

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

Raul Martinez for Congress

ADDRESS (number and street) 700 West 76 Street

Check if different than previously reported. (ACC)

Hialeah FL 33014

2. **FEC IDENTIFICATION NUMBER** C00444331

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

FL 21

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 08 07 2008 through 09 30 2008

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

Type or Print Name of Treasurer Eliza B Rassi

Signature of Treasurer Electronically Filed by Eliza B Rassi Date 10 15 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Raul Martinez for Congress

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 329500.49 | 1647776.02 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 250.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 329500.49 | 1647526.02 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 308520.73 | 539973.49 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 2580.56 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 308520.73 | 537392.93 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1118166.74 | |
| 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)..... | 0.00 | |

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Raul Martinez for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

201054.54

1371768.14

(ii) Unitemized.....

12795.95

66557.88

(iii) TOTAL of contributions

213850.49

1438326.02

from individuals..... ▶

2150.00

2150.00

(b) Political Party Committees.....

113500.00

207300.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

329500.49

1647776.02

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

2580.56

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

1713.88

8033.65

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

331214.37

1658390.23

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 308520.73 | 539973.49 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 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 | 250.00 |
| (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 | 250.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 308520.73 | 540223.49 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1095473.10 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 331214.37 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1426687.47 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 308520.73 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1118166.74 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 191
(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)
Raul Martinez for Congress

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Modesto Abety</p> <p>Mailing Address 3215 Bird Avenue</p> <p>City State Zip Code Miami FL 33133</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation The Children's Trust President & CEO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p> | <p>Date of Receipt 08 / 13 / 2008</p> <p>Transaction ID: C5098009</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Maria Cristina Acevedo</p> <p>Mailing Address 15428 SW 169 Ln</p> <p>City State Zip Code Miami FL 33187</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Xael Travel Group Director</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p> | <p>Date of Receipt 08 / 19 / 2008</p> <p>Transaction ID: C5101673</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) Maria Elena Acevedo</p> <p>Mailing Address 15428 SW 169 Ln</p> <p>City State Zip Code Miami FL 33187</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Xael Travel Reservations Director</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p> | <p>Date of Receipt 08 / 19 / 2008</p> <p>Transaction ID: C5101283</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

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

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

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

FOR LINE NUMBER: PAGE 6 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Alcides Acosta
Mailing Address 274 Galeon Ct
City Coral Gables State FL Zip Code 33143
FEC ID number of contributing federal political committee. **C**
Name of Employer New Limeco, LLC Occupation Builder
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C5148045
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)
Carlos Acosta
Mailing Address 1265 W 5th Ct
City Hialeah State FL Zip Code 33010
FEC ID number of contributing federal political committee. **C**
Name of Employer Eagle Overhauling Occupation Auto Air Conditioning
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 12 / 2008
Transaction ID: C5124787
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)
Lalita Airan
Mailing Address 9310 SW 71st Ave
City Miami State FL Zip Code 33156
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 08 / 21 / 2008
Transaction ID: C5102156
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 7 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Miguel Alvarez
 Mailing Address 501 Nw 37th Ave
 City Miami State FL Zip Code 33125
 FEC ID number of contributing federal political committee. C
 Name of Employer Don Camaron Occupation Owner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
09 / 18 / 2008
Transaction ID: C5127728
 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)
Miguel G Alvarez
 Mailing Address 10470 SW 20 St
 City Miami State FL Zip Code 33165
 FEC ID number of contributing federal political committee. C
 Name of Employer Mialba Enterprises Inc. Occupation Director
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
09 / 18 / 2008
Transaction ID: C5127730
 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)
Clarence E. Anthony
 Mailing Address 3230 Commerce Pl Ste A
 City West Palm Beach State FL Zip Code 33407-1968
 FEC ID number of contributing federal political committee. C
 Name of Employer PBS&J Occupation Senior Vice President
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
08 / 19 / 2008
Transaction ID: C5100560
 Amount of Each Receipt this Period 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Alberto D Argudin
Mailing Address 13841 SW 36 Street
City Miami State FL Zip Code 33175
FEC ID number of contributing federal political committee. C
Name of Employer ADA Engineering Inc. Occupation Engineer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 17 / 2008
Transaction ID: C5127719
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)
Alberto A Arias
Mailing Address 880 NNE 69 St Apt 1B
City Miami State FL Zip Code 33138
FEC ID number of contributing federal political committee. C
Name of Employer Merrill Lynch Occupation Consultant
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 08 / 21 / 2008
Transaction ID: C5102555
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)
Rosa M Assenza
Mailing Address 6460 NW 72 Way
City Parkland State FL Zip Code 33067
FEC ID number of contributing federal political committee. C
Name of Employer Homemaker Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C5164634
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3050.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Steven Baird
 Mailing Address 5981 NE 6th Avenue
 City Miami State FL Zip Code 33137
 FEC ID number of contributing federal political committee. C
 Name of Employer Steven K. Baird, P.A. Occupation lawyer
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1000.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2008
Transaction ID: C5112678
 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)
Jarrett Barrios
 Mailing Address 12 Zamora Drive
 City Jamaica Plain State MA Zip Code 02130
 FEC ID number of contributing federal political committee. C
 Name of Employer BCBS Foundation Occupation President
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
250.00

