

**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

Friends of Gayle Harrell

ADDRESS (number and street)

1885 NW Eagle Point

Check if different than previously reported. (ACC)

Stuart

FL

34984

2. **FEC IDENTIFICATION NUMBER**

C00388015

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT **NEW (N)** OR **X AMENDED (A)**

FL 16

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 07 01 2003 through 08 30 2003

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

Type or Print Name of Treasurer Gordon Proctor

Signature of Treasurer Electronically Filed by Gordon Proctor Date 01 08 2004

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Gayle Harrell

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
0 7 0 1 2 0 0 3 0 9 3 0 2 0 0 3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	57310.00	57310.00
(b) Total Contribution Refunds (from Line 20(d)).....	6950.00	6950.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	50360.00	50360.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	10745.20	10745.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	10745.20	10745.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	41614.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name

Friends of Gayle Harrell

Report Covering the Period: From: M M D J Y ' ' ' ' 0 7 0 1 2 0 0 3

To: V V U J Y Y ' ' ' ' 0 9 3 0 2 0 0 3

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).....	49300.00	
(ii) Unitemized.....	8010.00	
(iii) TOTAL of contributions	57310.00	57310.00
from individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	57310.00	57310.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	2000.00	2000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2000.00	2000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	59310.00	59310.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10745.20	10745.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) 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.....	6950.00	6950.00
(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)).....	6950.00	6950.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	17695.20	17695.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	59310.00
25. SUBTOTAL (add Line 23 and Line 24).....	59310.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17695.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	41614.80

