

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1071 Twin Branch Ln  
 Check if different than previously reported. (ACC)  
WESTON FL 33326

2. **FEC IDENTIFICATION NUMBER** C00385773  
**CITY** WESTON **STATE** FL **ZIP CODE** 33326  
**STATE DISTRICT** FL 20  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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

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

5. Covering Period 04 01 2006 through 06 30 2006

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 Lawrence Wasserman

Signature of Treasurer Electronically Filed by Lawrence Wasserman Date 12 27 2006

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

SCHULTZ DEBBIE WASSERMAN

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	156468.20	779064.41
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	156468.20	778214.41
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	86761.49	429786.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	319.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	86761.49	429467.34
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>305584.26</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
SCHULTZ DEBBIE WASSERMAN

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**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).....

82150.00

386827.47

(ii) Unitemized.....

1281.00

23359.00

(iii) TOTAL of contributions

83431.00

410186.47

from individuals..... ▶

0.00

71.19

(b) Political Party Committees.....

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

73037.20

368806.75

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

156468.20

779064.41

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

0.00

5282.48

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

319.54

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

1732.04

4580.94

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

158200.24

789247.37

**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.....	86761.49	429786.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	2000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	850.00
(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)).....	0.00	850.00
21. OTHER DISBURSEMENTS.....	50000.00	171723.62
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	136761.49	604360.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	284145.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	158200.24
25. SUBTOTAL (add Line 23 and Line 24).....	442345.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	136761.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	305584.26

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Darryl Allen</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1491 NW 33rd Way		Transaction ID: SA11A1.14443
City State Zip Code Ft Lauderdale FL 33311	Amount of Each Receipt this Period 250.00	
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	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dilip Barot</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 4243 Northlake Blvd. Suite D		Transaction ID: SA11A1.14615
City State Zip Code Palm Beach Gardens FL 33410	Amount of Each Receipt this Period 100.00	
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 Creative Choice Homes	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>C. Dilip Barot</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 4243 Northlake Blvd. Suite D		Transaction ID: SA11A1.14649
City State Zip Code Palm Beach Gardens FL 33410	Amount of Each Receipt this Period 1900.00	
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 Creative Choice Homes	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

<b>A.</b> Full Name (Last, First, Middle Initial) Gerald Bell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 3520 Windmill Ranch Rd.		<b>Transaction ID:</b> SA11A1.14398
City State Zip Code Weston FL 33331	Amount of Each Receipt this Period 250.00	
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 Landmark Custom Homes	Occupation Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gerald Bell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 3520 Windmill Ranch Rd.		<b>Transaction ID:</b> SA11A1.14440
City State Zip Code Weston FL 33331	Amount of Each Receipt this Period 250.00	
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 Landmark Custom Homes	Occupation Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John Bennett		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 137 Seabreeze Ave		<b>Transaction ID:</b> SA11A1.14364
City State Zip Code Delray Beach FL 33483	Amount of Each Receipt this Period 2100.00	
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 Maritime Protective Services I	Occupation Maritime Security	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A.</b> Elizabeth Buntrock		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 521 E. Las Olas Blvd.		Transaction ID: SA11A1.14425
City State Zip Code Ft lauderdale FL 33301	Amount of Each Receipt this Period 2100.00	
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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Florist Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Elizabeth Buntrock		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 521 E. Las Olas Blvd.		Transaction ID: SA11A1.14427
City State Zip Code Ft lauderdale FL 33301	Amount of Each Receipt this Period 2100.00	
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 Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Florist Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Anita Byer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1401 E. Broward Blvd. Suite 200		Transaction ID: SA11A1.14462
City State Zip Code Ft. Lauderdale FL 33301	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 Setnor Byer Insurance Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance agent Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Rick Case</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006	
Mailing Address 949 Hillsboro Mile		Transaction ID: SA11A1.14379	
City Hillsboro Beach	State FL	Zip Code 33062	
Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Case Auto	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3100.00		

Full Name (Last, First, Middle Initial) <b>B. Mitchell Ceasar</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 8181 W. Broward Blvd. Suite 201		Transaction ID: SA11A1.14442	
City Plantation	State FL	Zip Code 33324	
Amount of Each Receipt this Period 100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Governmental Consultant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Leonard Cohen</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006	
Mailing Address 10303 SW 26th St		Transaction ID: SA11A1.14619	
City Davie	State FL	Zip Code 33324	
Amount of Each Receipt this Period 300.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Palm Optical	Occupation Wholesale		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A.</b> Jill Coleman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 10461 Golden Eagle Ct.		Transaction ID: SA11A1.14564
City State Zip Code Plantation FL 33324	Amount of Each Receipt this Period 1000.00	
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 Homemaker	Election Cycle-to-Date ▼ 1250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Gregory Couto		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 12160 NW 77th Mnr		Transaction ID: SA11A1.14463
City State Zip Code Parkland FL 33076	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	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mike Daiagi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 812 Oleander Dr		Transaction ID: SA11A1.14569
City State Zip Code Hallandale FL 33009	Amount of Each Receipt this Period 1000.00	
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 Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

Full Name (Last, First, Middle Initial) <b>A. Deborah Deckelbaum</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address <b>6051 N. Ocean Dr Penthouse 5</b>		Transaction ID: SA11A1.14628
City <b>Hollywood</b>	State <b>FL</b>	Amount of Each Receipt this Period 1000.00
Zip Code <b>33019</b>	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 <b>Housewife</b>	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3100.00	

Full Name (Last, First, Middle Initial) <b>B. Gordon Deckelbaum</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address <b>6051 N. Ocean Drive Penthouse 5</b>		Transaction ID: SA11A1.14588
City <b>Hollywood</b>	State <b>FL</b>	Amount of Each Receipt this Period 2100.00
Zip Code <b>33019</b>	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 <b>Premier Developers</b>	Occupation <b>developers</b>	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>C. Andre Doren</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address <b>4113 Trenton Ave</b>		Transaction ID: SA11A1.14471
City <b>Cooper City</b>	State <b>FL</b>	Amount of Each Receipt this Period 250.00
Zip Code <b>33026</b>	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 <b>National Health</b>	Occupation <b>Marketing</b>	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A.</b> Timothy Fairbanks		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1055 NW 99th Ave.		Transaction ID: SA11A1.14476
City State Zip Code Plantation FL 33322	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 USPGI	Occupation Finance	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jana Falic		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 6100 Hollywood Blvd		Transaction ID: SA11A1.14481
City State Zip Code Hollywood FL 33024	Amount of Each Receipt this Period 100.00	
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 Housewife	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jana Falic		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 6100 Hollywood Blvd		Transaction ID: SA11A1.14482
City State Zip Code Hollywood FL 33024	Amount of Each Receipt this Period 2100.00	
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 Housewife	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

<b>A.</b> Full Name (Last, First, Middle Initial) Simon Falic		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 6100 Hollywood Blvd		<b>Transaction ID:</b> SA11A1.14483
City State Zip Code Hollywood FL 33024	Amount of Each Receipt this Period 100.00	
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 Amricon Duty free	Occupation CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Simon Falic		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 6100 Hollywood Blvd		<b>Transaction ID:</b> SA11A1.14484
City State Zip Code Hollywood FL 33024	Amount of Each Receipt this Period 2100.00	
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 Amricon Duty free	Occupation CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Richard Famiglietti		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 2487 Princeton Ct		<b>Transaction ID:</b> SA11A1.14237
City State Zip Code Weston FL 33327	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 Weston Outpatient Surgical	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Fernandez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 1210 SW 81st Terrace		<b>Transaction ID:</b> SA11A1.14445	
City State Zip Code Ft Lauderdale FL 33068	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 Wayne Spath & Associates	Occupation		
Receipt For: 2006 <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) Eric Gabrielle		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 1350 W. Terra Mar Dr.		<b>Transaction ID:</b> SA11A1.14625	
City State Zip Code Pompano Beach FL 33062	Amount of Each Receipt this Period 1000.00		
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 Akerman Senterfitt	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Pamela Gregg		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 10805 Golden Eagle Ct.		<b>Transaction ID:</b> SA11A1.14480	
City State Zip Code Plantation FL 33324	Amount of Each Receipt this Period 100.00		
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 Homemaker	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Pamela Gregg</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 10805 Golden Eagle Ct.		Transaction ID: SA11A1.14486	
City State Zip Code Plantation FL 33324	Amount of Each Receipt this Period 1900.00		
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 Occupation Homemaker	Election Cycle-to-Date 4000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Robert Gregg</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 10805 Golden Eagle Ct.		Transaction ID: SA11A1.14487	
City State Zip Code Plantation FL 33324	Amount of Each Receipt this Period 1900.00		
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 Occupation Nations Health executive	Election Cycle-to-Date 3900.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Robert Gregg</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 10805 Golden Eagle Ct.		Transaction ID: SA11A1.14479	
City State Zip Code Plantation FL 33324	Amount of Each Receipt this Period 100.00		
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 Occupation Nations Health executive	Election Cycle-to-Date 4000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

Full Name (Last, First, Middle Initial) <b>A. Michael Gusky</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address <b>2696 Boot Lane</b>		Transaction ID: SA11A1.14457
City <b>Weston</b>	State <b>FL</b>	Amount of Each Receipt this Period 1000.00
Zip Code <b>33331</b>	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	Occupation <b>chairman</b>	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ryan Haaker</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address <b>3210 Wisconsin Ave NW Apt 601</b>		Transaction ID: SA11A1.14616
City <b>Washington</b>	State <b>DC</b>	Amount of Each Receipt this Period 500.00
Zip Code <b>20016</b>	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 <b>Jordan Burt</b>	Occupation <b>Government Relations</b>	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mia Hodgson</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address <b>5702 Madison St</b>		Transaction ID: SA11A1.14447
City <b>Hollywood</b>	State <b>FL</b>	Amount of Each Receipt this Period 250.00
Zip Code <b>33023</b>	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	Occupation	
Receipt For: 2006 <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) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

**A.** Full Name (Last, First, Middle Initial)  
Rodney Hoppe

Mailing Address 6208 N Willow Pond Dr

City State Zip Code  
Fredericksburg VA 22407

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

Name of Employer Ryan Phillips Et Al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.14229

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)  
David John

Mailing Address 2450 SW 85th Terrace

City State Zip Code  
Davie FL 33324

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

Name of Employer Miller Legg Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.14432

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)  
Eleanor Katz

Mailing Address 4030-C Sheridan St.