Date of Receipt MM / DD / YYYY
08 / 28 / 2008
Transaction ID: C5109691
 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)
Lawrence Beame
 Mailing Address 2627 South Bayshore Drive apt 1606
 City Coconut Grove State FL Zip Code 33133
 FEC ID number of contributing federal political committee. C
 Name of Employer Beame Architectural Partnership Occupation Architect
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1100.00

Date of Receipt MM / DD / YYYY
09 / 12 / 2008
Transaction ID: C5123927
 Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Esteban Bencomo

Mailing Address 2411 SW 124th Ave

City Miami State FL Zip Code 33175-1907

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

Name of Employer Construction Catering Occupation Catering Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C5148760
 Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
Millie Bencomo

Mailing Address 2411 SW 124 Ave

City Miami State FL Zip Code 33175

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

Name of Employer Self Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C5148770
 Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Patricia Bencomo Amaro

Mailing Address 14240 SW 33rd St

City Miami State FL Zip Code 33175-6774

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

Name of Employer St Brendens School Occupation Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C5148748
 Amount of Each Receipt this Period 1200.00

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

SUBTOTAL of Receipts This Page (optional) ► **5800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Annette M Berrio

Mailing Address 11330 SW 95 St

City Miami State FL Zip Code 33176

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

Name of Employer Self Occupation Attoreny

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2008

Transaction ID: C5105732

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)
Virginia M Best

Mailing Address 14130 E Palomino Dr.

City Southwest Ranches State FL Zip Code 33330

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2008

Transaction ID: C5105775

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)
Daniel Blanco

Mailing Address 5220 SW 72 Ave

City Miami State FL Zip Code 33155

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

Name of Employer Wilson International Services Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 19 / 2008

Transaction ID: C5101345

Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 191 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | | |
|---|---|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Digna Blanco | | Date of Receipt |
| | Mailing Address 5220 SW 72nd Ave | | <input type="text"/> M / <input type="text"/> D / <input type="text"/> Y |
| | City | State | Zip Code |
| | Miami | FL | 33155-5511 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5101348 |
| Name of Employer Wilson International Services, Inc. | | Occupation Secretary of the Board | Amount of Each Receipt this Period |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 2000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Maritza Blanco | | Date of Receipt |
| | Mailing Address PO Box 1865 | | <input type="text"/> M / <input type="text"/> D / <input type="text"/> Y |
| | City | State | Zip Code |
| | Hialeah | FL | 33010 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5125070 |
| Name of Employer Clothing Store - | | Occupation Owner | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 2000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|-------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Joaquin F Blaya | | Date of Receipt |
| | Mailing Address P.O. Box 409 | | <input type="text"/> M / <input type="text"/> D / <input type="text"/> Y |
| | City | State | Zip Code |
| | Basalt | CO | 81621 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5110326 |
| Name of Employer Self | | Occupation Media Executive | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 1250.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 3250.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 191
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Frances Bolanos

Mailing Address 3024 NW 99 PL

City Miami State FL Zip Code 33172

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

Name of Employer Latin Builders Association Occupation Advertising/Event Planner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2008

Transaction ID: C5131159

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)
Alejandro Bornote

Mailing Address 14614 SW 59 Terr

City Miami State FL Zip Code 33183

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

Name of Employer Roche Surety Inc. Occupation Bail Bondsman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2008

Transaction ID: C5106288

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)
Andrew H Boros

Mailing Address 535 Sabal Palm Rd

City Miami State FL Zip Code 33137

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2008

Transaction ID: C5105735

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Robert G Brier

Mailing Address 2800 Ponce De Leon Blvd.

