

City State Zip Code  
Stuart FL 34994

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

Name of Employer Martin Memorial Health Systems Occupation physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 14 / 2008

Transaction ID: C-1404-003406

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Gerold Ludwig Schiebler	Date of Receipt MM / DD / YYYY 01 / 11 / 2008
	Mailing Address 408 Beachside Place	<b>Transaction ID:</b> C-1424-002g05
	City State Zip Code Amelia Island FL 32034	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rick Seyer	Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 7460 Myrica Drive	<b>Transaction ID:</b> C-1447-00N201
	City State Zip Code Sarasota FL 34241	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer The Seyer Group Occupation consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Pauline M. Shafer	Date of Receipt MM / DD / YYYY 02 / 14 / 2008
	Mailing Address 1951 S.E. Erwin Road	<b>Transaction ID:</b> C-1450-001N02
	City State Zip Code Port St. Lucie FL 34952	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1075.00</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 66 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Calvin R. Shank  
Mailing Address 7996 17th Lane  
City State Zip Code  
Vero Beach FL 32966  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
450.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 8  
Transaction ID: C-1456-002w03  
Amount of Each Receipt this Period  
100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Bruce F. Shindelman  
Mailing Address 5124 W. Neptune Way  
City State Zip Code  
Tampa FL 33609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer information requested Occupation information requested  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
500.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 9 / 2 0 0 8  
Transaction ID: C-1473-00Li01  
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)  
Dianne L. Silvagni  
Mailing Address 936 Intracoastal Drive, #14A  
City State Zip Code  
Fort Lauderdale FL 33304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation artist agent  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
250.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 8  
Transaction ID: C-1480-001v03  
Amount of Each Receipt this Period  
50.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**  
**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 67 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Robert Simpson

Mailing Address 1815 S.E. Killian Court

City State Zip Code  
Port St. Lucie FL 34952

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1160.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 5 / 2 0 0 8

**Transaction ID:** C-1490-001g05

Amount of Each Receipt this Period  
260.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert C. Simpson

Mailing Address 1626 N.W. Sweet Bay Circle

City State Zip Code  
Palm City FL 34990

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 5 / 2 0 0 8

**Transaction ID:** C-1491-00LX01

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Susan S. Sloane

Mailing Address 1115 Riverside Drive

City State Zip Code  
Stuart FL 34996

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

Name of Employer n/a Occupation registered nurse

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

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

**Transaction ID:** C-1504-001802

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **610.00**

**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 68 / 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Daryl D. Smith

Mailing Address 12788 N.W. Mariner Court

City State Zip Code  
Palm City FL 34990

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

Name of Employer  
Troy Corporation Occupation  
executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  

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

Transaction ID: C-1513-00Gf02

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)  
Alfred A. Stein

Mailing Address 1600 Buttonbush Circle

City State Zip Code  
Palm City FL 34990

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

Name of Employer  
HR Properties Occupation  
realtor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  

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

Transaction ID: C-1534-00M001

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)  
Michael E. Sweet

Mailing Address 19 S. Ridgeview Road

City State Zip Code  
Stuart FL 34996

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

Name of Employer  
Pulmonary Associates Occupation  
physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  

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

Transaction ID: C-1565-00Nz01

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) ..... ► **3800.00**

**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 69 / 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
George H. Swift

Mailing Address 4451 S.W. Branch Terrace

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
UBS investment banker

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

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

**Transaction ID:** C-1567-002J02

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Marilyn H. Taylor

Mailing Address 1134 N.W. Pine Lake Drive

City State Zip Code  
Stuart FL 34994

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

Name of Employer Occupation  
Prescription Shop pharmacist

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

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2008

**Transaction ID:** C-1573-003H03

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
John E. Tranter

Mailing Address 9 Middle Road

City State Zip Code  
Jensen Beach FL 34996

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

Name of Employer Occupation  
Gulfstream Business Bank executive

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

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2008

**Transaction ID:** C-1603-00Me01

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**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 70 / 132  
(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)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Charles Turek

Mailing Address 1543 N.W. Pine Lake Drive

City State Zip Code  
Stuart FL 34994

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 415.00

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

Transaction ID: C-1624-001P04

Amount of Each Receipt this Period  
100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Charles Turek

Mailing Address 1543 N.W. Pine Lake Drive

City State Zip Code  
Stuart FL 34994

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 415.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2008

Transaction ID: C-1625-001P05

Amount of Each Receipt this Period  
65.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Gene L. VanCuren

Mailing Address 1399 N.W. Lakeside Trail

City State Zip Code  
Stuart FL 34994

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

Name of Employer Center for Travel Occupation travel consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

Transaction ID: C-1647-003r03

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **315.00**

**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 71 / 132

(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)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Donato A. Viggiano

Mailing Address 2381 S.E. Aneci Street

City State Zip Code  
Port Saint Lucie FL 34984

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

Name of Employer  
Treasure Coast Cosmetic Surgery

Occupation  
physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt

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

Transaction ID: C-1658-00Cz02

Amount of Each Receipt this Period

100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Anne B. Voss

Mailing Address 5020 Bayshore Blvd., #401

City State Zip Code  
Tampa FL 33611

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

Name of Employer  
Strategic Solutions

Occupation  
political consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt

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

Transaction ID: C-1666-00AL02

Amount of Each Receipt this Period

100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Whitley N. Ward

Mailing Address 4431 Gardner Drive

City State Zip Code  
Port Charlotte FL 33952

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

Name of Employer  
Bonded Builders Home Warranty

Occupation  
president/c.e.o.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1904.60

Date of Receipt

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

Transaction ID: C-1675-00MN01

Amount of Each Receipt this Period

1904.60

catering

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

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

2104.60

**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 72 / 132  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Carol G. Weissman  
Mailing Address 1212 Winters Creek Road  
City State Zip Code  
Palm City FL 34990  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt: 02 / 29 / 2008  
Transaction ID: C-1689-00Lo01  
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)  
Robert J. Weissman  
Mailing Address 504 N.W. Winters Creek Road  
City State Zip Code  
Palm City FL 34990  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 2000.00  
Date of Receipt: 02 / 29 / 2008  
Transaction ID: C-1691-001T02  
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)  
Rita R. Wesley  
Mailing Address 2334 25th Avenue, S.  
City State Zip Code  
St. Petersburg FL 33712  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Pete Chamber of Commerce Occupation staff  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 2300.00  
Date of Receipt: 02 / 29 / 2008  
Transaction ID: C-1697-00Ld01  
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) ..... ▶ 4300.00  
**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 73 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Robert E. White