City State Zip Code  
Hollywood FL 33021

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

Name of Employer Occupation housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.14566

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) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

<b>A.</b> Full Name (Last, First, Middle Initial) Bruce Keir		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006	
Mailing Address 2150 SW 131st Terrace		<b>Transaction ID:</b> SA11A1.14395	
City State Zip Code Davie FL 33325		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 Occupation Community Bank of Broward Banking			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Belinda Keiser		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 5997 63rd Way		<b>Transaction ID:</b> SA11A1.14458	
City State Zip Code Parkland FL 33067		Amount of Each Receipt this Period 1000.00	
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 Occupation Keiser College Owner			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Keith		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 301 East Atlantic Blvd.		<b>Transaction ID:</b> SA11A1.14419	
City State Zip Code Pompano Beach FL 33060		Amount of Each Receipt this Period 100.00	
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 Occupation WBC Construction LLC Office Manager			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A.</b> Elizabeth Keith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 301 East Atlantic Blvd.		Transaction ID: SA11A1.14421	
City Pompano Beach	State FL	Zip Code 33060	Amount of Each Receipt this Period 2100.00
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 WBC Construction LLC	Occupation Office Manager		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> William Keith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 5391 Nob Hill Rd.		Transaction ID: SA11A1.14417	
City Sunrise	State FL	Zip Code 33351	Amount of Each Receipt this Period 2100.00
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 Keith & Assoc.	Occupation Engineer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00		

Full Name (Last, First, Middle Initial) <b>C.</b> William Keith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 5391 Nob Hill Rd.		Transaction ID: SA11A1.14422	
City Sunrise	State FL	Zip Code 33351	Amount of Each Receipt this Period 100.00
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 Keith & Assoc.	Occupation Engineer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4300.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

**A.** Full Name (Last, First, Middle Initial)  
Lesla Kennedy

Mailing Address 2084 S. Halifax Dr

City State Zip Code  
**Daytona Beach FL 32118**

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

Name of Employer Occupation  
ISC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 30 / 2006**

**Transaction ID: SA11A1.14641**

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)  
Bruce Konners

Mailing Address 1560 NW 96th Ave

City State Zip Code  
**Plantation FL 33322**

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

Name of Employer Occupation  
Party City

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 05 / 2006**

**Transaction ID: SA11A1.14485**

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)  
Wei Li

Mailing Address 13802 SW 39th St

City State Zip Code  
**Davie FL 33330**

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

Name of Employer Occupation  
Nations Health

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 12 / 2006**

**Transaction ID: SA11A1.14439**

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 20 / 104</span>
	(check only one)
<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"/>	<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)  
**SCHULTZ DEBBIE WASSERMAN**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nancy Lipoff</p> <p>Mailing Address 3 Grove Isle</p> <p>City State Zip Code <b>Miami Beach FL 33133</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer N/A Occupation</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>250.00</b></p>	<p>Date of Receipt <b>05 / 23 / 2006</b></p> <p><b>Transaction ID: SA11A1.14357</b></p> <p>Amount of Each Receipt this Period <b>250.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) John Milledge</p> <p>Mailing Address 110 SE 6th St</p> <p>City State Zip Code <b>Ft Lauderdale FL 33301</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer John M. Milledge P.A. Occupation <b>Attorney</b></p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>1500.00</b></p>	<p>Date of Receipt <b>06 / 12 / 2006</b></p> <p><b>Transaction ID: SA11A1.14461</b></p> <p>Amount of Each Receipt this Period <b>1000.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) G M Miller</p> <p>Mailing Address 205 1st St</p> <p>City State Zip Code <b>Napa CA 94559</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer The Ferguson Group Occupation</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>500.00</b></p>	<p>Date of Receipt <b>06 / 12 / 2006</b></p> <p><b>Transaction ID: SA11A1.14415</b></p> <p>Amount of Each Receipt this Period <b>500.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>1750.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

Full Name (Last, First, Middle Initial) <b>A. Luis Mola</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address <b>2509 Castilla Ave</b>		<b>Transaction ID: SA11A1.14222</b>
City State Zip Code <b>Ft. Lauderdale FL 33309</b>	Amount of Each Receipt this Period 1100.00	
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 <b>DME Corp</b>	Occupation <b>President</b>	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. Luis Mola</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address <b>2509 Castilla Ave</b>		<b>Transaction ID: SA11A1.14223</b>
City State Zip Code <b>Ft. Lauderdale FL 33309</b>	Amount of Each Receipt this Period 900.00	
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 <b>DME Corp</b>	Occupation <b>President</b>	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Muss</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address <b>6800 Harding Ave.</b>		<b>Transaction ID: SA11A1.14561</b>
City State Zip Code <b>Miami Beach FL 33139</b>	Amount of Each Receipt this Period 2100.00	
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 <b>Self Employed</b>	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Stephen Muss</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 6800 Harding Ave.		Transaction ID: SA11A1.14562
City State Zip Code Miami Beach FL 33139	Amount of Each Receipt this Period 1900.00	
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	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Neil Natkow</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 13680 NW 5th St.		Transaction ID: SA11A1.14360
City State Zip Code Sunrise FL 33325	Amount of Each Receipt this Period 250.00	
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 Phyturst Ltd.	Occupation Physician	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Glenn Parker</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 169 Dockside Cir.		Transaction ID: SA11A1.14451
City State Zip Code Weston FL 33327	Amount of Each Receipt this Period 100.00	
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 Nations Health	Occupation executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

<b>A.</b> Full Name (Last, First, Middle Initial) Glenn Parker		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 169 Dockside Cir.		<b>Transaction ID:</b> SA11A1.14452	
City State Zip Code Weston FL 33327		Amount of Each Receipt this Period 2100.00	
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 Nations Health Occupation executive			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Randy Parker		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2006	
Mailing Address 10822 Pine Lodge Trail		<b>Transaction ID:</b> SA11A1.14465	
City State Zip Code Davie FL 33328		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 ERI Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Robin Parker		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 169 Dockside Cir.		<b>Transaction ID:</b> SA11A1.14453	
City State Zip Code Weston FL 33327		Amount of Each Receipt this Period 100.00	
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 Nova SE University Occupation Professor			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

<b>A.</b> Full Name (Last, First, Middle Initial) Robin Parker Mailing Address 169 Dockside Cir. City State Zip Code Weston FL 33327 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006 <b>Transaction ID:</b> SA11A1.14454 Amount of Each Receipt this Period 1850.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Nova SE University Professor Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3950.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Parmjit Parmar Mailing Address 19 Colts Gate Ln City State Zip Code Colts Neck NJ 07722 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006 <b>Transaction ID:</b> SA11A1.14556 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Pegasus Consulting Group CEO Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kopel Parnes Mailing Address 2751 S. Ocean Dr Apt 1805N City State Zip Code Hollywood FL 33019 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006 <b>Transaction ID:</b> SA11A1.14396 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Petosa		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2006	
Mailing Address 5405 Grand Park Place		<b>Transaction ID:</b> SA11A1.14199	
City State Zip Code Boca Raton FL 33486		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 Petosa & Associates		Occupation attorney	
Receipt For: 2006 <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) Howard Pomerantz		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 2719 Oakmont		<b>Transaction ID:</b> SA11A1.14204	
City State Zip Code Weston FL 33332		Amount of Each Receipt this Period 1000.00	
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 Abrams & Pomerantz P.A.		Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Alan Potamkin		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006	
Mailing Address 1 Casamarina Concourse		<b>Transaction ID:</b> SA11A1.14386	
City State Zip Code coral Gables FL 33143		Amount of Each Receipt this Period 2100.00	
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 Potamkin Companies		Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