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 / 41	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. American Concrete Industries, Inc.		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 350 North Rock Rd.		Transaction ID: SA11A1.4200
City Fort Pierce	State FL	Zip Code 34845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Astold Construction Corporation		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 8220 State Road 84 Suite 300		Transaction ID: SA11A1.4202
City Dayle	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mrs. Batty Aycock		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 1130 SW Chapman Way, #5-502		Transaction ID: SA11A1.4404
City Palm City	State FL	Zip Code 34960
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
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: PAGE 6 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mr. Thomas Babcock		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 281 Marina Dr.		Transaction ID: SA11A1.4418
City Fort Pierce	State FL	Zip Code 34949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert O. Baratta		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address 31 SE Harbor Point Dr.		Transaction ID: SA11A1.4134
City Stuart	State FL	Zip Code 34996
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Steve Barnett		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address P.O. Box 12130		Transaction ID: SA11A1.4296
City Fort Pierce	State FL	Zip Code 34979
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Steve Barnett Automotive Superstore	Occupation Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mrs. Julie Basham		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 2311 SW Valnera St.		Transaction ID: SA11A1.4353
City Port St. Lucie	State FL	Zip Code 34853
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Sally Batz		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address P.O. Box 615		Transaction ID: SA11A1.4414
City Jensen Beach	State FL	Zip Code 34857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Fika Corp	Occupation VP-Corporate Relations	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Helen Bauer		Date of Receipt M / D / Y 07 / 31 / 2003
Mailing Address 415 N. River Dr. Apt. 301		Transaction ID: SA11A1.4104
City Stuart	State FL	Zip Code 34954
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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: PAGE 8 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mary Bayley		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 3073 SE Quanset Cir.		Transaction ID: SA11A1.4378
City Stuart	State FL	Zip Code 34987
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Sam Beler		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 7620 Vintage Way		Transaction ID: SA11A1.4312
City Port St. Lucie	State FL	Zip Code 34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer First National Bank	Occupation Banker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Marvin Bethuna		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1806 W. Boathe Dr.		Transaction ID: SA11A1.4316
City Fort Pierce	State FL	Zip Code 34982
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Culpepper & Tarpenter	Occupation Construction Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/>	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mrs. Barbara Blevs		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 8818 S Marina Wy		Transaction ID: SA11A1.4231
City Stuart	State FL	Zip Code 34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Dean Borg		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 2887 NW 39th St.		Transaction ID: SA11A1.4314
City Boca Raton	State FL	Zip Code 33434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kanco Communities	Occupation Sr. Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Michael Brown		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 3117 S. Indian River Dr.		Transaction ID: SA11A1.4279
City Fort Pierce	State FL	Zip Code 34982
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Harbor Federal Savings Bank	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 41	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mr. Gary Cantrell		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 11123 Landings End Chase		Transaction ID: SA11A1.4275
City Port St. Lucie	State FL	Zip Code 34886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Port St. Lucie Medical Center	Occupation CEO	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Daniel E. Clapp		Date of Receipt M / D / Y 09 / 03 / 2003
Mailing Address 1886 NW Eagle Point		Transaction ID: SA11A1.4179
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Daniel Cowan		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 4095 Old St. Lucia Blvd.		Transaction ID: SA11A1.4386
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 41	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mr. Pierce Crompton, Jr.		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 3986 SE Old St. Lucie Blvd.		Transaction ID: SA11A1.4229
City	State	Zip Code
Stuart	FL	34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
	Retired	
Receipt For: 2004	Election Cycle-to-Date ▼	250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Custom Air Systems, Inc.		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1615 SE Village Green Dr.		Transaction ID: SA11A1.4192
City	State	Zip Code
Port St. Lucie	FL	34952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004	Election Cycle-to-Date ▼	300.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cynthia J. Gustafson, MD, PA		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 1001 SE Ocean Blvd., Ste 105		Transaction ID: SA11A1.4429
City	State	Zip Code
Stuart	FL	34958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004	Election Cycle-to-Date ▼	250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	800.00
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 12 / 41	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Dr. Peter Dayton		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 14 NE Palm Ct.		Transaction ID: SA11A1.4428
City Stuart	State FL	Zip Code 34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mr. Daniel Deighan		Date of Receipt M / D / Y 09 / 03 / 2003
Mailing Address 168D SW Bayshore Blvd. Suite 222		Transaction ID: SA11A1.4181
City Port St. Lucie	State FL	Zip Code 34983
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Deighan Associates	Occupation Real Estate	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Joseph M. Deiney		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address 111 South Main St		Transaction ID: SA11A1.4138
City Wallingford	State CT	Zip Code 06492
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 41	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mr. Gerald DiBartolomeo, Jr.		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 2222 Colonial Rd., #200		Transaction ID: SA11A1.4308
City Fort Pierce	State FL	Zip Code 34950
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DiBartolomeo, McBeem, Har- ley, Barnes	Occupation CPA/Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Merle Dimbath		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address P.O. Box 2910		Transaction ID: SA11A1.4400
City Stuart	State FL	Zip Code 34995
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Economist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles Farrow		Date of Receipt M / D / Y 07 / 31 / 2003
Mailing Address 47 N. River Rd.		Transaction ID: SA11A1.4106
City Stuart	State FL	Zip Code 34995
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 41	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Frank Fee		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 401 S.Indian River Dr.		Transaction ID: SA11A1.4299
City Fort Pierce	State FL	Zip Code 34850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Nicholas Fiduccia		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 8301 LasFlores Dr.		Transaction ID: SA11A1.4299