Mailing Address 200 E. Kari Court

City State Zip Code  
Jacksonville FL 32259

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
FPIC Insurance Group insurance agent

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2008

**Transaction ID:** C-1707-00Nw01

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)  
Sandra C. Williams

Mailing Address 8 Sunset Drive

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
n/a retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

**Transaction ID:** C-1723-00Ls01

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Ronald S. Wishart

Mailing Address 1329 N.W. Lancewood Terrace

City State Zip Code  
Palm City FL 34990

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
n/a retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2008

**Transaction ID:** C-1740-00LJ01

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

**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 74 / 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Edward E. Young

Mailing Address 5202 S.E. Inwood Way

City State Zip Code  
Hobe Sound FL 33455

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

Name of Employer Occupation  
Innovative Engineering president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2008

Transaction ID: C-1758-00Mt01

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)  
Frank Zappala

Mailing Address 1904 S.E. Sailfish Point Blvd.

City State Zip Code  
Stuart FL 34996

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

Name of Employer Occupation  
n/a retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2008

Transaction ID: C-1763-00JZ01

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	97901.47

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

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

FOR LINE NUMBER: PAGE 75 / 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
American College of Radiology Assn. PAC  
Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
03 / 30 / 2008

**Transaction ID:** C-34-00MM02

Amount of Each Receipt this Period: 5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AmerisourceBergen Corp. PAC  
Mailing Address 1300 Morris Drive

City Chesterbrook State PA Zip Code 19355

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
02 / 20 / 2008

**Transaction ID:** C-40-00LB01

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)  
Cardinal Health, Inc. PAC  
Mailing Address 7000 Cardinal Place

City Dublin State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C** C00332833

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
02 / 20 / 2008

**Transaction ID:** C-294-00LD01

Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 76 / 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
American College of Cardiology PAC  
Mailing Address 2400 N. Street N.W.  
City Washington State DC Zip Code 20037  
FEC ID number of contributing federal political committee. **C** C00375360  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 02 / 24 / 2008  
Transaction ID: C-344-00ON01  
Amount of Each Receipt this Period 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
The Doctors' Company Federal PAC  
Mailing Address 185 Greenwood Road  
City Napa State CA Zip Code 94558  
FEC ID number of contributing federal political committee. **C** C00300376  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 02 / 17 / 2008  
Transaction ID: C-446-00Kz01  
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)  
Healthcare Distribution Mgmt. Assn. PAC  
Mailing Address 901 N. Glebe Road  
City Arlington State VA Zip Code 22203  
FEC ID number of contributing federal political committee. **C** C00247569  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 02 / 24 / 2008  
Transaction ID: C-710-00OM01  
Amount of Each Receipt this Period 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00  
**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 77 / 132

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
McKesson Corp. Employees' Political Fund

Mailing Address 1 Post Street, 32nd Floor

City State Zip Code  
San Francisco CA 94104

FEC ID number of contributing federal political committee. C C00108035

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
02 / 20 / 2008

**Transaction ID:** C-1059-00LC01

Amount of Each Receipt this Period 2000.00

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

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

Mailing Address 235 E. 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. C C00016683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2008

**Transaction ID:** C-1251-00MP01

Amount of Each Receipt this Period 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
PAC of Amer. Assn. of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, N.E.

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. C C00343137

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
02 / 06 / 2008

**Transaction ID:** C-1262-00Ab02

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) ..... 5500.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.** Full Name (Last, First, Middle Initial)  
Slatecard.com PAC

Mailing Address 228 S. Washington Street, #115

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00438549

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 232.00

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

**Transaction ID:** C-1500-00FD07

Amount of Each Receipt this Period  
25.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 earmark received

**B.** Full Name (Last, First, Middle Initial)  
Slatecard.com PAC

Mailing Address 228 S. Washington Street, #115

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00438549

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 232.00

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

**Transaction ID:** C-1501-00FD08

Amount of Each Receipt this Period  
27.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 earmark received

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

**TOTAL** This Period (last page this line number only) ..... ► **20500.00**

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P.O. Box 105262 <hr/> City Atlanta State GA Zip Code 30348 <hr/> Purpose of Disbursement telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D4-001B01 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 174.27
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P.O. Box 105262 <hr/> City Atlanta State GA Zip Code 30348 <hr/> Purpose of Disbursement telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5-001B02 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 511.72
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P.O. Box 105262 <hr/> City Atlanta State GA Zip Code 30348 <hr/> Purpose of Disbursement telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D6-001B03 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 498.49
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1184.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address P.O. Box 105262</p> <p>City Atlanta State GA Zip Code 30348</p> <p>Purpose of Disbursement telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7-001B04</p> <p>Date of Disbursement 01 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 95.84</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) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 538695</p> <p>City Atlanta State GA Zip Code 30353</p> <p>Purpose of Disbursement telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D18-009Z0A</p> <p>Date of Disbursement 01 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 46.50</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) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 538695</p> <p>City Atlanta State GA Zip Code 30353</p> <p>Purpose of Disbursement telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D19-009Z0B</p> <p>Date of Disbursement 01 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 182.47</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) ..... ▶

324.81

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D20-009Z0C
	Mailing Address P.O. Box 538695	Date of Disbursement 02 / 10 / 2008
	City Atlanta State GA Zip Code 30353	Amount of Each Disbursement this Period 191.39
	Purpose of Disbursement telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D21-009Z0D
	Mailing Address P.O. Box 538695	Date of Disbursement 02 / 10 / 2008
	City Atlanta State GA Zip Code 30353	Amount of Each Disbursement this Period 74.43
	Purpose of Disbursement telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D22-009Z0E
	Mailing Address P.O. Box 538695	Date of Disbursement 03 / 15 / 2008
	City Atlanta State GA Zip Code 30353	Amount of Each Disbursement this Period 189.23
	Purpose of Disbursement telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>455.05</b>
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 538695</p> <p>City Atlanta State GA Zip Code 30353</p> <p>Purpose of Disbursement telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D23-009Z0F</p> <p>Date of Disbursement 03 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 85.81</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) American Express</p> <p>Mailing Address P.O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D24-00ME01</p> <p>Date of Disbursement 03 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1300.53</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) Best Buy</p> <p>Mailing Address 2555 N.W. Federal Highway</p> <p>City Stuart State FL Zip Code 34994</p> <p>Purpose of Disbursement office equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D1-00Oh02</p> <p>Date of Disbursement 02 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 638.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Credit Card Item</p>