Full Name (Last, First, Middle Initial) <b>A. Alan Potamkin</b>		Date of Receipt MM / DD / YYYY <b>06 / 07 / 2006</b>
Mailing Address <b>1 Casamarina Concourse</b>		<b>Transaction ID: SA11A1.14387</b>
City <b>coral Gables</b>	State <b>FL</b>	Zip Code <b>33143</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2100.00</b>
Name of Employer <b>Potamkin Companies</b>	Occupation <b>Executive</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <b>2006</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4200.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Claudia Potamkin</b>		Date of Receipt MM / DD / YYYY <b>06 / 07 / 2006</b>
Mailing Address <b>1 Casamarina Concourse</b>		<b>Transaction ID: SA11A1.14388</b>
City <b>Coral Gables</b>	State <b>FL</b>	Zip Code <b>33143</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2100.00</b>
Name of Employer	Occupation <b>Broadcaster</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <b>2006</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2100.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Claudia Potamkin</b>		Date of Receipt MM / DD / YYYY <b>06 / 07 / 2006</b>
Mailing Address <b>1 Casamarina Concourse</b>		<b>Transaction ID: SA11A1.14389</b>
City <b>Coral Gables</b>	State <b>FL</b>	Zip Code <b>33143</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2100.00</b>
Name of Employer	Occupation <b>Broadcaster</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <b>2006</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4200.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Martin Press</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 10921 Canary Island Ct		Transaction ID: SA11A1.14474	
City State Zip Code Plantation FL 33324	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 Occupation Gunster, Yoakley & Stewart Attorney	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. David Pudlin</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 318 Millbank Rd		Transaction ID: SA11A1.14613	
City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 250.00		
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 Occupation Hangley, Aronchick, Segal & Pudlin Attorney	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Noreen Sablotsky</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 5425 Hammock Dr		Transaction ID: SA11A1.14205	
City State Zip Code Coral Gables FL 33156	Amount of Each Receipt this Period 2100.00		
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 Occupation N/A	Election Cycle-to-Date 2100.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A.</b> Noreen Sablotsky		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006
Mailing Address 5425 Hammock Dr		Transaction ID: SA11A1.14207
City State Zip Code Coral Gables FL 33156	Amount of Each Receipt this Period 400.00	
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	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Eric Schwartzreich		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006
Mailing Address 150 Swan Ave.		Transaction ID: SA11A1.14467
City State Zip Code Plantation FL 33224	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 Buschel Carter Schwartzreich	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ching Jenn Sheu		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006
Mailing Address 3808 Arthur St		Transaction ID: SA11A1.14434
City State Zip Code Hollywood FL 33021	Amount of Each Receipt this Period 250.00	
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	
Receipt For: 2006 <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) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Steve Siff</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1669 Passionville Circle		Transaction ID: SA11A1.14433
City State Zip Code Weston FL 33326	Amount of Each Receipt this Period 250.00	
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 McDermott, Will & Emory	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Jonathan Slade</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 10613 Gainsborough Rd		Transaction ID: SA11A1.14220
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 1000.00	
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 The Cormack Group	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Jerry Sokol</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 140 N. Hibiscus Dr.		Transaction ID: SA11A1.14460
City State Zip Code Miami Beach FL 33139	Amount of Each Receipt this Period 1000.00	
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 McDermott Will & Emory	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) A. E. Marlene Spath		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 5642 Madison St.		Transaction ID: SA11A1.14449
City Hollywood	State FL	Zip Code 33023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Brandy Bail Bonds	Occupation Office manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Neil Sterling		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 2132 Bayview Dr		Transaction ID: SA11A1.14450
City Ft. Lauderdale	State FL	Zip Code 33305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self employed	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Neil Sterling		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 2132 Bayview Dr		Transaction ID: SA11A1.14490
City Ft. Lauderdale	State FL	Zip Code 33305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Self employed	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) A. Lewis Stone		Date of Receipt MM / DD / YYYY 06 / 06 / 2006
Mailing Address 6618 NW 103rd Lane		Transaction ID: SA11A1.14477
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Nations Health Inc	Occupation executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. Lewis Stone		Date of Receipt MM / DD / YYYY 06 / 06 / 2006
Mailing Address 6618 NW 103rd Lane		Transaction ID: SA11A1.14488
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1900.00
Name of Employer Nations Health Inc	Occupation executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Stephanie Stone		Date of Receipt MM / DD / YYYY 06 / 06 / 2006
Mailing Address 6618 NW 103rd Ln.		Transaction ID: SA11A1.14478
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) A. Stephanie Stone		Date of Receipt MM / DD / YYYY 06 / 06 / 2006
Mailing Address 6618 NW 103rd Ln.		Transaction ID: SA11A1.14489
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1900.00	
Name of Employer	Occupation homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Arnold Straus, Jr.		Date of Receipt MM / DD / YYYY 06 / 14 / 2006
Mailing Address 11710 Strand Way		Transaction ID: SA11A1.14565
City Cooper City	State GA	Zip Code 33026
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Straus&Eisler P.A.	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Kenneth Tabris		Date of Receipt MM / DD / YYYY 06 / 12 / 2006
Mailing Address 8640 NW 56th St		Transaction ID: SA11A1.14466
City Coral Springs	State FL	Zip Code 33067
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Nations Health	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

<b>A.</b> Full Name (Last, First, Middle Initial) Karen Taplin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 2535 Embassy Dr		<b>Transaction ID:</b> SA11A1.14455
City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 1000.00	
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 Taplin & Assoc.	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Libby Taplin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 258 Fairview Rd		<b>Transaction ID:</b> SA11A1.14435
City State Zip Code Palm Beach FL 33480	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 Housewife	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Matthew Trant		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 6305 Haviland Dr		<b>Transaction ID:</b> SA11A1.14231
City State Zip Code Bethesda MD 20817	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 National Group	Occupation Partner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

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

Mailing Address 167 Harvey Rd

City State Zip Code  
**West Chester PA 19382**

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 14 / 2006**

**Transaction ID: SA11A1.14567**

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)  
Vincent Versage

Mailing Address 211 Duke St

City State Zip Code  
**Alexandria VA 22314**

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

Name of Employer Occupation  
The National Group LLP Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 / 03 / 2006**

**Transaction ID: SA11A1.14233**

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)  
Hardy Viener

Mailing Address 1255 SE 2nd Ct

City State Zip Code  
**Ft Lauderdale FL 33301**

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

Name of Employer Occupation  
Nations Health Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 12 / 2006**

**Transaction ID: SA11A1.14472**

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 104
	<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)  
**SCHULTZ DEBBIE WASSERMAN**

Full Name (Last, First, Middle Initial) <b>A. William Webster</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address <b>184 Mills Ave</b>		Transaction ID: SA11A1.14639	
City State Zip Code <b>Spartanburg SC 29302</b>		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 Occupation Self Employed Investor			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Diane Weinbrum</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address <b>10808 Golden Eagle Ct.</b>		Transaction ID: SA11A1.14470	
City State Zip Code <b>Pantation FL 33324</b>		Amount of Each Receipt this Period 250.00	
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 Occupation Housewife			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. James Wu</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address <b>11215 NW 44th St</b>		Transaction ID: SA11A1.14437	
City State Zip Code <b>Coral Springs FL 33065</b>		Amount of Each Receipt this Period 250.00	
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 Occupation			
Receipt For: 2006 <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) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 104
	<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)  
SCHULTZ DEBBIE WASSERMAN

<b>A.</b> Full Name (Last, First, Middle Initial) Madeline Wu Mailing Address 3436 Pine Haven Circle City State Zip Code Boca Raton FL 33431 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006 <b>Transaction ID:</b> SA11A1.14441 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ed Zebersky Mailing Address 3641 53rd Ave City State Zip Code Hollywood FL 33021 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2006 <b>Transaction ID:</b> SA11A1.14200 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Zpk Law Attorney Receipt For: 2006 <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) Shlomo Ziv Mailing Address 3450 SW 130th Ave City State Zip Code Davie FL 33330 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006 <b>Transaction ID:</b> SA11A1.14227 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Megaseal Corp CEO Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	82150.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 104
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
**SCHULTZ DEBBIE WASSERMAN**

**A.** Full Name (Last, First, Middle Initial)  
**AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLACPAC**

Mailing Address **WORLDWIDE HEADQUARTERS**

City **COLUMBUS** State **GA** Zip Code **31999**

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	6

**Transaction ID: SA11C.14367**

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)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address **1625 Massachusetts Ave. NW  
8th Floor**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt  

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

**Transaction ID: SA11C.14618**

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)  
**AMALGAMATED TRANSIT UNION-COPE**

Mailing Address **5025 WISCONSIN AVE. N.W.**

City **WASHINGTON** State **DC** Zip Code **20016**

FEC ID number of contributing federal political committee. **C C00032995**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	0	6

**Transaction ID: SA11C.14212**

Amount of Each Receipt this Period  

1000.00
---------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**SCHULTZ DEBBIE WASSERMAN**