City Boca Raton	State FL	Zip Code 33433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Astaldi Construction	Occupation Division Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert Flar		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 2870 NW Collins cove Rd.		Transaction ID: SA11A1.4394
City Stuart	State FL	Zip Code 34954
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 41	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mr. M. Lanning Fox		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1663 NW Dove Ct.		Transaction ID: SA11A1.4370
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fox, Wackeen, Dungey et al	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mrs. Pam Gardner		Date of Receipt M / D / Y 09 / 03 / 2003
Mailing Address 555 SE St. Lucie Blvd.		Transaction ID: SA11A1.4160
City Stuart	State FL	Zip Code 34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Scott Gaekrek		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 67 N. River Rd.		Transaction ID: SA11A1.4154
City Stuart	State FL	Zip Code 34988
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Martin Memorial Hospital	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 41	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mrs. Anne Godsey		Date of Receipt M / D / Y 07 / 31 / 2003
Mailing Address 470 North Harbor Drive NW		Transaction ID: SA11A1.4098
City Atlanta	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms Lee Alice Gossin		Date of Receipt M / D / Y 09 / 03 / 2003
Mailing Address 459B Clearwater Harbor Dr. S.		Transaction ID: SA11A1.4169
City Largo	State FL	Zip Code 38770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mrs. Katherine M. Haas		Date of Receipt M / D / Y 09 / 03 / 2003
Mailing Address 428 Alice Street		Transaction ID: SA11A1.4177
City Jensen Beach	State FL	Zip Code 34557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mrs. Barbara Harrell		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 3964 Alhambra Dr. West		Transaction ID: SA11A1.4117
City Jacksonville	State FL	Zip Code 32207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. D. Martin Harrell		Date of Receipt M / D / Y 08 / 18 / 2003
Mailing Address 2323-1 Dunwoody Crossing		Transaction ID: SA11A1.4133
City Dunwoody	State GA	Zip Code 30338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brinks, Inc.	Occupation Software Engineer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. William H. Harrell		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 3964 Alhambra Dr. West		Transaction ID: SA11A1.4118
City Jacksonville	State FL	Zip Code 32207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Coastal Construction	Occupation Business Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 41		
	(check only one)				
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mrs. Denise Hegener		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1782 Coral Way N.		Transaction ID: SA11A1.4285
City Yero Beach	State FL	Zip Code 32063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mrs. Melinda H. Johnson		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address 223 NE 2nd St. Apt. 203		Transaction ID: SA11A1.4148
City Oklahoma City	State OK	Zip Code 73104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mrs. Joyce H. Johnston		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address 1720 NW River Trail		Transaction ID: SA11A1.4142
City Stuart	State FL	Zip Code 34964
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
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: PAGE 10 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mr. Robert G. Johnston		Date of Receipt M / D / Y 08 / 10 / 2003
Mailing Address 1720 NW River Trail		Transaction ID: SA11A1.4145
City Stuart	State FL	Zip Code 34904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Real Estate Investment	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Alton Jones		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 82 St. James Dr.		Transaction ID: SA11A1.4281
City Palm Beach Gardens	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Ginn Company	Occupation Regional Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary A. Krohn		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 2026 Jacaranda Ave.		Transaction ID: SA11A1.4120
City Fort Pierce	State FL	Zip Code 34949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Eileen Lefrak		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 2401 S Ocean Dr.		Transaction ID: SA11A1.4398
City Hollywood	State FL	Zip Code 33019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Lowes International Realty Plus Inc.		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 2901 N. Highway A1A		Transaction ID: SA11A1.4189
City Fort Pierce	State FL	Zip Code 34949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. G. E. Maloch		Date of Receipt M / D / Y 09 / 03 / 2003
Mailing Address 1202 SE Port St. Lucie Blvd.		Transaction ID: SA11A1.4186
City Port St. Lucie	State FL	Zip Code 34952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Dentist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
 Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Martin O. Klein, P.A.		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1000 S. Harbour Island Blvd. Suite 2301		Transaction ID: SA11A1.4304
City Tampa	State FL	Zip Code 33602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ms Suzanne Mallick		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 2 N Sewalls Point Rd.		Transaction ID: SA11A1.4368
City Stuart	State FL	Zip Code 34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Premier Realty	Occupation Realtor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Stefan Matthes		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 4320 Thousand Pines Dr.		Transaction ID: SA11A1.4268
City Fort Pierce	State FL	Zip Code 34981
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Culpepper Tarpenting	Occupation Sr. Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Dr. Heidi McNaney Flint		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 3787 SW Brassie Way		Transaction ID: SA11A1.4402
City	State	Zip Code
Palm City	FL	34890
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. H. Kent Mergler		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 3980 SE Old St. Lucie Blvd.		Transaction ID: SA11A1.4374
City	State	Zip Code
Stuart	FL	34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northstar Capital	Occupation Investor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mrs. Judi Miller		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 3225 S. Lakeview Circle, #206		Transaction ID: SA11A1.4310
City	State	Zip Code
Fort Pierce	FL	34948
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Big Brothers, Big Sisters, St. Lucie	Occupation Executive Director	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 41	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Dr. Vincent Miraglia		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 88 N Sewalls Point Road		Transaction ID: SA11A1.4382
City Stuart	State FL	Zip Code 34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Natura's Keeper, Inc.		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 3795 Sneed Rd.		Transaction ID: SA11A1.4187
City Fort Pierce	State FL	Zip Code 34945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul Pare		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 2081 SE Riverside Dr.		Transaction ID: SA11A1.4384
City Stuart	State FL	Zip Code 34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 41	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Suniti Patel		Date of Receipt M / D / Y 09 / 23 / 2003	
Mailing Address 3023 Marco Ln.		Transaction ID: SA11A1.4354	
City State Zip Code Palm City FL 34860	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Self-employed	Occupation Physician	Election Cycle-to-Date 2004 X Primary General Other (specify)	
Receipt For: 2004 X Primary General Other (specify)		250.00	