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

1386.34

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address P.O. Box 9020 City Des Moines State IA Zip Code 50368 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3-004E08 Date of Disbursement 02 / 02 / 2008 Amount of Each Disbursement this Period 30.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Drive City Framingham State MA Zip Code 01702 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4-004A0A Date of Disbursement 02 / 16 / 2008 Amount of Each Disbursement this Period 280.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 801 S.E. Johnson Avenue City Stuart State FL Zip Code 34994 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5-00040j Date of Disbursement 02 / 14 / 2008 Amount of Each Disbursement this Period 309.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D25-00ME02</p> <p>Date of Disbursement 01 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement service charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D1-00ME08</p> <p>Date of Disbursement 01 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 138.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Credit Card Item</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Spirit Airlines</p> <p>Mailing Address 2800 Executive Way</p> <p>City Miramar State FL Zip Code 33025</p> <p>Purpose of Disbursement transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D8-00OI01</p> <p>Date of Disbursement 01 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 265.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Credit Card Item</p>

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

1000.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

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

Transaction ID: D26-00ME04  
Date of Disbursement

Mailing Address P.O. Box 360002

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	8

City State Zip Code  
Fort Lauderdale FL 33336

Amount of Each Disbursement this Period

857.91
--------

Purpose of Disbursement  
see memo entries

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)  
American Express

Transaction ID: D1-00ME06  
Date of Disbursement

Mailing Address P.O. Box 360002

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

City State Zip Code  
Fort Lauderdale FL 33336

Amount of Each Disbursement this Period

38.00
-------

Purpose of Disbursement  
service charge

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:

**[MEMO ITEM]**  
Credit Card Item

C.

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

Transaction ID: D2-00ME07  
Date of Disbursement

Mailing Address P.O. Box 360002

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

City State Zip Code  
Fort Lauderdale FL 33336

Amount of Each Disbursement this Period

43.67
-------

Purpose of Disbursement  
service charge

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:

**[MEMO ITEM]**  
Credit Card Item

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

857.91
--------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Siegel Display Products

Mailing Address 300 6th Avenue, N., #200

City State Zip Code  
Minneapolis MN 55401

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D3-00Da02

Date of Disbursement

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

Amount of Each Disbursement this Period

516.72
--------

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

[MEMO ITEM]

Credit Card Item

B.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 500 Staples Drive

City State Zip Code  
Framingham MA 01702

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5-004A03

Date of Disbursement

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

Amount of Each Disbursement this Period

22.87
-------

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

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 500 Staples Drive

City State Zip Code  
Framingham MA 01702

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D6-004A04

Date of Disbursement

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

Amount of Each Disbursement this Period

169.55
--------

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

[MEMO ITEM]

Credit Card Item

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D27-00ME05</p> <p>Date of Disbursement 02 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 8496.79</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) AT&amp;T</p> <p>Mailing Address P.O. Box 105262</p> <p>City Atlanta State GA Zip Code 30348</p> <p>Purpose of Disbursement internet access-12/7/07</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D1-001B05</p> <p>Date of Disbursement 02 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 5.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Credit Card Item</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement service charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2-00ME09</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 38.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Credit Card Item</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>8496.79</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

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

Mailing Address P.O. Box 360002

City State Zip Code  
Fort Lauderdale FL 33336

Purpose of Disbursement  
service charge

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D3-00ME0A

Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

65.00

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

[MEMO ITEM]

Credit Card Item

B.

Full Name (Last, First, Middle Initial)  
Cooke's Environmental Services

Mailing Address 3100 S.E. Waaler Street

City State Zip Code  
Stuart FL 34997

Purpose of Disbursement  
equipment rental

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D12-00PD01

Date of Disbursement

01 / 11 / 2008

Amount of Each Disbursement this Period

1065.00

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

[MEMO ITEM]

Credit Card Item

C.

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

Mailing Address P.O. Box 20598

City State Zip Code  
Atlanta GA 30320

Purpose of Disbursement  
transportation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D15-00PC01

Date of Disbursement

01 / 11 / 2008

Amount of Each Disbursement this Period

368.00

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

[MEMO ITEM]

Credit Card Item

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

0.00

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Eventmakers International

Mailing Address 2928 S.E. Monroe Street

City State Zip Code  
Stuart FL 34997

Purpose of Disbursement  
catering-fundraising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D16-000B02

Date of Disbursement

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

Amount of Each Disbursement this Period

3434.63
---------

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

[MEMO ITEM]

Credit Card Item

B.

Full Name (Last, First, Middle Initial)  
FedEx Kinko's

Mailing Address 2966 N.W. Federal Highway

City State Zip Code  
Jensen Beach FL 34957

Purpose of Disbursement  
copies-11/13/07

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D18-004B07

Date of Disbursement

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

Amount of Each Disbursement this Period

126.29
--------

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

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)  
Four Points by Sheraton

Mailing Address 1201 K Street, N.W.

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
travel-12/7/07

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D19-000u01

Date of Disbursement

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

Amount of Each Disbursement this Period

435.10
--------

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

[MEMO ITEM]

Credit Card Item

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b> Full Name (Last, First, Middle Initial) Four Points by Sheraton Mailing Address 1201 K Street, N.W. City Washington State DC Zip Code 20005 Purpose of Disbursement meals-12/7/07 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D20-00Ou02 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 21.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address P.O. Box 9020 City Des Moines State IA Zip Code 50368 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D24-004E09 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 130.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Office Max Mailing Address 263 Shuman Blvd. City Naperville State IL Zip Code 60563 Purpose of Disbursement office supplies-12/3/07 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D25-00490Q Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 150.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 263 Shuman Blvd.

City Naperville State IL Zip Code 60563

Purpose of Disbursement  
office supplies-12/27/07

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D26-00490R  
Date of Disbursement

02 / 10 / 2008

Amount of Each Disbursement this Period

161.09

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

[MEMO ITEM]

Credit Card Item

B.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 263 Shuman Blvd.