Full Name (Last, First, Middle Initial) <b>A. American Bankers Association</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 1120 Connecticut Ave NW		Transaction ID: SA11C.14370	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00		
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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN DENTAL POLITICAL ACTION CMTE.</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 1111 14th Street NW Suite 1100		Transaction ID: SA11C.14210	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00000729		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3500.00		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE (AXPPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 801 Pennsylvania Ave. NW Suite 650		Transaction ID: SA11C.14366	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00040535		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. AMERICAN OCCUPATIONAL THERAPY ASSOCIATION INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 4720 MONTGOMERY LANE PO BOX 31220		<b>Transaction ID: SA11C.14368</b>
City	State	Zip Code
BETHESDA	MD	20824
FEC ID number of contributing federal political committee.	<b>C</b> C00089086	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATRY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 9312 OLD GEORGETOWN ROAD		<b>Transaction ID: SA11C.14211</b>
City	State	Zip Code
BETHESDA	MD	20814
FEC ID number of contributing federal political committee.	<b>C</b> C00008839	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. ASSOCIATION OF FLIGHT ATTENDANTS POLITICAL ACTION COMMITTEE ('FLIGHT PAC')</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1275 K STREET NW 5TH FLOOR		<b>Transaction ID: SA11C.14428</b>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.	<b>C</b> C00151811	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. BACARDI U S A INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 2100 BISCAYNE BOULEVARD		<b>Transaction ID: SA11C.14224</b>
City State Zip Code MIAMI FL 33137	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00160838</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) <b>B. BELLSOUTH CORPORATION EMPLOYEES' FEDERAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 1155 Peachtree St. NE 14D03		<b>Transaction ID: SA11C.14630</b>
City State Zip Code Atlanta GA 30309	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C C00174060</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 5000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	5000.00	

Full Name (Last, First, Middle Initial) <b>C. BLUE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address PO BOX 34676		<b>Transaction ID: SA11C.14374</b>
City State Zip Code WASHINGTON DC 20043	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00368480</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 104  
(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)  
SCHULTZ DEBBIE WASSERMAN

**A.** BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 15TH STREET NW  
 City State Zip Code  
 WASHINGTON DC 20005  
 FEC ID number of contributing federal political committee. **C** C00000901  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 1 / 2 0 0 6  
**Transaction ID:** SA11C.14208  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave NW  
 City State Zip Code  
 Washington DC 20001  
 FEC ID number of contributing federal political committee. **C** C00001016  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 2 / 2 0 0 6  
**Transaction ID:** SA11C.14430  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave NW  
 City State Zip Code  
 Washington DC 20001  
 FEC ID number of contributing federal political committee. **C** C00001016  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 2 / 2 0 0 6  
**Transaction ID:** SA11C.14431  
 Amount of Each Receipt this Period  
 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 104
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

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

Mailing Address 1600 W. 7th Street

City State Zip Code  
Fort Worth TX 76102

FEC ID number of contributing federal political committee. **C** C00275529

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** SA11C.14640

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)  
CHICAGO BOARD OF OPTIONS EXCHANGE INC PAC

Mailing Address 400 S. LaSalle Street

City State Zip Code  
Chicago IL 60605

FEC ID number of contributing federal political committee. **C** C00100693

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** SA11C.14635

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)  
CME/PAC CHICAGO MERCANTILE EXCHANGE INC PAC

Mailing Address 20 SOUTH WACKER DRIVE

City State Zip Code  
CHICAGO IL 60606

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** SA11C.14636

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**SCHULTZ DEBBIE WASSERMAN**

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 30 / 2006</b>
Mailing Address <b>100 INDIANA AVENUE NW</b>		<b>Transaction ID: SA11C.14637</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20001</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C70001516</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ <b>5000.00</b>		

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 30 / 2006</b>
Mailing Address <b>430 South Capitol Street SE 2nd Floor</b>		<b>Transaction ID: SA11C.14247</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Amount of Each Receipt this Period <b>10.54</b>	
FEC ID number of contributing federal political committee. <b>C C00000935</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ <b>170.94</b>		In-kind - L.D. phone calls blast faxing

Full Name (Last, First, Middle Initial) <b>C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 31 / 2006</b>
Mailing Address <b>430 South Capitol Street SE 2nd Floor</b>		<b>Transaction ID: SA11C.14549</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Amount of Each Receipt this Period <b>12.44</b>	
FEC ID number of contributing federal political committee. <b>C C00000935</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ <b>183.38</b>		In-kind - blast faxing, telephone, copy

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1022.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2006
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.15468
City Washington State DC Zip Code 20003	FEC ID number of contributing federal political committee. <b>C</b> C00000935	Amount of Each Receipt this Period 14.22
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	In-kind - fundraising services <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 197.60		

Full Name (Last, First, Middle Initial) <b>B. FEDERAL NATIONAL MORTGAGE ASSOCIATION POLITICAL ACTION COMMITTEE AKA FANNIE MAE</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 25 / 2006
Mailing Address 3900 Wisconsin Avenue NW		Transaction ID: SA11C.14369
City Washington State DC Zip Code 20016	FEC ID number of contributing federal political committee. <b>C</b> C00393520	Amount of Each Receipt this Period 1500.00
Name of Employer Occupation	Receipt For: 2006 <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)
Election Cycle-to-Date ▼ 3250.00		

Full Name (Last, First, Middle Initial) <b>C. FLORIDA BUILDING AND CONSTRUCTION TRADES COUNCIL BAC PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2006
Mailing Address 104 W JEFFERSON STREET		Transaction ID: SA11C.14643
City TALLAHASSEE State FL Zip Code 32301	FEC ID number of contributing federal political committee. <b>C</b> C00375832	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <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)
Election Cycle-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4014.22
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 104  
(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)  
SCHULTZ DEBBIE WASSERMAN

**A.** Full Name (Last, First, Middle Initial)  
FLORIDA BUILDING AND CONSTRUCTION TRADES COUNCIL BAC PAC

Mailing Address 104 W JEFFERSON STREET

City State Zip Code  
TALLAHASSEE FL 32301

FEC ID number of contributing federal political committee. **C** C00375832

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2006

**Transaction ID:** SA11C.14646

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)  
FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

Mailing Address 300 E BREVARD STREET

City State Zip Code  
TALLAHASSEE FL 32301

FEC ID number of contributing federal political committee. **C** C00349639

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 14 / 2006

**Transaction ID:** SA11C.14563

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)  
FPL PAC FLORIDA POWER & LIGHT CO EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 700 Universe Blvd.  
P.O. BOX 14000

City State Zip Code  
Juno Beach FL 33408

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 03 / 2006

**Transaction ID:** SA11C.14239

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. HUMANA INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2006
Mailing Address 1776 Eye Steet NW Suite 890		Transaction ID: SA11C.14638
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00271007		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2006
Mailing Address 1750 NEW YORK AVE NW		Transaction ID: SA11C.14642
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00029447		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6500.00	

Full Name (Last, First, Middle Initial) <b>C. JM FAMILY ENTERPRISES INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 03 / 2006
Mailing Address 100 Jim Moran Boulevard		Transaction ID: SA11C.14219
City Deerfield Beach State FL Zip Code 33442	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00240911		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NA</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 905 16th Street NW Second Floor		<b>Transaction ID: SA11C.14209</b>
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00007922		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION FOR POSTMASTERS)</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 8 HERBERT STREET		<b>Transaction ID: SA11C.14361</b>
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00100404		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION FOR POSTMASTERS)</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 8 HERBERT STREET		<b>Transaction ID: SA11C.14362</b>
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00100404		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 48 / 104  
(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)  
SCHULTZ DEBBIE WASSERMAN

**A.** Full Name (Last, First, Middle Initial)  
NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION FOR POSTMASTERS)  
Mailing Address 8 HERBERT STREET  
City State Zip Code  
ALEXANDRIA VA 22305  
FEC ID number of contributing federal political committee. **C** C00100404  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 6  
Transaction ID: SA11C.14363  
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)  
NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION FOR POSTMASTERS)  
Mailing Address 8 HERBERT STREET  
City State Zip Code  
ALEXANDRIA VA 22305  
FEC ID number of contributing federal political committee. **C** C00100404  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 6  
Transaction ID: SA11C.14627  
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)  
PAC-INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 487  
Mailing Address 1425 NW 36TH STREET  
City State Zip Code  
MIAMI FL 33142  
FEC ID number of contributing federal political committee. **C** C00133611  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 6  
Transaction ID: SA11C.14214  
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) ..... ► **3000.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**SCHULTZ DEBBIE WASSERMAN**