Full Name (Last, First, Middle Initial) B. Mary Ann Plate		Date of Receipt M / D / Y 09 / 10 / 2003	
Mailing Address 2955 NE Ocean Blvd., #8-A		Transaction ID: SA11A1.4412	
City State Zip Code Stuart FL 34966	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Self-employed	Occupation Retired	Election Cycle-to-Date 2004 X Primary General Other (specify)	
Receipt For: 2004 X Primary General Other (specify)		250.00	

Full Name (Last, First, Middle Initial) C. Mr. David M. Pomarance		Date of Receipt M / D / Y 08 / 08 / 2003	
Mailing Address P.O. Box 852518		Transaction ID: SA11A1.4121	
City State Zip Code Lake Mary FL 32756	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Self-employed	Occupation Businessman	Election Cycle-to-Date 2004 X Primary General Other (specify)	
Receipt For: 2004 X Primary General Other (specify)		1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 41	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Judith Price		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 3191 SE St. Lucie Blvd.		Transaction ID: SA11A1.4219
City Stuart	State FL	Zip Code 34907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. A. Clark Reynor		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 845 SE Osceola St.		Transaction ID: SA11A1.4424
City Stuart	State FL	Zip Code 34904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mrs. Margret Rehebourg		Date of Receipt M / D / Y 09 / 03 / 2003
Mailing Address P.O. Box 2070		Transaction ID: SA11A1.4184
City Stuart	State FL	Zip Code 34966
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Stuart Jeep, VW and Mitsubishi	Occupation Co-Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mrs. Sara Ribersbach		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 835 Osceola St., SE		Transaction ID: SA11A1.4372
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Howard Robbins		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 2322 Bay Colony Ct.		Transaction ID: SA11A1.4392
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. J. Hal Roberts		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 105 NE Charleston Oaks Dr.		Transaction ID: SA11A1.4324
City Port St. Lucie	State FL	Zip Code 34983
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Harbor Federal Savings Bank	Occupation Sr. Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Linda Rowan		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 11821 NW 8th Court		Transaction ID: SA11A1.4390
City Plantation	State FL	Zip Code 33325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rowan Construction	Occupation Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Rowley, Inc.		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1335 A NW St. Lucie West Blvd.		Transaction ID: SA11A1.4185
City Port St. Lucie	State FL	Zip Code 34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Sheldon Rubin		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 712D Lions Head Ln.		Transaction ID: SA11A1.4318
City Boca Raton	State FL	Zip Code 33498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rich & Rubin Properties LLC	Occupation Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. S.P.S. Contracting, Inc.		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 715D 20th Street Suite N		Transaction ID: SA11A1.4198
City Vero Beach	State FL	Zip Code 32966
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Donald Santos		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 568 SE Southwood Trail		Transaction ID: SA11A1.4235
City Stuart	State FL	Zip Code 34967
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Homebuilder	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Ovan Schwaderer		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 397D SE Old St. Lucie Blvd.		Transaction ID: SA11A1.4386
City Stuart	State FL	Zip Code 34968
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
 Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Ms Laurie Silvers		Date of Receipt M / D / Y 09 / 23 / 2003	
Mailing Address 2255 Glades Road Suite 237W		Transaction ID: SA11A1.4320	
City State Zip Code Boca Raton FL 33431	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer HomeTown Cable Plus	Occupation Owner		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mrs. Marlene Sindone		Date of Receipt M / D / Y 09 / 23 / 2003	
Mailing Address 2404 River Hammock Ln.		Transaction ID: SA11A1.4263	
City State Zip Code Fort Pierce FL 34982	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Housewife			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Vamon Smith		Date of Receipt M / D / Y 09 / 23 / 2003	
Mailing Address 3150 N. A1A, #501N		Transaction ID: SA11A1.4277	
City State Zip Code Fort Pierce FL 34949	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Riverside National Bank			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mrs. Elyn G. Stevenson		Date of Receipt M / D / Y 09 / 03 / 2003
Mailing Address One NE Lagoon Island Ct.		Transaction ID: SA11A1.4168
City Stuart	State FL	Zip Code 34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Sorel Strauss		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 821 E. Ocean Blvd.		Transaction ID: SA11A1.4156
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Buteh Terpening		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 106 NE Charleston Oaks Drive		Transaction ID: SA11A1.4493
City Port St. Lucie	State FL	Zip Code 34983
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Culpepper Terpening	Occupation Engineer	In-kind - Fundraising Dinner Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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: PAGE 31 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Mrs. Sherry Terpening		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 106 NE Charleston Oaks Dr.		Transaction ID: SA11A1.4298
City Port St. Lucie	State FL	Zip Code 34883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Culpepper & Terpening	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mrs. Lavinia Tilton-Drysdale		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 3462 SE Court Dr.		Transaction ID: SA11A1.4152
City Stuart	State FL	Zip Code 34987
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Craig Unger		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 2225 SE 14th Street		Transaction ID: SA11A1.4322
City Pompano Beach	State FL	Zip Code 33062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Minto Homes	Occupation Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 41	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Urology Specialists of Stuart		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 401 E Osceola St., Suite 200-A		Transaction ID: SA11A1.4427
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. James Vopal		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 801 East Osceola St		Transaction ID: SA11A1.4245
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul Watson		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 2302 SW Brighton Way		Transaction ID: SA11A1.4225
City Palm City	State FL	Zip Code 34960
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 41	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Dr. Paul W. Wharton		Date of Receipt M / D / Y 08 / 10 / 2008
Mailing Address 2356 Jose Cir. N.		Transaction ID: SA11A1.4148
City Jacksonville	State FL	Zip Code 32217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Neal Whitley		Date of Receipt M / D / Y 09 / 10 / 2008
Mailing Address 956 NE Rio Pine Ln.		Transaction ID: SA11A1.4388
City Jensen Beach	State FL	Zip Code 34957
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. James Zboril		Date of Receipt M / D / Y 09 / 23 / 2008
Mailing Address 222 Flamingo Dr.		Transaction ID: SA11A1.4308
City Stuart	State FL	Zip Code 34998
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Core Communities	Occupation Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	49300.00