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Occupation
Silverlane Management Inc. Real Estate

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

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C5153389

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
Alejandro Brito

Mailing Address 8790 SW 76 Street

City State Zip Code
Miami FL 33173

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

Name of Employer Occupation
Zarco Einhorn Salkowski & Brito Attorney

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

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: C5099060

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)
Sidney F. Brodie

Mailing Address 7270 NW 12th St
Ph 1

City State Zip Code
Miami FL 33126-1946

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

Name of Employer Occupation
Airport Executive Tower II Attorney

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

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C5151666

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4850.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Arlene Brummer
Mailing Address 4990 SW 86 Street
City Miami State FL Zip Code 33143
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 27 / 2008
Transaction ID: C5135606
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)
R Richard Brunetti
Mailing Address 12314 Isabella Dr.
City Bonita Springs State FL Zip Code 34135
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Real Estate
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 08 / 19 / 2008
Transaction ID: C5101090
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)
Nestor Caballero
Mailing Address 9900 S.W. 130 ST.
City Miami State FL Zip Code 33176
FEC ID number of contributing federal political committee. **C**
Name of Employer Alberni Caballero & Castellanos, LLP Occupation Accountant
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
Date of Receipt 08 / 31 / 2008
Transaction ID: C5110517
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1350.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Nestor Caballero

Mailing Address 9900 S.W. 130 ST.

City Miami State FL Zip Code 33176

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

Name of Employer: Alberni Caballero & Castellanos, LLP
Occupation: Accountant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt: 09 / 18 / 2008
Transaction ID: C5127727
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)
Bryan Campbell

Mailing Address 1015 S 13 Ave

City Hollywood State FL Zip Code 33019

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

Name of Employer: TL of Florida
Occupation: Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C5151639
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)
Gail Cardona

Mailing Address 13640 SW 102 Ln

City Miami State FL Zip Code 33186

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

Name of Employer: Capo Grp
Occupation: Secretary

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C5148757
Amount of Each Receipt this Period: 2000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Alejandro Casals

Mailing Address 12421 SW 97 St

City State Zip Code
Miami FL 33186

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

Name of Employer Department of Transportation, FL Occupation Employee

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

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

Transaction ID: C5101296

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)
Alejandro Casals

Mailing Address 12421 SW 97 St

City State Zip Code
Miami FL 33186

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

Name of Employer Department of Transportation, FL Occupation Employee

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

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

Transaction ID: C5130882

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)
Mercedes Casals

Mailing Address 12421 SW 97 St

City State Zip Code
Miami FL 33186

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

Name of Employer Xael Occupation Vice President

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

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

Transaction ID: C5101286

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) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) juanita castro</p> <p>Mailing Address 710 catalonia avenue</p> <p>City State Zip Code coral gables FL 33134</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer none Occupation retirada</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p> | <p>Date of Receipt 08 / 22 / 2008</p> <p>Transaction ID: C5102822</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) juanita castro</p> <p>Mailing Address 710 catalonia avenue</p> <p>City State Zip Code coral gables FL 33134</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer none Occupation retirada</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p> | <p>Date of Receipt 09 / 09 / 2008</p> <p>Transaction ID: C5118199</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|--|--|
| <p>C. Full Name (Last, First, Middle Initial) Floyd Chandler</p> <p>Mailing Address 660 Miller Drive</p> <p>City State Zip Code Miami Springs FL 33166</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Computer Electric Occupation Electrician</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 400.00</p> | <p>Date of Receipt 09 / 22 / 2008</p> <p>Transaction ID: C5131108</p> <p>Amount of Each Receipt this Period 200.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 1450.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 19 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Lilliam F Chisholm