City Naperville State IL Zip Code 60563

Purpose of Disbursement  
office supplies-12/29/07

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D27-00490S  
Date of Disbursement

02 / 10 / 2008

Amount of Each Disbursement this Period

159.42

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

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 263 Shuman Blvd.

City Naperville State IL Zip Code 60563

Purpose of Disbursement  
office supplies-12/30/07

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D28-00490T  
Date of Disbursement

02 / 10 / 2008

Amount of Each Disbursement this Period

138.45

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

[MEMO ITEM]

Credit Card Item

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

0.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 263 Shuman Blvd.

City Naperville State IL Zip Code 60563

Purpose of Disbursement  
office supplies-12/30/07

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D29-00490U

Date of Disbursement

02 / 10 / 2008

Amount of Each Disbursement this Period

38.27

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

[MEMO ITEM]

Credit Card Item

B.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 263 Shuman Blvd.

City Naperville State IL Zip Code 60563

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D30-00490V

Date of Disbursement

01 / 05 / 2008

Amount of Each Disbursement this Period

61.21

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

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 263 Shuman Blvd.

City Naperville State IL Zip Code 60563

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D31-00490W

Date of Disbursement

01 / 15 / 2008

Amount of Each Disbursement this Period

40.19

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

[MEMO ITEM]

Credit Card Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: D39-00040I Date of Disbursement
	Mailing Address 801 S.E. Johnson Avenue	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Stuart State FL Zip Code 34994	Amount of Each Disbursement this Period
	Purpose of Disbursement postage-12/28/07	<input type="text" value="410.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> Credit Card Item
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: D40-00040m Date of Disbursement
	Mailing Address 801 S.E. Johnson Avenue	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Stuart State FL Zip Code 34994	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="246.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> Credit Card Item
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: D41-00040n Date of Disbursement
	Mailing Address 801 S.E. Johnson Avenue	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Stuart State FL Zip Code 34994	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="205.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> Credit Card Item
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Mailing Address 801 S.E. Johnson Avenue

City State Zip Code  
Stuart FL 34994

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D42-00040o  
Date of Disbursement

01 / 04 / 2008

Amount of Each Disbursement this Period

34.00

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

[MEMO ITEM]

Credit Card Item

B.

Full Name (Last, First, Middle Initial)  
Wal-Mart Stores, Inc.

Mailing Address 702 S.W. 8th Street

City State Zip Code  
Bentonville AR 72716

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D43-000f02  
Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

422.25

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

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)  
Bellsouth

Mailing Address P.O. Box 70529

City State Zip Code  
Charlotte NC 28272

Purpose of Disbursement  
telephone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D47-000B01  
Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

250.00

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

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

250.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Bellsouth

Mailing Address P.O. Box 70529

City Charlotte State NC Zip Code 28272

Purpose of Disbursement telephone

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D48-00OB02  
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)  
Anthony L. Bonna

Mailing Address 817 S.W. Koler Avenue

City Port St. Lucie State FL Zip Code 34953

Purpose of Disbursement salary

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D53-00I201  
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)  
Anthony L. Bonna

Mailing Address 817 S.W. Koler Avenue

City Port St. Lucie State FL Zip Code 34953

Purpose of Disbursement see memo entries

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D54-00I203  
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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Anthony L. Bonna

Mailing Address 817 S.W. Koler Avenue

City State Zip Code  
Port St. Lucie FL 34953

Purpose of Disbursement  
mileage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D1-001209  
Date of Disbursement

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

Amount of Each Disbursement this Period

308.50
--------

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

[MEMO ITEM]  
Memo

B.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 263 Shuman Blvd.

City State Zip Code  
Naperville IL 60563

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D4-00490J  
Date of Disbursement

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

Amount of Each Disbursement this Period

141.63
--------

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

[MEMO ITEM]  
Memo

C.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 500 Staples Drive

City State Zip Code  
Framingham MA 01702

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5-004A05  
Date of Disbursement

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

Amount of Each Disbursement this Period

56.22
-------

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

[MEMO ITEM]  
Memo

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.	Full Name (Last, First, Middle Initial) Wal-Mart Stores, Inc.	Transaction ID: D6-000f01 Date of Disbursement 01 / 30 / 2008
	Mailing Address 702 S.W. 8th Street	Amount of Each Disbursement this Period 63.22
	City Bentonville State AR Zip Code 72716	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	<b>[MEMO ITEM]</b>
	Candidate Name	Memo
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: D7-00DZ09 Date of Disbursement 02 / 07 / 2008
	Mailing Address 1025 S.E. Port St. Lucie Blvd.	Amount of Each Disbursement this Period 129.25
	City Port St. Lucie State FL Zip Code 34952	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	<b>[MEMO ITEM]</b>
	Candidate Name	Memo
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Anthony L. Bonna	Transaction ID: D55-00I204 Date of Disbursement 02 / 28 / 2008
	Mailing Address 817 S.W. Koler Avenue	Amount of Each Disbursement this Period 1921.40
	City Port St. Lucie State FL Zip Code 34953	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1921.40
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anthony L. Bonna</p> <p>Mailing Address 817 S.W. Koler Avenue</p> <p>City Port St. Lucie State FL Zip Code 34953</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D56-001205</p> <p>Date of Disbursement 03 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 291.12</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) Anthony L. Bonna</p> <p>Mailing Address 817 S.W. Koler Avenue</p> <p>City Port St. Lucie State FL Zip Code 34953</p> <p>Purpose of Disbursement mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D1-001208</p> <p>Date of Disbursement 03 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 142.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Memo</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony L. Bonna</p> <p>Mailing Address 817 S.W. Koler Avenue</p> <p>City Port St. Lucie State FL Zip Code 34953</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D57-001206</p> <p>Date of Disbursement 03 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 345.83</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) ..... ▶

**636.95**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Anthony L. Bonna

Mailing Address 817 S.W. Koler Avenue

City State Zip Code  
Port St. Lucie FL 34953

Purpose of Disbursement  
mileage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2-00120A

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

73.99

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

[MEMO ITEM]

Memo

B.