Full Name (Last, First, Middle Initial) <b>A. PAC-INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 487</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 03 / 2006</b>
Mailing Address <b>1425 NW 36TH STREET</b>		<b>Transaction ID: SA11C.14215</b>
City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33142</b>	Amount of Each Receipt this Period <b>3500.00</b>	
FEC ID number of contributing federal political committee. <b>C C00133611</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>8500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. PAC-INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 487</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 03 / 2006</b>
Mailing Address <b>1425 NW 36TH STREET</b>		<b>Transaction ID: SA11C.14216</b>
City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33142</b>	Amount of Each Receipt this Period <b>1500.00</b>	
FEC ID number of contributing federal political committee. <b>C C00133611</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>10000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 03 / 2006</b>
Mailing Address <b>2600 South River Road</b>		<b>Transaction ID: SA11C.14226</b>
City <b>Des Plaines</b> State <b>IL</b> Zip Code <b>60018</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00066472</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Realtors Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006	
Mailing Address 430 N. Michigan Ave.		<b>Transaction ID: SA11C.14626</b>	
City State Zip Code Chicago IL 60611		Amount of Each Receipt this Period 3000.00	
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 Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. SONNENSCHN NATH &amp; ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 1301 K STREET NW SUITE 600 EAST TOWER		<b>Transaction ID: SA11C.14234</b>	
City State Zip Code WASHINGTON DC 20005		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00216127		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. SOUTHEAST MILK INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address PO BOX 3790		<b>Transaction ID: SA11C.14459</b>	
City State Zip Code BELLEVIEW FL 34421		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00359984		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <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) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**SCHULTZ DEBBIE WASSERMAN**

Full Name (Last, First, Middle Initial) <b>A. Southern Wine &amp; Spirits/PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006	
Mailing Address 1600 NW 163rd St.		Transaction ID: SA11C.14629	
City State Zip Code Miami FL 33169	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. <b>C C00217877</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 8000 EAST JEFFERSON		Transaction ID: SA11C.14243	
City State Zip Code DETROIT MI 48214	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C C00002840</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>C. UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 901 Massachusetts Avenue NW		Transaction ID: SA11C.14235	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 4000.00		
FEC ID number of contributing federal political committee. <b>C C00012476</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 901 Massachusetts Avenue NW		<b>Transaction ID: SA11C.14236</b>
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00012476	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. UNITED HEALTH PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 6214 WEDGEWOOD ROAD		<b>Transaction ID: SA11C.14217</b>
City BETHESDA State MD Zip Code 20817	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00321844	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 55 Glenlake Parkway N.E.		<b>Transaction ID: SA11C.14399</b>
City Atlanta State GA Zip Code 30328	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00064766	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
**SCHULTZ DEBBIE WASSERMAN**

**A.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE**

Mailing Address **55 Glenlake Parkway N.E.**

City **Atlanta** State **GA** Zip Code **30328**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 28 / 2006**

**Transaction ID: SA11C.14621**

Amount of Each Receipt this Period  
**250.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>73037.20</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Community Bank of Broward</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2006	
Mailing Address 1504 Weston Rd.		Transaction ID: SA15.14345	
City Weston	State FL	Amount of Each Receipt this Period 544.52	
Zip Code 33326		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3303.37		

Full Name (Last, First, Middle Initial) <b>B. Community Bank of Broward</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2006	
Mailing Address 1504 Weston Rd.		Transaction ID: SA15.14347	
City Weston	State FL	Amount of Each Receipt this Period 596.90	
Zip Code 33326		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3900.27		

Full Name (Last, First, Middle Initial) <b>C. Community Bank of Broward</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2006	
Mailing Address 1504 Weston Rd.		Transaction ID: SA15.14560	
City Weston	State FL	Amount of Each Receipt this Period 590.62	
Zip Code 33326		Interest income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4490.89		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1732.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1732.04

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		<b>Transaction ID:</b> SB17.14340 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address P O Box 619616		Amount of Each Disbursement this Period 170.30
City DFW Airport State TX Zip Code 75261	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel expense	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		<b>Transaction ID:</b> SB17.14547 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address P O Box 619616		Amount of Each Disbursement this Period 115.00
City DFW Airport State TX Zip Code 75261	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		<b>Transaction ID:</b> SB17.14583 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address P O Box 619616		Amount of Each Disbursement this Period 388.60
City DFW Airport State TX Zip Code 75261	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>673.90</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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: SB17.14280 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address P O Box 53852		Amount of Each Disbursement this Period 208.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Credit card processing fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB17.14589 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address P O Box 53852		Amount of Each Disbursement this Period 504.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Credit card processing fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Aramark</b>		Transaction ID: SB17.14296 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address RFK Stadium		Amount of Each Disbursement this Period 906.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1618.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Aramark</b>		Transaction ID: SB17.14301 Date of Disbursement 05 / 04 / 2006	
Mailing Address RFK Stadium		Amount of Each Disbursement this Period 296.05	
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Aramark</b>		Transaction ID: SB17.14310 Date of Disbursement 05 / 10 / 2006	
Mailing Address RFK Stadium		Amount of Each Disbursement this Period 100.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Avis Rent A Car</b>		Transaction ID: SB17.14528 Date of Disbursement 06 / 01 / 2006	
Mailing Address 701 Claude Pepper Bldg		Amount of Each Disbursement this Period 110.00	
City Tallahassee State FL Zip Code 32399	Purpose of Disbursement Auto rental	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	506.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Avis Rent A Car</b>		<b>Transaction ID:</b> SB17.14590	
Mailing Address 701 Claude Pepper Bldg		Date of Disbursement 06 / 02 / 2006	
City Tallahassee	State FL	Zip Code 32399	Amount of Each Disbursement this Period 9.22
Purpose of Disbursement Auto rental		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BTS Strategies Inc.</b>		<b>Transaction ID:</b> SB17.14254	
Mailing Address P O Box 565545		Date of Disbursement 04 / 01 / 2006	
City Miami	State FL	Zip Code 33258	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Fundraising consulting expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BTS Strategies Inc.</b>		<b>Transaction ID:</b> SB17.14288	
Mailing Address P O Box 565545		Date of Disbursement 05 / 01 / 2006	
City Miami	State FL	Zip Code 33258	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Fundraising consulting expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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>10009.22</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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. BTS Strategies Inc.</b>		<b>Transaction ID:</b> SB17.14526 Date of Disbursement 06 / 01 / 2006	
Mailing Address P O Box 565545		Amount of Each Disbursement this Period 5000.00	
City Miami State FL Zip Code 33258	Purpose of Disbursement Fundraising consulting expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Campaign Associates Inc.</b>		<b>Transaction ID:</b> SB17.14538 Date of Disbursement 06 / 09 / 2006	
Mailing Address 7605 Davie Rd Ext.		Amount of Each Disbursement this Period 12943.01	
City Hollywood State FL Zip Code 33024	Purpose of Disbursement Fundraising - printing and mailing costs	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Card Service International Inc.</b>		<b>Transaction ID:</b> SB17.14344 Date of Disbursement 04 / 14 / 2006	
Mailing Address 450 North Sam Houston Pkwy Suite 273		Amount of Each Disbursement this Period 0.59	
City Houston State TX Zip Code 77060	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17943.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Card Service International Inc.</b>		<b>Transaction ID:</b> SB17.14348 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 450 North Sam Houston Pkwy Suite 273		Amount of Each Disbursement this Period 23.25
City Houston State TX Zip Code 77060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card processing fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Card Service International Inc.</b>		<b>Transaction ID:</b> SB17.14346 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 450 North Sam Houston Pkwy Suite 273		Amount of Each Disbursement this Period 0.59
City Houston State TX Zip Code 77060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Card Service International Inc.</b>		<b>Transaction ID:</b> SB17.14356 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 450 North Sam Houston Pkwy Suite 273		Amount of Each Disbursement this Period 59.25
City Houston State TX Zip Code 77060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card processing fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	83.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Card Service International Inc.</b>		<b>Transaction ID:</b> SB17.14544 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 450 North Sam Houston Pkwy Suite 273		Amount of Each Disbursement this Period 10.61
City Houston State TX Zip Code 77060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card discount	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Card Service International Inc.</b>		<b>Transaction ID:</b> SB17.14541 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 450 North Sam Houston Pkwy Suite 273		Amount of Each Disbursement this Period 21.96
City Houston State TX Zip Code 77060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Card Service International Inc.</b>		<b>Transaction ID:</b> SB17.14542 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 450 North Sam Houston Pkwy Suite 273		Amount of Each Disbursement this Period 21.08
City Houston State TX Zip Code 77060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card discount	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	53.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Card Service International Inc.</b>		<b>Transaction ID:</b> SB17.14543 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 450 North Sam Houston Pkwy Suite 273		Amount of Each Disbursement this Period 23.41
City Houston State TX Zip Code 77060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card discount		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Card Service International Inc.</b>		<b>Transaction ID:</b> SB17.14586 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 450 North Sam Houston Pkwy Suite 273		Amount of Each Disbursement this Period 88.25
City Houston State TX Zip Code 77060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card discount		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Card Service International Inc.</b>		<b>Transaction ID:</b> SB17.14600 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 450 North Sam Houston Pkwy Suite 273		Amount of Each Disbursement this Period 49.77
City Houston State TX Zip Code 77060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card discount		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	161.43
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> SB17.14287 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P O Box 31488		Amount of Each Disbursement this Period 130.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33631	Purpose of Disbursement Cell phone charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID:</b> SB17.14499 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address P O Box 31488		Amount of Each Disbursement this Period 145.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33631	Purpose of Disbursement Cell phone charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		<b>Transaction ID:</b> SB17.14612 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P O Box 31488		Amount of Each Disbursement this Period 115.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33631	Purpose of Disbursement Cell phone charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	390.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Citgo</b>		Transaction ID: SB17.14264 Date of Disbursement 04 / 17 / 2006
Mailing Address		Amount of Each Disbursement this Period 43.19
City Lake Worth	State FL	
Purpose of Disbursement Auto expense-gas	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Citgo</b>		Transaction ID: SB17.14495 Date of Disbursement 05 / 24 / 2006
Mailing Address		Amount of Each Disbursement this Period 40.63
City Lake Worth	State FL	
Purpose of Disbursement Auto expense-gas	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Community Bank of Broward</b>		Transaction ID: SB17.14256 Date of Disbursement 04 / 10 / 2006
Mailing Address 1504 Weston Rd.		Amount of Each Disbursement this Period 1923.00
City Weston	State FL	
Purpose of Disbursement Payroll tax deposit	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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>2006.82</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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Community Bank of Broward</b>		<b>Transaction ID:</b> SB17.14299 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 1504 Weston Rd.		Amount of Each Disbursement this Period 2326.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Weston State FL Zip Code 33326	Purpose of Disbursement Payroll tax deposit Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Community Bank of Broward</b>		<b>Transaction ID:</b> SB17.14531 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1504 Weston Rd.		Amount of Each Disbursement this Period 2326.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Weston State FL Zip Code 33326	Purpose of Disbursement Payroll tax deposit Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Dell Marketing</b>		<b>Transaction ID:</b> SB17.14317 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address One Dell Way		Amount of Each Disbursement this Period 1504.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Round Rock State TX Zip Code 78682	Purpose of Disbursement Lap Top Computer Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6156.25
<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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		<b>Transaction ID:</b> SB17.14255 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 1001 International Blvd		Amount of Each Disbursement this Period 265.10
City Atlanta State GA Zip Code 30354	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID:</b> SB17.14267 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 41.96
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery charges	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID:</b> SB17.14248 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 10.54
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - L.D. phone calls blast faxing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	317.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID:</b> SB17.14550 Date of Disbursement
Mailing Address 430 South Capitol Street SE 2nd Floor		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="31"/> <input type="text" value="31"/> / <input type="text" value="2006"/> <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement In-kind - blast faxing, telephone, copy		Amount of Each Disbursement this Period <input type="text" value="12.44"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID:</b> SB17.15469 Date of Disbursement
Mailing Address 430 South Capitol Street SE 2nd Floor		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="30"/> <input type="text" value="30"/> / <input type="text" value="2006"/> <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement In-kind - fundraising services		Amount of Each Disbursement this Period <input type="text" value="14.22"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>C. Department of State</b>		<b>Transaction ID:</b> SB17.14306 Date of Disbursement
Mailing Address 500 S. Bronough		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="2006"/> <input type="text" value="2006"/>
City Tallahassee	State FL	Zip Code 32399
Purpose of Disbursement Qualifying fee		Amount of Each Disbursement this Period <input type="text" value="9726.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<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) .....	<input type="text" value="9752.66"/>
<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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Eden Florist</b>		<b>Transaction ID: SB17.14281</b> Date of Disbursement 04 / 25 / 2006	
Mailing Address 7100 Pembroke Rd		Amount of Each Disbursement this Period 72.03	
City Miramar State FL Zip Code 33023	Purpose of Disbursement Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

