

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 2224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Democratic Executive Committee of Florida

A. Full Name (Last, First, Middle Initial)
Herbert Kayden

Mailing Address 1030 East End Avenue

City State Zip Code
New York NY 10028

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

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

Transaction ID: 11 ai-000058461

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Kay Kyle

Mailing Address 6201 Clearwood Rd

City State Zip Code
Bethesda MD 20817

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

Name of Employer Self-Employed
Occupation Real Estate Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

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

Transaction ID: 11 ai-000058462

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
Alan M. Leventhal

Mailing Address One Federal St - 26th Floor

City State Zip Code
Boston MA 02110

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

Name of Employer Beacon Capital Partners
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 11 ai-000058463

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	25000.00
TOTAL This Period (last page this line number only)	▶	