Full Name (Last, First, Middle Initial)

St. Lucie Co. Republican Exec. Committee

Mailing Address 6835 S. U.S. 1

City State Zip Code  
Port St. Lucie FL 34952

Purpose of Disbursement  
dinner ticket

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5-00DU03

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

65.00

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

[MEMO ITEM]

Memo

C.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 500 Staples Drive

City State Zip Code  
Framingham MA 01702

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D6-004A07

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

95.82

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

[MEMO ITEM]

Memo

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

0.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 132

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: D7-004A08
	Mailing Address 500 Staples Drive	Date of Disbursement 02 / 28 / 2008
	City Framingham State MA Zip Code 01702	Amount of Each Disbursement this Period 3.46
	Purpose of Disbursement office supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo
	State: District:	

B.	Full Name (Last, First, Middle Initial) Anthony L. Bonna	Transaction ID: D58-001207
	Mailing Address 817 S.W. Koler Avenue	Date of Disbursement 02 / 01 / 2008
	City Port St. Lucie State FL Zip Code 34953	Amount of Each Disbursement this Period 1921.40
	Purpose of Disbursement salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Brian Brooks	Transaction ID: D75-009b0E
	Mailing Address P.O. Box 330542	Date of Disbursement 01 / 01 / 2008
	City Miami State FL Zip Code 33233	Amount of Each Disbursement this Period 2469.75
	Purpose of Disbursement salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4391.15</b>
<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)

PAGE 101 / 132

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Brian Brooks

Transaction ID: D76-009b0F  
Date of Disbursement

Mailing Address P.O. Box 330542

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

City State Zip Code  
Miami FL 33233

Amount of Each Disbursement this Period

158.11
--------

Purpose of Disbursement  
travel

--

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)  
Brian Brooks

Transaction ID: D77-009b0G  
Date of Disbursement

Mailing Address P.O. Box 330542

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

City State Zip Code  
Miami FL 33233

Amount of Each Disbursement this Period

2473.00
---------

Purpose of Disbursement  
salary

--

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:

C.

Full Name (Last, First, Middle Initial)  
Brian Brooks

Transaction ID: D78-009b0H  
Date of Disbursement

Mailing Address P.O. Box 330542

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	0	8

City State Zip Code  
Miami FL 33233

Amount of Each Disbursement this Period

163.20
--------

Purpose of Disbursement  
travel

--

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) .....

2794.31
---------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.	Full Name (Last, First, Middle Initial) Brian Brooks <hr/> Mailing Address P.O. Box 330542 <hr/> City Miami State FL Zip Code 33233 <hr/> Purpose of Disbursement salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D79-009b0I Date of Disbursement 02 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 2473.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Brian Brooks <hr/> Mailing Address P.O. Box 330542 <hr/> City Miami State FL Zip Code 33233 <hr/> Purpose of Disbursement travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D80-009b0J Date of Disbursement 02 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 150.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Campaign Solutions <hr/> Mailing Address 118 N. St. Asaph Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement online fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96-005M08 Date of Disbursement 01 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 105.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2729.05

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Campaign Solutions <hr/> Mailing Address 118 N. St. Asaph Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement online fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D97-005M09 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 103.74 <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) Campaign Solutions <hr/> Mailing Address 118 N. St. Asaph Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement online fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D98-005M0A Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 119.80 <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) Fedex <hr/> Mailing Address P.O. Box 94515 <hr/> City Palatine State IL Zip Code 60094 <hr/> Purpose of Disbursement delivery Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D151-00Do06 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 27.66 <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) ..... ▶	251.20
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Florida Power & Light <hr/> Mailing Address P.O. Box 025576 <hr/> City Miami State FL Zip Code 33102 <hr/> Purpose of Disbursement utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D153-00K101 Date of Disbursement <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>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">210.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	1		2	0	0	8	210.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	1		2	0	0	8														
210.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Florida Power & Light <hr/> Mailing Address P.O. Box 025576 <hr/> City Miami State FL Zip Code 33102 <hr/> Purpose of Disbursement utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D154-00K102 Date of Disbursement <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>0</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">61.44</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	8		2	0	0	8	61.44
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	8		2	0	0	8														
61.44																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Florida Power & Light <hr/> Mailing Address P.O. Box 025576 <hr/> City Miami State FL Zip Code 33102 <hr/> Purpose of Disbursement utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D155-00K103 Date of Disbursement <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>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">98.86</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	0	8	98.86
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	5		2	0	0	8														
98.86																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>370.30</b>
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Elizabeth Cahn Goodman

Transaction ID: D162-007J01  
Date of Disbursement

Mailing Address 907 S. Orleans Avenue

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

City Tampa State FL Zip Code 33606

Amount of Each Disbursement this Period

207.44
--------

Purpose of Disbursement  
\* In-Kind->food & beverage

--

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)  
Elizabeth Cahn Goodman

Transaction ID: D163-007J02  
Date of Disbursement

Mailing Address 907 S. Orleans Avenue

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

City Tampa State FL Zip Code 33606

Amount of Each Disbursement this Period

245.41
--------

Purpose of Disbursement  
\* In-Kind->printing

--

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)  
Gorka Consulting, LLC

Transaction ID: D165-00D702  
Date of Disbursement

Mailing Address 2211 Golf Manor Blvd.

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

City Valrico State FL Zip Code 33594

Amount of Each Disbursement this Period

1171.00
---------

Purpose of Disbursement  
direct mail services

--

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) ..... ▶

1623.85
---------

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

--

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) James Harrell  Mailing Address 1885 N.W. Eagle Point  City Stuart State FL Zip Code 34994  Purpose of Disbursement see memo entries Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D182-00480A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8  Amount of Each Disbursement this Period 898.20  <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) BJ's Wholesale Club  Mailing Address 4150 N.W. Federal Highway  City Jensen Beach State FL Zip Code 34957  Purpose of Disbursement food & beverage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D1-000i01 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 8  Amount of Each Disbursement this Period 20.98  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Memo
<b>C.</b>	Full Name (Last, First, Middle Initial) BJ's Wholesale Club  Mailing Address 4150 N.W. Federal Highway  City Jensen Beach State FL Zip Code 34957  Purpose of Disbursement food & beverage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2-000i02 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8  Amount of Each Disbursement this Period 210.78  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Memo

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	898.20
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Best Buy

Mailing Address 2555 N.W. Federal Highway

City State Zip Code  
Stuart FL 34994

Purpose of Disbursement  
office equipment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D3-00Oh01  
Date of Disbursement

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

Amount of Each Disbursement this Period

170.39
--------

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

**[MEMO ITEM]**  
Memo

B.

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address P.O. Box 9020

City State Zip Code  
Des Moines IA 50368

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D4-004E07  
Date of Disbursement

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

Amount of Each Disbursement this Period

41.48
-------

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

**[MEMO ITEM]**  
Memo

C.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 263 Shuman Blvd.