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 34 / 41	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Gayle Harrell		Date of Receipt M / D / Y 07 / 01 / 2008
Mailing Address 1885 NW Eagle Point		Transaction ID: SA13A.4478
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer State of Florida	Occupation State Representative	loan Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 35 / 41
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Pelican Yacht Club		Transaction ID: SB17.4454 Date of Disbursement 09 / 30 / 2003		
Mailing Address 1120 Seaway Drive		Amount of Each Disbursement this Period 1834.88 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Fort Pierce	State FL			Zip Code 34949
Purpose of Disbursement Fundraising				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Public Concepts, Inc.		Transaction ID: SB17.4446 Date of Disbursement 09 / 10 / 2003		
Mailing Address 5730 Corporate Way		Amount of Each Disbursement this Period 5678.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City West Palm Beach	State FL			Zip Code 33407
Purpose of Disbursement Printing				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sign Co.		Transaction ID: SB17.4448 Date of Disbursement 09 / 24 / 2003		
Mailing Address 508 Calarada Avenue		Amount of Each Disbursement this Period 400.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Stuart	State FL			Zip Code 34994
Purpose of Disbursement Advertising				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	7912.98
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Butch Terpering		Transaction ID: SB17.4494 Date of Disbursement 09 / 30 / 2003		
Mailing Address 106 NE Charleston Oaks Drive		Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Port St Lucie	State FL			Zip Code 34983
Purpose of Disbursement In-kind - Fundraising Diner				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Transaction ID: SB17.4444 Date of Disbursement 09 / 03 / 2003		
Mailing Address 2255 SE Midport Road		Amount of Each Disbursement this Period 633.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Port St Lucie	State FL			Zip Code 34952
Purpose of Disbursement postage				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	2633.00
TOTAL This Period (last page this line number only)	▶	10545.98