Mailing Address 737 Jeronimo Drive

City State Zip Code
Coral Gables FL 33146

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

Name of Employer None Occupation Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: C5148049

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)
Lou Ann Colodny

Mailing Address 5910 SW 33 Lane

City State Zip Code
Fort Lauderdale FL 33312

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

Name of Employer Self Occupation Artist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: C5148982

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Michael Colodny

Mailing Address 5910 SW 33 Lane

City State Zip Code
Fort Lauderdale FL 33312

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

Name of Employer Colodny, Fass, Talenfeld, Karlinsky, A Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: C5148980

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **5100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Eric S Copeland

Mailing Address 3162 Commodore Plaza

City State Zip Code
Miami FL 33133

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

Name of Employer Occupation
Dade Property Tax Advisor Attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2008

Transaction ID: C5130949

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)
Amalia P Corradino

Mailing Address 10225 SW 58 Ct

City State Zip Code
Miami FL 33156

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

Name of Employer Occupation
Medical Practice Manager

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: C5148992

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Vivian P Corradino

Mailing Address 10031 SW 60th Ave

City State Zip Code
Miami FL 33156

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

Name of Employer Occupation
Self-Employed REAL ESTATE MGT.

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: C5149012

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Francisco A Costa | | Date of Receipt MM / DD / YYYY 09 / 08 / 2008 |
| Mailing Address 7101 Miami Lakes Dr., Apt Q-17 | | Transaction ID: C5114867 |
| City Miami Lakes | State FL | Zip Code 33014-6925 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Retired | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Maria De Los A Coton | | Date of Receipt MM / DD / YYYY 08 / 19 / 2008 |
| Mailing Address 9320 Fountainbleau Blvd #B401 | | Transaction ID: C5101288 |
| City Miami | State FL | Zip Code 33172 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer N/A | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Alexis Tracey Coudert | | Date of Receipt MM / DD / YYYY 09 / 09 / 2008 |
| Mailing Address 9285 SW 94th Street | | Transaction ID: C5118211 |
| City Miami | State FL | Zip Code 33176 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2300.00 |
| Name of Employer Retired | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2300.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 4300.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Cristobal De La Hoz

Mailing Address 13751 SW 113 Ln

City Miami State FL Zip Code 33186

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

Name of Employer Toby's Concession Services Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2008

Transaction ID: C5112408

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)
Pastor de la Tejera

Mailing Address 2311 SW 23 St

City Miami State FL Zip Code 33145

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 21 / 2008

Transaction ID: C5102189

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)
Miguel Del Aguila

Mailing Address 11701 SW 88 Ave

City Miami State FL Zip Code 33176

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2008

Transaction ID: C5106718

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Mario Del Valle

Mailing Address 600 Grapetree Dr Apt 6AN

City State Zip Code
Key Biscayne FL 33149

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt 08 / 26 / 2008

Transaction ID: C5106724

Amount of Each Receipt this Period 200.00

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

B.

Full Name (Last, First, Middle Initial)
Mario Del Valle

Mailing Address 600 Grapetree Dr Apt 6AN

City State Zip Code
Key Biscayne FL 33149

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt 08 / 26 / 2008

Transaction ID: C5106723

Amount of Each Receipt this Period 300.00

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

C.