Full Name (Last, First, Middle Initial) <b>B. Eden Florist</b>		<b>Transaction ID: SB17.14289</b> Date of Disbursement 04 / 26 / 2006	
Mailing Address 7100 Pembroke Rd		Amount of Each Disbursement this Period 75.15	
City Miramar State FL Zip Code 33023	Purpose of Disbursement Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

Full Name (Last, First, Middle Initial) <b>C. Exxon/Mobil</b>		<b>Transaction ID: SB17.14311</b> Date of Disbursement 05 / 10 / 2006	
Mailing Address Weston Rd		Amount of Each Disbursement this Period 43.08	
City Weston State FL Zip Code 33331	Purpose of Disbursement Auto expense-gas Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<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) ..... ▶	190.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Florida U C Fund</b>		<b>Transaction ID:</b> SB17.14260 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 5050 W. Tennessee St.		Amount of Each Disbursement this Period 270.00
City Tallahassee State FL Zip Code 32399	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll tax deposit	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gateway</b>		<b>Transaction ID:</b> SB17.14251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 7567 Irvine Center Dr		Amount of Each Disbursement this Period 20.00
City Irvine State CA Zip Code 92618	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Gateway</b>		<b>Transaction ID:</b> SB17.14252 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 7567 Irvine Center Dr		Amount of Each Disbursement this Period 20.00
City Irvine State CA Zip Code 92618	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	310.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Gateway</b>		<b>Transaction ID:</b> SB17.14529 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 7567 Irvine Center Dr		Amount of Each Disbursement this Period 20.00
City Irvine State CA Zip Code 92618	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Greater Hollywood Chamber of Commerce</b>		<b>Transaction ID:</b> SB17.14290 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 330 N. Federal Highway		Amount of Each Disbursement this Period 260.00
City Hollywood State FL Zip Code 33020	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Dues	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. International Speedway Corp</b>		<b>Transaction ID:</b> SB17.14493 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address P O Box 2801		Amount of Each Disbursement this Period 1500.00
City Daytona Beach State FL Zip Code 32120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1780.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Jet Blue</b>		<b>Transaction ID:</b> SB17.14584 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 19 Old Kings Highway South		Amount of Each Disbursement this Period 199.30
City Darien State CT Zip Code 06820	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jumeirah Essx House</b>		<b>Transaction ID:</b> SB17.14545 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 160 Central Park South		Amount of Each Disbursement this Period 1065.66
City New York State NM Zip Code 10119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising expense -Lodging Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Laplaza Restaraunt</b>		<b>Transaction ID:</b> SB17.14283 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 629 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 51.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meal Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1315.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Laplaza Restaraunt</b>		Transaction ID: SB17.14302 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 629 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 51.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Meal Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LOIS MURPHY FOR CONGRESS</b>		Transaction ID: SB17.14321 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 312		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Narberth State PA Zip Code 19072		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MADRID FOR CONGRESS</b>		Transaction ID: SB17.14519 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 6
Mailing Address PO Box 25626		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albuquerque State NM Zip Code 87125		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3051.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Mark's Las Olas</b>		Transaction ID: SB17.14308 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 1032 E Las Olas Blvd		Amount of Each Disbursement this Period 280.00	
City Ft Lauderdale State FL Zip Code 33301	Purpose of Disbursement Meal	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Millennium Knickerbocker Hotel</b>		Transaction ID: SB17.14596 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 163 E. Walton St		Amount of Each Disbursement this Period 387.69	
City Chicago State ID Zip Code 60611	Purpose of Disbursement Fundraising Lodging expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: SB17.14581 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 2700 Lone Oak Parkway		Amount of Each Disbursement this Period 837.90	
City Eagan State MN Zip Code 55121	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1505.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14349 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 464.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lancaster State PA Zip Code 17603	Purpose of Disbursement Reimburse campaign expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Airtran Airways</b>		<b>Transaction ID:</b> SB17.14349.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 9955 Airtran Blvd		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Orlando State FL Zip Code 32827	Purpose of Disbursement Travel expense-airfare Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14257 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 2163.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lancaster State PA Zip Code 17603	Purpose of Disbursement Payroll campaign aide Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2627.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14276 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 2163.40
City Lancaster State PA Zip Code 17603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll campaign aide	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14277 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 211.00
City Lancaster State PA Zip Code 17603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimburse health insurance	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. United American</b>		<b>Transaction ID:</b> SB17.14277.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P O Box 808		Amount of Each Disbursement this Period 211.00
City McKinney State TX Zip Code 75070	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Health insurance premium	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2374.40
<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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14307 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 2163.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lancaster State PA Zip Code 17603		
Purpose of Disbursement Payroll campaign aide Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14328 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 1270.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lancaster State PA Zip Code 17603		
Purpose of Disbursement Reimburse campaign expenses Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Air</b>		<b>Transaction ID:</b> SB17.14328.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address P O Box 1501		Amount of Each Disbursement this Period 396.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Winston Salem State NC Zip Code 27102		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3433.40</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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Enterprise Leasing Co</b>		Transaction ID: SB17.14328.1 Date of Disbursement 05 / 18 / 2006
Mailing Address 600 Terminal Dr Suite 404		Amount of Each Disbursement this Period 36.62
City Ft. Lauderdale State FL Zip Code 33315	Purpose of Disbursement Auto rental Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		Transaction ID: SB17.14328.2 Date of Disbursement 05 / 18 / 2006
Mailing Address P O Box 31488		Amount of Each Disbursement this Period 695.86
City Tampa State FL Zip Code 33631	Purpose of Disbursement Cell phone charges Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Jason O'Malley</b>		Transaction ID: SB17.14332 Date of Disbursement 05 / 31 / 2006
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 2163.40
City Lancaster State PA Zip Code 17603	Purpose of Disbursement Payroll campaign aide Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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) ..... ▶	2163.40
<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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 211.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lancaster State PA Zip Code 17603	Purpose of Disbursement Reimburse health Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. United American</b>		<b>Transaction ID:</b> SB17.14333.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P O Box 808		Amount of Each Disbursement this Period 211.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City McKinney State TX Zip Code 75070	Purpose of Disbursement Health insurance premium Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14540 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 2163.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lancaster State PA Zip Code 17603	Purpose of Disbursement Payroll campaign aide Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2374.40</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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14573 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 1128.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lancaster State PA Zip Code 17603	Purpose of Disbursement Reimburse campaign expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Air</b>		<b>Transaction ID:</b> SB17.14573.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6
Mailing Address P O Box 1501		Amount of Each Disbursement this Period 396.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Winston Salem State NC Zip Code 27102	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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Enterprise Leasing Co</b>		<b>Transaction ID:</b> SB17.14573.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6
Mailing Address 600 Terminal Dr Suite 404		Amount of Each Disbursement this Period 71.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Ft. Lauderdale State FL Zip Code 33315	Purpose of Disbursement Auto rental Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1128.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> SB17.14573.2	
Mailing Address P O Box 31488		Date of Disbursement 06 / 17 / 2006	
City Tampa	State FL	Zip Code 33631	Amount of Each Disbursement this Period 350.00
Purpose of Disbursement Cell phone charges		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID:</b> SB17.14573.3	
Mailing Address 2090 Lincoln Highway		Date of Disbursement 06 / 17 / 2006	
City E.Lancaster	State PA	Zip Code 17602	Amount of Each Disbursement this Period 166.55
Purpose of Disbursement Office supplies		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14578	
Mailing Address 752 Meritta Ave.		Date of Disbursement 06 / 30 / 2006	
City Lancaster	State PA	Zip Code 17603	Amount of Each Disbursement this Period 2163.40
Purpose of Disbursement Payroll campaign aide		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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>2163.40</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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Jason O'Malley</b>		<b>Transaction ID:</b> SB17.14579 Date of Disbursement 06 / 30 / 2006
Mailing Address 752 Meritta Ave.		Amount of Each Disbursement this Period 211.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lancaster State PA Zip Code 17603	Category/ Type	
Purpose of Disbursement Reimburse health ins.		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United American</b>		<b>Transaction ID:</b> SB17.14579.0 Date of Disbursement 06 / 30 / 2006
Mailing Address P O Box 808		Amount of Each Disbursement this Period 211.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City McKinney State TX Zip Code 75070	Category/ Type	
Purpose of Disbursement Health ins. premium		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pennsylvania Dep't of Revenue</b>		<b>Transaction ID:</b> SB17.14263 Date of Disbursement 04 / 17 / 2006
Mailing Address Dep't 28903		Amount of Each Disbursement this Period 153.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg State OR Zip Code 17128	Category/ Type	
Purpose of Disbursement Payroll tax deposit		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>364.50</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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Pennsylvania Dep't of Revenue</b>		<b>Transaction ID:</b> SB17.14303 Date of Disbursement 05 / 15 / 2006
Mailing Address Dep't 28903		Amount of Each Disbursement this Period 184.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg      State OR      Zip Code 17128		
Purpose of Disbursement Payroll tax deposit		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Pennsylvania Dep't of Revenue</b>		<b>Transaction ID:</b> SB17.14533 Date of Disbursement 06 / 15 / 2006
Mailing Address Dep't 28903		Amount of Each Disbursement this Period 184.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg      State OR      Zip Code 17128		
Purpose of Disbursement Payroll tax deposit		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Tracy Pough</b>		<b>Transaction ID:</b> SB17.14351 Date of Disbursement 04 / 07 / 2006
Mailing Address 300 Massachusetts Ave NW Apt 842		Amount of Each Disbursement this Period 341.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington      State DC      Zip Code 20001		
Purpose of Disbursement Reimburse campaign expenses		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	709.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotels</b>		<b>Transaction ID:</b> SB17.14351.0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address 1535 Broadway		Amount of Each Disbursement this Period 231.38	
City New York State NY Zip Code 10026	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ian Rayder</b>		<b>Transaction ID:</b> SB17.14275 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 11382 Waterford Village Dr.		Amount of Each Disbursement this Period 698.50	
City Ft. Myers State FL Zip Code 33913	Purpose of Disbursement Payroll campaign aide	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ian Rayder</b>		<b>Transaction ID:</b> SB17.14335 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 11382 Waterford Village Dr.		Amount of Each Disbursement this Period 698.50	
City Ft. Myers State FL Zip Code 33913	Purpose of Disbursement Payroll campaign aide	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1397.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Ian Rayder</b>		<b>Transaction ID:</b> SB17.14609 Date of Disbursement 06 / 30 / 2006
Mailing Address 11382 Waterford Village Dr.		Amount of Each Disbursement this Period 698.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ft. Myers State FL Zip Code 33913	<input type="checkbox"/> Category/Type	
Purpose of Disbursement Payroll campaign aide Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ruth Chris Steakhouse</b>		<b>Transaction ID:</b> SB17.14284 Date of Disbursement 04 / 27 / 2006
Mailing Address 1801 Connecticut Ave NW		Amount of Each Disbursement this Period 288.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20009	<input type="checkbox"/> Category/Type	
Purpose of Disbursement Meal Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Shell Oil</b>		<b>Transaction ID:</b> SB17.14279 Date of Disbursement 04 / 24 / 2006
Mailing Address P O Box 2463		Amount of Each Disbursement this Period 46.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77252	<input type="checkbox"/> Category/Type	
Purpose of Disbursement Auto expense -gas Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <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>1033.59</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