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 37 / 41
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. American Concrete Industries, Inc.		Transaction ID: SB20A.4470 Date of Disbursement 09 / 30 / 2003	
Mailing Address 350 North Rock Rd.			
City Fort Pierce	State FL	Zip Code 34945	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement refund contribution		010 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Astaldi Construction Corporation		Transaction ID: SB20A.4471 Date of Disbursement 09 / 30 / 2003	
Mailing Address 8220 State Road 84 Suite 300			
City Davic	State FL	Zip Code 33324	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement refund contributions		010 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Custom Air Systems, Inc.		Transaction ID: SB20A.4466 Date of Disbursement 09 / 30 / 2003	
Mailing Address 1815 SE Village Green Dr.			
City Port St. Lucie	State FL	Zip Code 34952	Amount of Each Disbursement this Period 300.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement refund contribution		010 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Cynthia J. Gustafson, MD, PA		Transaction ID: SB20A.4461 Date of Disbursement 09 / 30 / 2003	
Mailing Address 1001 SE Ocean Blvd., Ste 105			
City Stuart	State FL	Zip Code 34996	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement refund contribution		010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lowes International Realty Plus Inc.		Transaction ID: SB20A.4465 Date of Disbursement 09 / 30 / 2003	
Mailing Address 2901 N. Highway A1A			
City Fort Pierce	State FL	Zip Code 34946	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement refund contribution		010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Martin O. Klein, P.A.		Transaction ID: SB20A.4485 Date of Disbursement 09 / 30 / 2003	
Mailing Address 1000 S. Harbour Island Blvd. Suite 2301			
City Tampa	State FL	Zip Code 33602	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Refund Contribution		010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Nature's Keeper, Inc.		Transaction ID: SB20A.4464 Date of Disbursement 09 / 30 / 2003	
Mailing Address 3795 Sneed Rd.			
City Fort Pierce	State FL	Zip Code 34945	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement refund contribution		010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rowley, Inc.		Transaction ID: SB20A.4462 Date of Disbursement 09 / 30 / 2003	
Mailing Address 1335 A NW St. Lucie West Blvd.			
City Port St. Lucie	State FL	Zip Code 34986	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement refund contribution		010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. S.P.S. Contracting, Inc.		Transaction ID: SB20A.4469 Date of Disbursement 09 / 30 / 2003	
Mailing Address 7150 20th Street Suite N			
City Vero Beach	State FL	Zip Code 32986	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement refund contributions		010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Gayle Harrell

Full Name (Last, First, Middle Initial) A. Urology Specialists of Stuart		Transaction ID: SB20A.4460 Date of Disbursement 09 / 30 / 2003	
Mailing Address 401 E Osceola St., Suite 200-A		Amount of Each Disbursement this Period 250.00	
City Stuart	State FL	Zip Code 34994	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement refund contribution		010 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	6300.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 41 / 41
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Gayle Harrell

Transaction ID: SC/10.4478

LOAN SOURCE Full Name (Last, First, Middle Initial) Gayle Harrell, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1885 NW Eagle Point	
City Stuart State FL ZIP Code 34984	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 th 01 st 2003		% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	2000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	