Full Name (Last, First, Middle Initial)
Mario Del Valle

Mailing Address 600 Grapetree Dr Apt 6AN

City State Zip Code
Key Biscayne FL 33149

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt 08 / 26 / 2008

Transaction ID: C5106726

Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) 2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 191 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Jorge F Delgado | Date of Receipt MM / DD / YYYY 09 / 30 / 2008 |
| | Mailing Address 1001 SW 141 Ave #K102 | Transaction ID: C5148027 |
| | City State Zip Code Pembroke Pines FL 33027 | 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 Occupation None Retired | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Chelin Cremata Duran | Date of Receipt MM / DD / YYYY 09 / 30 / 2008 |
| | Mailing Address 1440 Brickell Bay Dr., Apt 402 | Transaction ID: C5151640 |
| | City State Zip Code Miami FL 33131 | 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 Occupation Padovan Realty Realtor | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3300.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Charles Dusseau | Date of Receipt MM / DD / YYYY 09 / 12 / 2008 |
| | Mailing Address 7455 Sw 122nd Street | Transaction ID: C5124451 |
| | City State Zip Code Miami FL 33156 | 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 Occupation Self Real Estate | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Steven S Eagle
Mailing Address 1040 SW 15 Ave
City Miami State FL Zip Code 33135
FEC ID number of contributing federal political committee. **C**
Name of Employer Nova Consulting Inc Occupation Engineer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 19 / 2008
Transaction ID: C5100626
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)
Maria Echaveste
Mailing Address 1511 Arch St
City Berkeley State CA Zip Code 94708
FEC ID number of contributing federal political committee. **C**
Name of Employer NVG, LLC Occupation consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 15 / 2008
Transaction ID: C5123839
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)
Sean Ellsworth
Mailing Address 400 South Pointe Drive Unit 2007
City Miami Beach State FL Zip Code 33139
FEC ID number of contributing federal political committee. **C**
Name of Employer Ellsworth Law Firm, P.A. Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 25 / 2008
Transaction ID: C5105777
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Raul Enriquez

Mailing Address 11670 SW 28th Street

City Miami State FL Zip Code 33165

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

Name of Employer Marine Trailer Enterprises Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2008

Transaction ID: C5124800

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)
Maria C Escarpio

Mailing Address 2820 SW 101 Ct

City Miami State FL Zip Code 33165

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

Name of Employer Heavenly Hands Home Health Agency, LLC Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2008

Transaction ID: C5106293

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)
Joseph Lee Falk

Mailing Address 1770 Micanopy Ave

City Coconut Grove State FL Zip Code 33133-3323

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

Name of Employer Akerman Senterfitt Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4300.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C5151668

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Mindy Abrams Fernandez

Mailing Address 8100 Old Cutler Rd

City State Zip Code
Coral Gables FL 33143-6212

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

Name of Employer Occupation
Miami Dade School District Teacher

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

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: C5105747

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)
Daniel Foodman

Mailing Address 251 Crandon Blvd. Apt. 222

City State Zip Code
Key Biscayne FL 33149

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

Name of Employer Occupation
Ferrell Law, P.A. Attorney

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

Date of Receipt
MM / DD / YYYY
09 / 02 / 2008

Transaction ID: C5111459

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)
H Collins Forman, Jr

Mailing Address 2626 NE 16 St

City State Zip Code
Fort Lauderdale FL 33304

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

Name of Employer Occupation
Self Attorney

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

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C5151672

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 28 / 191 |
| | (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)
Raul Martinez for Congress

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Lewis B Freeman | Date of Receipt MM / DD / YYYY 08 / 22 / 2008 |
| | Mailing Address 3225 Aviation Ave #501 | Transaction ID: C5102858 |
| | City State Zip Code Miami FL 33133 | 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 Occupation Lewis B Freeman & Partners Consultant | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Daniel French | Date of Receipt MM / DD / YYYY 08 / 19 / 2008 |
| | Mailing Address 6384 SW 31 St | Transaction ID: C5101291 |
| | City State Zip Code Miami FL 33155 | 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 Occupation International Style Sport, Inc. President | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Digna B French | Date of Receipt MM / DD / YYYY 08 / 19 / 2008 |
| | Mailing Address 6384 SW 31 St | Transaction ID: C5101294 |
| | City State Zip Code Miami FL 33155 | 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 Occupation International Style Sports, Inc. Vice President | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 191 |
| | (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 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Elena R Freyre | Date of Receipt MM / DD / YYYY 08 / 19 / 2008 |
| | Mailing Address 2025 Brickell Ave # 901 | Transaction ID: C5101285 |
| | City State Zip Code Miami FL 33129 | 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 Occupation JJ & S Fine Arts Owner | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Alex E Galvez | Date of Receipt MM / DD / YYYY 09 / 12 / 2008 |
| | Mailing Address 1020 Andalusia AVE | Transaction ID: C5123936 |
| | City State Zip Code Coral Gables FL 33134 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Cogent Companies Developer | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2300.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Ana R Garcia | Date of Receipt MM / DD / YYYY 09 / 30 / 2008 |
| | Mailing Address 5104 NW 114 Plce | Transaction ID: C5148651 |
| | City State Zip Code Miami FL 33178 | 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 Occupation Self Event Coordinator | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1200.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 30 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Carlos M Garcia