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)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		<b>Transaction ID:</b> SB17.14587 <b>Date of Disbursement</b> 06 / 21 / 2006
Mailing Address P O Box 2463		Amount of Each Disbursement this Period 42.64
City Houston State TX Zip Code 77252	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Auto expense-Gas Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sterling Worth Cafe</b>		<b>Transaction ID:</b> SB17.14527 <b>Date of Disbursement</b> 06 / 01 / 2006
Mailing Address 801 South University Dr		Amount of Each Disbursement this Period 454.86
City Plantation State FL Zip Code 33324	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meal Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tickets.com</b>		<b>Transaction ID:</b> SB17.14272 <b>Date of Disbursement</b> 04 / 19 / 2006
Mailing Address 555 Anton Blvd.		Amount of Each Disbursement this Period 2000.00
City Costa Mesa State CA Zip Code 92626	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Funraising expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2497.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. Tickets.com</b>		<b>Transaction ID:</b> SB17.14273 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 555 Anton Blvd.		Amount of Each Disbursement this Period 1220.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Costa Mesa State CA Zip Code 92626		
Purpose of Disbursement Fundraising expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service</b>		<b>Transaction ID:</b> SB17.14258 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address P O Box 650580		Amount of Each Disbursement this Period 11.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265		
Purpose of Disbursement Delivery expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service</b>		<b>Transaction ID:</b> SB17.14261 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address P O Box 650580		Amount of Each Disbursement this Period 21.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265		
Purpose of Disbursement Delivery expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1253.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		<b>Transaction ID:</b> SB17.14265 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address P O Box 650580		Amount of Each Disbursement this Period 19.24
City Dallas State TX Zip Code 75265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery charges Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service</b>		<b>Transaction ID:</b> SB17.14316 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P O Box 650580		Amount of Each Disbursement this Period 59.86
City Dallas State TX Zip Code 75265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service</b>		<b>Transaction ID:</b> SB17.14498 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address P O Box 650580		Amount of Each Disbursement this Period 28.69
City Dallas State TX Zip Code 75265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	107.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		<b>Transaction ID:</b> SB17.14537 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address P O Box 650580		Amount of Each Disbursement this Period 49.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265	Purpose of Disbursement Delivery Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service</b>		<b>Transaction ID:</b> SB17.14539 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address P O Box 650580		Amount of Each Disbursement this Period 26.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265	Purpose of Disbursement Delivery Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service</b>		<b>Transaction ID:</b> SB17.14572 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6
Mailing Address P O Box 650580		Amount of Each Disbursement this Period 22.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265	Purpose of Disbursement Delivery Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	98.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		<b>Transaction ID:</b> SB17.14611 Date of Disbursement 06 / 28 / 2006
Mailing Address P O Box 650580		Amount of Each Disbursement this Period 24.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265	Category/ Type	
Purpose of Disbursement Delivery		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Air</b>		<b>Transaction ID:</b> SB17.14341 Date of Disbursement 05 / 18 / 2006
Mailing Address P O Box 1501		Amount of Each Disbursement this Period 136.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winston Salem State NC Zip Code 27102	Category/ Type	
Purpose of Disbursement Travel expense		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Air</b>		<b>Transaction ID:</b> SB17.14496 Date of Disbursement 05 / 24 / 2006
Mailing Address P O Box 1501		Amount of Each Disbursement this Period 243.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winston Salem State NC Zip Code 27102	Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	404.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. U Store It</b>		<b>Transaction ID:</b> SB17.14262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 13290 State Rd. 84		Amount of Each Disbursement this Period 159.94
City Davie State FL Zip Code 33325	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage charges Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U Store It</b>		<b>Transaction ID:</b> SB17.14327 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 13290 State Rd. 84		Amount of Each Disbursement this Period 159.94
City Davie State FL Zip Code 33325	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage charges Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. U Store It</b>		<b>Transaction ID:</b> SB17.14571 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6
Mailing Address 13290 State Rd. 84		Amount of Each Disbursement this Period 159.94
City Davie State FL Zip Code 33325	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	479.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. WhitesandWebworks</b>		<b>Transaction ID:</b> SB17.14286 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 2202 N. West Shore Blvd. Suite 450		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Web hosting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. WhitesandWebworks</b>		<b>Transaction ID:</b> SB17.14500 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address 2202 N. West Shore Blvd. Suite 450		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Web Hosting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. WhitesandWebworks</b>		<b>Transaction ID:</b> SB17.14610 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 2202 N. West Shore Blvd. Suite 450		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Web hosting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>85437.09</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. BARROW, JOHN J</b>		Transaction ID: SB21.14602 Date of Disbursement 06 / 28 / 2006	
Mailing Address PO Box 48178		Amount of Each Disbursement this Period 1000.00	
City Athens State GA Zip Code 30606	Purpose of Disbursement Contribution Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BUSANSKY, PHYLLIS H</b>		Transaction ID: SB21.14505 Date of Disbursement 05 / 29 / 2006	
Mailing Address 3611 SCHEFFLERA ROAD		Amount of Each Disbursement this Period 1000.00	
City TAMPA State FL Zip Code 33618	Purpose of Disbursement Contribution Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BUSBY, FRANCINE P</b>		Transaction ID: SB21.14336 Date of Disbursement 05 / 18 / 2006	
Mailing Address 2235 RUDDY DUCK COURT		Amount of Each Disbursement this Period 1000.00	
City CARDIFF State CA Zip Code 92007	Purpose of Disbursement Contribution Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. BUSBY, FRANCINE P</b>		<b>Transaction ID: SB21.14342</b> Date of Disbursement 05 / 19 / 2006
Mailing Address 2235 RUDDY DUCK COURT		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CARDIFF State CA Zip Code 92007	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO ELECT CHRIS MURPHY</b>		<b>Transaction ID: SB21.14319</b> Date of Disbursement 05 / 16 / 2006
Mailing Address PO BOX 127		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CHESHIRE State CT Zip Code 06410	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. COURTNEY FOR CONGRESS</b>		<b>Transaction ID: SB21.14323</b> Date of Disbursement 05 / 16 / 2006
Mailing Address 38 RISLEY ROAD		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VERNON State CT Zip Code 06066	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. CRANLEY FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.14293 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 37 W 7TH ST SUITE 804		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CINCINNATI State OH Zip Code 45202		
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DARCY BURNER FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.14503 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 6
Mailing Address PO BOX 1090		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CARNATION State WA Zip Code 98014		
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID:</b> SB21.14492 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14000.00
<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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID:</b> SB21.14608 Date of Disbursement
Mailing Address 430 South Capitol Street SE 2nd Floor		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ELLSWORTH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB21.14511 Date of Disbursement
Mailing Address PO BOX 62		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City EVANSVILLE	State IN	Zip Code 47708
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 08		