City State Zip Code  
Naperville IL 60563

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5-00490K  
Date of Disbursement

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

Amount of Each Disbursement this Period

49.63
-------

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

**[MEMO ITEM]**  
Memo

**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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D6-00490L Date of Disbursement 01 / 02 / 2008
	Mailing Address 263 Shuman Blvd.	Amount of Each Disbursement this Period 10.64
	City Naperville State IL Zip Code 60563	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	<b>[MEMO ITEM]</b>
	Candidate Name	Memo
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D7-00490M Date of Disbursement 01 / 12 / 2008
	Mailing Address 263 Shuman Blvd.	Amount of Each Disbursement this Period 62.89
	City Naperville State IL Zip Code 60563	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	<b>[MEMO ITEM]</b>
	Candidate Name	Memo
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D8-00490N Date of Disbursement 01 / 29 / 2008
	Mailing Address 263 Shuman Blvd.	Amount of Each Disbursement this Period 57.49
	City Naperville State IL Zip Code 60563	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	<b>[MEMO ITEM]</b>
	Candidate Name	Memo
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D9-004900 Date of Disbursement 01 / 30 / 2008
	Mailing Address 263 Shuman Blvd.	Amount of Each Disbursement this Period 14.90
	City Naperville State IL Zip Code 60563	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Memo
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D10-00490P Date of Disbursement 01 / 31 / 2008
	Mailing Address 263 Shuman Blvd.	Amount of Each Disbursement this Period 61.57
	City Naperville State IL Zip Code 60563	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Memo
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: D11-004A06 Date of Disbursement 01 / 14 / 2008
	Mailing Address 500 Staples Drive	Amount of Each Disbursement this Period 106.49
	City Framingham State MA Zip Code 01702	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Memo
	Purpose of Disbursement office equipment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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)

PAGE 110 / 132

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service  Mailing Address 801 S.E. Johnson Avenue  City Stuart State FL Zip Code 34994  Purpose of Disbursement postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12-00040i Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8  Amount of Each Disbursement this Period 32.46  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Memo
B.	Full Name (Last, First, Middle Initial) Kay Harvin  Mailing Address 3959 S.W. Marlin Drive  City Palm City State FL Zip Code 34990  Purpose of Disbursement * In-Kind->food & beverage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D183-009C01 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 8  Amount of Each Disbursement this Period 248.41  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kay Harvin  Mailing Address 3959 S.W. Marlin Drive  City Palm City State FL Zip Code 34990  Purpose of Disbursement * In-Kind->food & beverage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D184-009C02 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 8  Amount of Each Disbursement this Period 190.83  <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) ..... ▶	439.24
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Olivia Lord <hr/> Mailing Address 2980 N.E. Pinecrest Lakes <hr/> City Jensen Beach State FL Zip Code 34957 <hr/> Purpose of Disbursement travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D207-00Db02 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 46.85 <hr/> <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) Olivia Lord <hr/> Mailing Address 2980 N.E. Pinecrest Lakes <hr/> City Jensen Beach State FL Zip Code 34957 <hr/> Purpose of Disbursement salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D208-00Db03 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 347.44 <hr/> <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) Olivia Lord <hr/> Mailing Address 2980 N.E. Pinecrest Lakes <hr/> City Jensen Beach State FL Zip Code 34957 <hr/> Purpose of Disbursement travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D209-00Db04 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 187.40 <hr/> <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) .....	<b>581.69</b>
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Olivia Lord

Mailing Address 2980 N.E. Pinecrest Lakes

City State Zip Code  
Jensen Beach FL 34957

Purpose of Disbursement  
salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D210-00Db05  
Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

447.68

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

B.

Full Name (Last, First, Middle Initial)  
Olivia Lord

Mailing Address 2980 N.E. Pinecrest Lakes

City State Zip Code  
Jensen Beach FL 34957

Purpose of Disbursement  
salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D211-00Db06  
Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

421.95

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

C.

Full Name (Last, First, Middle Initial)  
Olivia Lord

Mailing Address 2980 N.E. Pinecrest Lakes

City State Zip Code  
Jensen Beach FL 34957

Purpose of Disbursement  
salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D212-00Db07  
Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

85.42

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

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

955.05

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Olivia Lord

Transaction ID: D213-00Db08  
Date of Disbursement

Mailing Address 2980 N.E. Pinecrest Lakes

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

City State Zip Code  
Jensen Beach FL 34957

Amount of Each Disbursement this Period

230.31
--------

Purpose of Disbursement  
travel/meals

--

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)  
Olivia Lord

Transaction ID: D214-00Db09  
Date of Disbursement

Mailing Address 2980 N.E. Pinecrest Lakes

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

City State Zip Code  
Jensen Beach FL 34957

Amount of Each Disbursement this Period

60.09
-------

Purpose of Disbursement  
travel

--

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)  
Olivia Lord

Transaction ID: D215-00Db0A  
Date of Disbursement

Mailing Address 2980 N.E. Pinecrest Lakes

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

City State Zip Code  
Jensen Beach FL 34957

Amount of Each Disbursement this Period

436.64
--------

Purpose of Disbursement  
salary

--

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) ..... ►

727.04
--------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Olivia Lord

Mailing Address 2980 N.E. Pinecrest Lakes

City State Zip Code  
Jensen Beach FL 34957

Purpose of Disbursement  
salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D216-00Db0B

Date of Disbursement

03 / 14 / 2008

Amount of Each Disbursement this Period

331.79

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

B.

Full Name (Last, First, Middle Initial)  
Olivia Lord

Mailing Address 2980 N.E. Pinecrest Lakes

City State Zip Code  
Jensen Beach FL 34957

Purpose of Disbursement  
travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D217-00Db0C

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

92.78

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

C.

Full Name (Last, First, Middle Initial)  
Martin County REC

Mailing Address P.O. Box 501

City State Zip Code  
Stuart FL 34995

Purpose of Disbursement  
dinner tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D223-009Y02

Date of Disbursement

01 / 17 / 2008

Amount of Each Disbursement this Period

525.00

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

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

949.57

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
McLaughlin & Associates

Transaction ID: D225-00KK01  
Date of Disbursement

Mailing Address 566 S. Route 303

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

City Blauvelt State NY Zip Code 10913

Amount of Each Disbursement this Period

9315.00
---------

Purpose of Disbursement  
media production  
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)  
McLaughlin & Associates

Transaction ID: D226-00KK02  
Date of Disbursement

Mailing Address 566 S. Route 303

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

City Blauvelt State NY Zip Code 10913

Amount of Each Disbursement this Period

8100.00
---------

Purpose of Disbursement  
media placement  
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)  
National City Bank

Transaction ID: D232-00DR05  
Date of Disbursement

Mailing Address 1500 S.E. Ocean Blvd.