Mailing Address 6710 SW 120 St

City State Zip Code
Pinecrest FL 33156

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

Name of Employer Self Occupation Real Estate

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 3 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: C5149350

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)
Jose M Garcia

Mailing Address PO box 402566

City State Zip Code
Miami Beach FL 33140

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

Name of Employer Archon Consulting Occupation Attorney

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 3 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: C5149352

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)
Oscar Garcia

Mailing Address 255 University Drive

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Garcia Architects Occupation Architect

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: C5129742

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Judith Garcia Prado
Mailing Address 1065 East 14 St
City Hialeah State FL Zip Code 33010
FEC ID number of contributing federal political committee. **C**
Name of Employer Tele-Miami Occupation Vice President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 18 / 2008
Transaction ID: C5127729
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)
Manuel Gocende
Mailing Address 7915 NW 164 Ter
City Miami Lakes State FL Zip Code 33016
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Aero Support Inc
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 16 / 2008
Transaction ID: C5125025
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)
Nemesio M Gomez
Mailing Address 9005 SW 138 Street Unit A
City Miami State FL Zip Code 33176
FEC ID number of contributing federal political committee. **C**
Name of Employer Nova Consulting Inc. Occupation Construction Manager
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 19 / 2008
Transaction ID: C5100633
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) ► 4000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Ismael V Gonzalez

Mailing Address 19300 W Saint Andrew Dr

City Miami State FL Zip Code 33015

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

Name of Employer Self Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2008

Transaction ID: C5131203

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)
Juan C Gonzalez

Mailing Address 14641 SW 33 Ct

City Miramar State FL Zip Code 33027

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

Name of Employer Self-Employed Occupation Construction/Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2008

Transaction ID: C5131204

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)
Juan I Gonzalez

Mailing Address 17000 NW 67 Ave #146

City Hialeah State FL Zip Code 33015

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2008

Transaction ID: C5131206

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
NEIL GOODMAN
Mailing Address P.O. BOX 80-0146
City AVENTURA State FL Zip Code 33280
FEC ID number of contributing federal political committee. **C**
Name of Employer AVENTURA WORLDWIDE Occupation SELF EMPLOYED
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 09 / 27 / 2008
Transaction ID: C5135648
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)
TONI GOODMAN
Mailing Address 3780 NE 207 TERRACE
City AVENTURA State FL Zip Code 33180
FEC ID number of contributing federal political committee. **C**
Name of Employer AVENTURA LIMOUSINE SERV Occupation SELF EMPLOYED
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 09 / 27 / 2008
Transaction ID: C5135649
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)
Congressman William H Gray, III
Mailing Address 5256 Fischer Island Dr.
City Miami Beach State FL Zip Code 33109
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Congressman
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 08 / 19 / 2008
Transaction ID: C5100539
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 34 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

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

Mailing Address Ambassador Plaza
6447 MIAMI LAKES DRIVE ,SUITE 101

City Miami Lakes State FL Zip Code 33014

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

Name of Employer Richard W. Gross, P.A. Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 08 / 21 / 2008
Transaction ID: C5102323
 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)
Lois G Gunther

Mailing Address 1901 Avenue of the Stars
No 620 310-552-354

City Los Angeles State CA Zip Code 90067

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

Name of Employer NA Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 23 / 2008
Transaction ID: C5131150
 Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Richard Gunther

Mailing Address 1901 Avenue of the Stars
No 620 310-552-354

City Los Angeles State CA Zip Code 90067

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

Name of Employer Self-Employed Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 23 / 2008
Transaction ID: C5131144
 Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Marta Gutierrez

Mailing Address 15 Evergreen Lane

City State Zip Code
Colts Neck NJ 07722

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

Name of Employer Occupation
None Homemaker

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

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

Transaction ID: C5106714

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)
Edward P Guttenmacher

Mailing Address 7301 SW 57 CT Ste 560

City State Zip Code
South Miami FL 33143

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

Name of Employer Occupation
Guttenmacher, Bohatch & Barrinaga-Burc Attorney

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

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

Transaction ID: C5105770

Amount of Each Receipt this Period
300.00

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

C.