Full Name (Last, First, Middle Initial) <b>C. FARRELL FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.14325 Date of Disbursement
Mailing Address P.O. Box 5136		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City Westport	State CT	Zip Code 06881
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12000.00"/>
<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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. FILSON, STEVE N</b>		<b>Transaction ID: SB21.14338</b> Date of Disbursement 05 / 18 / 2006
Mailing Address 703 ENDSLEIGH COURT		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DANVILLE State CA Zip Code 94506	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. FILSON, STEVE N</b>		<b>Transaction ID: SB21.14513</b> Date of Disbursement 05 / 29 / 2006
Mailing Address 703 ENDSLEIGH COURT		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DANVILLE State CA Zip Code 94506	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BENNIE THOMPSON</b>		<b>Transaction ID: SB21.14501</b> Date of Disbursement 05 / 29 / 2006
Mailing Address P.O. Box 100 P.O. Box 100		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bolton State MS Zip Code 39041	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF TAMMY DUCKWORTH</b>		Transaction ID: SB21.14509	
Mailing Address 416 W 22ND ST		Date of Disbursement 05 / 29 / 2006	
City LOMBARD	State IL	Zip Code 60148	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 06		

Full Name (Last, First, Middle Initial) <b>B. GIFFORDS FOR CONGRESS</b>		Transaction ID: SB21.14604	
Mailing Address PO BOX 27565		Date of Disbursement 06 / 28 / 2006	
City TUCSON	State AZ	Zip Code 85726	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ	District: 08		

Full Name (Last, First, Middle Initial) <b>C. GILLIBRAND FOR CONGRESS</b>		Transaction ID: SB21.14514	
Mailing Address PO BOX 1279		Date of Disbursement 05 / 29 / 2006	
City HUDSON	State NY	Zip Code 12534	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. HAFEN FOR CONGRESS</b>		Transaction ID: SB21.14515 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 6
Mailing Address PO BOX 530996		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City HENDERSON State NV Zip Code 89053	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. JILL DERBY FOR CONGRESS</b>		Transaction ID: SB21.14507 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 6
Mailing Address PO BOX 1901		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MINDEN State NV Zip Code 89423	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. KILROY FOR CONGRESS</b>		Transaction ID: SB21.14517 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 6
Mailing Address 929 Harrison Ave Ste 305		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43215	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. KLEIN, RON</b>		Transaction ID: SB21.14631 Date of Disbursement 06 / 29 / 2006	
Mailing Address 4620 NW 24TH AVENUE		Amount of Each Disbursement this Period 100.00	
City BOCA RATON State FL Zip Code 33431	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KLEIN, RON</b>		Transaction ID: SB21.14650 Date of Disbursement 06 / 29 / 2006	
Mailing Address 4620 NW 24TH AVENUE		Amount of Each Disbursement this Period 1900.00	
City BOCA RATON State FL Zip Code 33431	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LOIS MURPHY FOR CONGRESS</b>		Transaction ID: SB21.14521 Date of Disbursement 05 / 29 / 2006	
Mailing Address P.O. Box 312		Amount of Each Disbursement this Period 1000.00	
City Narberth State PA Zip Code 19072	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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 100 / 104

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial) <b>A. LUCAS FOR CONGRESS</b>		Transaction ID: SB21.14312 Date of Disbursement 05 / 11 / 2006
Mailing Address PO BOX 175765		Amount of Each Disbursement this Period 1000.00
City COVINGTON State KY Zip Code 41017	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NELSON, BILL</b>		Transaction ID: SB21.14606 Date of Disbursement 06 / 28 / 2006
Mailing Address 716 HART SENATE OFFICE BUILDING		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SHULER, JOSEPH HEATH</b>		Transaction ID: SB21.14522 Date of Disbursement 05 / 29 / 2006
Mailing Address PO BOX 97		Amount of Each Disbursement this Period 1000.00
City HAZELWOOD State NC Zip Code 28738	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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 101 / 104

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

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

NAME OF COMMITTEE (In Full)  
SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial)  
**A. TRAUNER FOR CONGRESS**

Mailing Address P.O. Box 1154

City State Zip Code  
Wilson WY 83014

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: WY District: 01

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21.14633

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)  
**B. WELCH FOR CONGRESS**

Mailing Address PO Box 1086

City State Zip Code  
Montpelier VT 05601

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: VT District: 00

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21.14524

Date of Disbursement

05 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

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

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

2000.00

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

50000.00

Image# 26930755771

Form/Schedule: **F3A**

Transaction ID:

The following are our 'Best Efforts' procedures to obtain contributor information. Our original solicitation includes a clear and conspicuous request for the contributor information and informs the contributor of the requirements of federal law to provide the information. If we do not receive the information we follow-up within 30 days of receipt of the contribution by mail requesting only the missing information, informing the contributor of the requirements of federal law and including a pre-addressed return envelope. If we subsequently receive contribution information we will file with our next regularly scheduled report an amended Schedule A listing all the contributions for which additional information was received.

Form/Schedule: **SB17**      Travel air fare 50.00, Auto expense-gas 137.95, Parking 84.00, Tolls 7.00, Taxi 11.00, Food 158.52, Supplies,  
Transaction ID: **SB17.14349** 4.98, Shipping 10.77

\*\*\*\*\*

**Image# 26930755772**

Form/Schedule: **SB17** Travel 396.40, Auto exp-gas 115.12, Parking 26.00, Auto rental 36.62, Cell phone 695.86  
Transaction ID: **SB17.14328**

Form/Schedule: **SB17** Travel- 396.40, Auto rental- 71.86, Parking, 34.00, Cell phone- 350.00, Postage- 88.14, Office supplies- 116.5-  
Transaction ID: **SB17.14573** 5, Auto expense gas- 71.27

\*\*\*\*\*

**Image# 26930755773**

Form/Schedule: **SB17** Lodging 231.38, Parking 35.00, Taxis 56.00, Tolls 4.00, Tips 15.00  
Transaction ID: **SB17.14351**

\*\*\*\*\*