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

City Stuart State FL Zip Code 34996

Amount of Each Disbursement this Period

1647.79
---------

Purpose of Disbursement  
payroll taxes  
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) .....

19062.79

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) National City Bank  Mailing Address 1500 S.E. Ocean Blvd.  City Stuart State FL Zip Code 34996  Purpose of Disbursement payroll taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D233-00DR06 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2008  Amount of Each Disbursement this Period 3094.07  <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) National City Bank  Mailing Address 1500 S.E. Ocean Blvd.  City Stuart State FL Zip Code 34996  Purpose of Disbursement service charge Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D234-00DR07 Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2008  Amount of Each Disbursement this Period 5.00  <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) National City Bank  Mailing Address 1500 S.E. Ocean Blvd.  City Stuart State FL Zip Code 34996  Purpose of Disbursement service charge Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D235-00DR08 Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2008  Amount of Each Disbursement this Period 32.00  <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) ..... ▶	3131.07
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
National City Bank

Mailing Address 1500 S.E. Ocean Blvd.

City State Zip Code  
Stuart FL 34996

Purpose of Disbursement  
deposit supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D236-00DR09  
Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

57.00

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

B.

Full Name (Last, First, Middle Initial)  
Joseph Patton

Mailing Address 555 S.E. St. Lucie Blvd.

City State Zip Code  
Stuart FL 34996

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D294-00O601  
Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

64.66

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

C.

Full Name (Last, First, Middle Initial)  
Joseph Patton

Mailing Address 555 S.E. St. Lucie Blvd.

City State Zip Code  
Stuart FL 34996

Purpose of Disbursement  
fundraising consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D295-00O602  
Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

2500.00

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

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

2621.66

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.	Full Name (Last, First, Middle Initial) Joseph Patton	Transaction ID: D296-000603 Date of Disbursement 03 / 23 / 2008
	Mailing Address 555 S.E. St. Lucie Blvd.	Amount of Each Disbursement this Period 188.36
	City Stuart State FL Zip Code 34996	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ted Poliac	Transaction ID: D298-00PF01 Date of Disbursement 03 / 01 / 2008
	Mailing Address 5724 Edgewater Terrace	Amount of Each Disbursement this Period 215.65
	City Sebring State FL Zip Code 33876	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement * In-Kind->office supplies Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Public Concepts, LLC	Transaction ID: D318-00450J Date of Disbursement 02 / 17 / 2008
	Mailing Address 5730 Corporate Way, #214	Amount of Each Disbursement this Period 4892.01
	City West Palm Beach State FL Zip Code 33407	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement direct mail services Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5296.02
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Public Concepts, LLC</p> <p>Mailing Address 5730 Corporate Way, #214</p> <p>City West Palm Beach State FL Zip Code 33407</p> <p>Purpose of Disbursement direct mail services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D319-00450K</p> <p>Date of Disbursement 01 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 3424.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Public Concepts, LLC</p> <p>Mailing Address 5730 Corporate Way, #214</p> <p>City West Palm Beach State FL Zip Code 33407</p> <p>Purpose of Disbursement direct mail services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D320-00450L</p> <p>Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 14806.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Public Concepts, LLC</p> <p>Mailing Address 5730 Corporate Way, #214</p> <p>City West Palm Beach State FL Zip Code 33407</p> <p>Purpose of Disbursement direct mail services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D321-00450M</p> <p>Date of Disbursement 02 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 4294.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>22525.88</b>
<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)

PAGE 120 / 132

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b>	Full Name (Last, First, Middle Initial) Public Concepts, LLC  Mailing Address 5730 Corporate Way, #214  City West Palm Beach State FL Zip Code 33407  Purpose of Disbursement direct mail services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322-00450N Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8  Amount of Each Disbursement this Period 7400.00  <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) Public Opinion Strategies, LLC  Mailing Address 214 N. Fayette Street  City Alexandria State VA Zip Code 22314  Purpose of Disbursement survey Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323-00KJ01 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 8  Amount of Each Disbursement this Period 14500.00  <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) Sagac Public Affairs  Mailing Address 801 N.W. 15th Street  City Oklahoma City State OK Zip Code 73106  Purpose of Disbursement fundraising consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D333-00O801 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8  Amount of Each Disbursement this Period 2025.00  <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) ..... ▶	23925.00
<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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Sprint

Transaction ID: D348-00O701  
Date of Disbursement

Mailing Address P.O. Box 66092

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

City Dallas State TX Zip Code 75266

Amount of Each Disbursement this Period

157.07
--------

Purpose of Disbursement telephone

--

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)  
Sprint

Transaction ID: D349-00O702  
Date of Disbursement

Mailing Address P.O. Box 66092

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

City Dallas State TX Zip Code 75266

Amount of Each Disbursement this Period

165.67
--------

Purpose of Disbursement telephone

--

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:

C.

Full Name (Last, First, Middle Initial)  
St. Lucie Co. Republican Exec. Committee

Transaction ID: D350-00DU02  
Date of Disbursement

Mailing Address 6835 S. U.S. 1

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

City Port St. Lucie State FL Zip Code 34952

Amount of Each Disbursement this Period

650.00
--------

Purpose of Disbursement dinner tickets

--

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) ..... ►

972.74
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**TOTAL** This Period (last page this line number only) ..... ►

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

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

Transaction ID: D366-001802  
Date of Disbursement

Mailing Address P.O. Box 742596

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

City Cincinnati State OH Zip Code 45274

Amount of Each Disbursement this Period

406.86
--------

Purpose of Disbursement telephone

--

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)  
T-Mobile

Transaction ID: D367-001803  
Date of Disbursement

Mailing Address P.O. Box 742596

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

City Cincinnati State OH Zip Code 45274

Amount of Each Disbursement this Period

609.39
--------

Purpose of Disbursement telephone

--

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:

C.