Full Name (Last, First, Middle Initial)
Francisco J Hernandez

Mailing Address 8201 SW 100 St

City State Zip Code
Miami FL 33156

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

Name of Employer Occupation
Cuban American National Foundation (CA) Executive

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

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

Transaction ID: C5106730

Amount of Each Receipt this Period
2000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 36 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Michael Hernandez

Mailing Address 3663 SW 8 Street
Suite 200

City Miami State FL Zip Code 33135

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

Name of Employer Balseira Communications Occupation Public Affairs Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 12 / 2008
Transaction ID: C5124015
 Amount of Each Receipt this Period 200.00

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

B. Full Name (Last, First, Middle Initial)
Jose M Herrera

Mailing Address 8550 W Flagler St Suite 103

City Miami State FL Zip Code 33144

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C5148774
 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)
Cristina Herrero

Mailing Address 1410 Ferdinand St

City Coral Gables State FL Zip Code 33134

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

Name of Employer Miami-Dade County Public Schools Occupation Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 310.00

Date of Receipt 09 / 12 / 2008
Transaction ID: C5124017
 Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Jorge Hidalgo
Mailing Address 5100 SW 130th Ave
City State Zip Code
Southwest Ranches FL 33330
FEC ID number of contributing federal political committee. **C**
Name of Employer Equa Tours Occupation Travel Agent
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 09 / 17 / 2008
Transaction ID: C5125814
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Hogan
Mailing Address 701 Brickell Avenue Suite 3000
City State Zip Code
Miami FL 33131
FEC ID number of contributing federal political committee. **C**
Name of Employer Holland & Knight LLP Occupation Lawyer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 08 / 25 / 2008
Transaction ID: C5105791
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)
Sylvan Holtzman
Mailing Address The Holtzman Group 2121 Ponce De Leon Blvd.
City State Zip Code
Coral Gables FL 33134
FEC ID number of contributing federal political committee. **C**
Name of Employer The Holtzman Group Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 09 / 12 / 2008
Transaction ID: C5122316
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) ► 2500.00
TOTAL This Period (last page this line number only) ►

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 38 / 191 |
| | (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)
Raul Martinez for Congress

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Luis Inclan | | Date of Receipt MM / DD / YYYY 09 / 12 / 2008 |
| Mailing Address 12252 SW 128th St | | Transaction ID: C5124457 |
| City Miami | State FL | Zip Code 33186 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer Contractor | Occupation Self | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Emil R Infante | | Date of Receipt MM / DD / YYYY 09 / 12 / 2008 |
| Mailing Address 1121 Hardee Rd. | | Transaction ID: C5124875 |
| City Coral Gables | State FL | Zip Code 33146 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Adolfo E Jimenez | | Date of Receipt MM / DD / YYYY 08 / 26 / 2008 |
| Mailing Address 4437 Post Ave | | Transaction ID: C5106712 |
| City Miami Beach | State FL | Zip Code 33140 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Holland & Knight | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 950.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Clayton R Kaeiser

Mailing Address 2501 Brickell Ave Unit 1106

City State Zip Code
Miami FL 33129

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

Name of Employer Self Occupation
Attorney

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

Date of Receipt

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

Transaction ID: C5106284

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)
Emanuel Kapetanakis

Mailing Address 8220 W 30 Ct

City State Zip Code
Hialeah FL 33018

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

Name of Employer Kape Industrial Park Inc Occupation
Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C5145846

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)
Fred Karlton

Mailing Address 1800 Purdy Ave Ste 2

City State Zip Code
Miami Beach FL 33139-1421

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

Name of Employer Karlton Properties Occupation
Real Estate

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

Date of Receipt

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

Transaction ID: C5121157

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Mark Klein
 Mailing Address 1841 NE 65th St.
 City State Zip Code
 Fort Lauderdale FL 33308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sunshine Cleaning Systems Vice President
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 02 / 2008
Transaction ID: C5111461
 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)
Clement J Kong
 Mailing Address 2340 J Street
 City State Zip Code
 Sacramento CA 95816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Attorney
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2008
Transaction ID: C5153387
 Amount of Each Receipt this Period
 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stuart R Korshak
 Mailing Address 1640 Sepulveda Blvd. Ste 520
 City State Zip Code
 Los Angeles CA 90025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Attorney
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2008
Transaction ID: C5153380
 Amount of Each Receipt this Period
 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5600.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Black Lea