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

Transaction ID: D368-001804  
Date of Disbursement

Mailing Address P.O. Box 742596

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	8

City Cincinnati State OH Zip Code 45274

Amount of Each Disbursement this Period

1255.02
---------

Purpose of Disbursement telephone

--

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) ..... ▶

2271.27
---------

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

--

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
Triangle Bar-Grill

Mailing Address 100 S. Dixie Highway

City State Zip Code  
Stuart FL 34994

Purpose of Disbursement  
catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D373-000503  
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)  
U.S. Postal Service

Mailing Address 801 S.E. Johnson Avenue

City State Zip Code  
Stuart FL 34994

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D404-00040W  
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)  
U.S. Postal Service

Mailing Address 801 S.E. Johnson Avenue

City State Zip Code  
Stuart FL 34994

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D405-00040X  
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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Transaction ID: D406-00040Y  
Date of Disbursement

Mailing Address 801 S.E. Johnson Avenue

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

City State Zip Code  
Stuart FL 34994

Amount of Each Disbursement this Period

108.62
--------

Purpose of Disbursement  
postage

--

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)  
U.S. Postal Service

Transaction ID: D407-00040Z  
Date of Disbursement

Mailing Address 801 S.E. Johnson Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	8

City State Zip Code  
Stuart FL 34994

Amount of Each Disbursement this Period

126.08
--------

Purpose of Disbursement  
postage

--

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:

C.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Transaction ID: D408-00040a  
Date of Disbursement

Mailing Address 801 S.E. Johnson Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	8

City State Zip Code  
Stuart FL 34994

Amount of Each Disbursement this Period

153.30
--------

Purpose of Disbursement  
postage

--

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) ..... ►

388.00
--------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Transaction ID: D409-00040b  
Date of Disbursement

Mailing Address 801 S.E. Johnson Avenue

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

City State Zip Code  
Stuart FL 34994

Amount of Each Disbursement this Period

266.76
--------

Purpose of Disbursement  
postage

--

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)  
U.S. Postal Service

Transaction ID: D410-00040c  
Date of Disbursement

Mailing Address 801 S.E. Johnson Avenue

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

City State Zip Code  
Stuart FL 34994

Amount of Each Disbursement this Period

410.43
--------

Purpose of Disbursement  
postage

--

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)  
U.S. Postal Service

Transaction ID: D411-00040d  
Date of Disbursement

Mailing Address 801 S.E. Johnson Avenue

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

City State Zip Code  
Stuart FL 34994

Amount of Each Disbursement this Period

195.44
--------

Purpose of Disbursement  
postage

--

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) ..... ►

872.63
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**TOTAL** This Period (last page this line number only) ..... ►

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Transaction ID: D412-00040e  
Date of Disbursement

Mailing Address 801 S.E. Johnson Avenue

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

City State Zip Code  
Stuart FL 34994

Amount of Each Disbursement this Period

104.56
--------

Purpose of Disbursement  
postage

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Transaction ID: D413-00040f  
Date of Disbursement

Mailing Address 801 S.E. Johnson Avenue

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

City State Zip Code  
Stuart FL 34994

Amount of Each Disbursement this Period

173.23
--------

Purpose of Disbursement  
postage

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Transaction ID: D414-00040g  
Date of Disbursement

Mailing Address 801 S.E. Johnson Avenue

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

City State Zip Code  
Stuart FL 34994

Amount of Each Disbursement this Period

110.25
--------

Purpose of Disbursement  
postage

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

388.04
--------

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

--

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

A.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Mailing Address 801 S.E. Johnson Avenue

City State Zip Code  
Stuart FL 34994

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D415-00040h  
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)  
The Victory Group, Inc.

Mailing Address 1220 Hillshire Blvd.

City State Zip Code  
Baltimore MD 21222

Purpose of Disbursement  
media consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D423-001901  
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)  
Vital Printing Corp.

Mailing Address 421 S. Dixie Highway

City State Zip Code  
West Palm Beach FL 33401

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D425-00D802  
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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

<b>A.</b> Full Name (Last, First, Middle Initial) Vital Printing Corp. <hr/> Mailing Address 421 S. Dixie Highay <hr/> City West Palm Beach State FL Zip Code 33401 <hr/> Purpose of Disbursement printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D426-00D803 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1283.32 <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) Vital Printing Corp. <hr/> Mailing Address 421 S. Dixie Highay <hr/> City West Palm Beach State FL Zip Code 33401 <hr/> Purpose of Disbursement printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D427-00D804 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1065.00 <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) Whitley N. Ward <hr/> Mailing Address 4431 Gardner Drive <hr/> City Port Charlotte State FL Zip Code 33952 <hr/> Purpose of Disbursement * In-Kind->catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D439-00MN01 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1904.60 <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) ..... ▶	4252.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	148177.09



**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 129 / 132

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

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NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**A.**

Full Name (Last, First, Middle Initial)  
Thomas J. Regan

**Transaction ID:** D325-001601  
Date of Disbursement

Mailing Address 943 Central Parkway

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

City State Zip Code  
Stuart FL 34996

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
contribution refund

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)  
S. Robert Rimer

**Transaction ID:** D326-002p01  
Date of Disbursement

Mailing Address P. O. Box 1048

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

City State Zip Code  
Stuart FL 34995

Amount of Each Disbursement this Period

200.00
--------

Purpose of Disbursement  
contribution refund

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) ..... ►

700.00
--------

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

700.00
--------

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 130 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

**Transaction ID: SC14**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Gayle Harrell-Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary 2008
Mailing Address 1885 N.W. Eagle Point	
City Stuart State FL ZIP Code 34994	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 2007	20090630	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3 )**

**LOANS**

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

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Friends of Gayle Harrell

Transaction ID: SC18

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Gayle Harrell-Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Primary 2008

Mailing Address 1885 N.W. Eagle Point

City Stuart State FL ZIP Code 34994

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred: MM/09 DD/30 YY/2007 Date Due: 20090930 Interest Rate: 0 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	15000.00
<b>TOTALS</b> This Period (last page in this line only) .....	25000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 132 / 132	
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
 Friends of Gayle Harrell

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Concepts, LLC			Nature of Debt (Purpose): direct mail services/travel
Mailing Address 5730 Corporate Way, #214			
City West Palm Beach	State FL	ZIP Code 33407	

Outstanding Balance Beginning This Period		<b>Transaction ID: 30</b>	
16929.81			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1301.32	16929.81	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	25000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	25000.00