Mailing Address 832 S Greenway Drive

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Occupation
None Not employed

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C5131129

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)
K. William Leffland

Mailing Address 610 Valencia Ave., Apt. 302

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Occupation
None Retired

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

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

Transaction ID: C5102785

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)
Eddy B Levy

Mailing Address 1581 Brickell Ave #1803

City State Zip Code
Miami FL 33129

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

Name of Employer Occupation
Jewish Solidarity Chairman

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

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

Transaction ID: C5101300

Amount of Each Receipt this Period
2000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 191 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | | |
|---|---|-------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Xiomara Levy | | Date of Receipt |
| | Mailing Address 1581 Brickell Ave # 1803 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 1 9 / 2 0 0 8 |
| | City | State | Zip Code |
| | Miami | FL | 33129 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5101304 |
| Name of Employer Xael Travel | | Occupation President & CEO | Amount of Each Receipt this Period |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 2000.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|-------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Xiomara Levy | | Date of Receipt |
| | Mailing Address 1581 Brickell Ave # 1803 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 9 / 2 2 / 2 0 0 8 |
| | City | State | Zip Code |
| | Miami | FL | 33129 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5130885 |
| Name of Employer Xael Travel | | Occupation President & CEO | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 1000.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|----------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Allen Lindow | | Date of Receipt |
| | Mailing Address 3902 Coral Heights Terrace | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 5 / 2 0 0 8 |
| | City | State | Zip Code |
| | Oakland Park | FL | 33308 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5112406 |
| Name of Employer C B Ricahrd Ellis | | Occupation Industrial Advisor | Amount of Each Receipt this Period |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 3500.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 191

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

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

Mailing Address 8842 West Flagler St #104

City Miami State FL Zip Code 33174

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C5148653

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)
Carlos Alberto Lopez, Jr.

Mailing Address 2333 Brickell Ave Ste A-1

City Miami State FL Zip Code 33129

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2008

Transaction ID: C5105779

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)
Cesar Lopez

Mailing Address 2600 Cardena St. #1

City Coral Gables State FL Zip Code 33134

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Poet Epic

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 03 / 2008

Transaction ID: C5112288

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) 3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Lourdes Lorida

Mailing Address 881 Ocean Dr
Apt 7B

City State Zip Code
Key Biscayne FL 33149

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

Name of Employer Self-Employed Occupation
Pharmaceutical Rep

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

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: C5124022

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)
Martinez Louis

Mailing Address 1713 SW 104 Place

City State Zip Code
Miami FL 33134

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

Name of Employer Self Occupation
Attorney

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

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: C5106052

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)
Norbert Machado

Mailing Address 1900 Sunset Harbour Dr #1503

City State Zip Code
Miami Beach FL 33139

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

Name of Employer EWM Realtors Inc Occupation
Managing Broker

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

Date of Receipt
MM / DD / YYYY
09 / 04 / 2008

Transaction ID: C5112875

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 45 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Israel Marmol
Mailing Address 16250 NW 159 Ave #207
City Miami Lakes State FL Zip Code 33014
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 08 / 26 / 2008
Transaction ID: C5106715
Amount of Each Receipt this Period: 500.00

Name of Employer: Marmol & Son Inc. Occupation: Director
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Fernando E Martinez
Mailing Address 8105 SW 74th St
City Miami State FL Zip Code 33143-3901
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 09 / 30 / 2008
Transaction ID: C5148657
Amount of Each Receipt this Period: 500.00

Name of Employer: Self Occupation: Investor / Businessman
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date: 500.00

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

C. Full Name (Last, First, Middle Initial)
Graciela Martinez
Mailing Address 241 Cape Florida Dr
City Key Biscayne State FL Zip Code 33149-2710
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 09 / 30 / 2008
Transaction ID: C5148738
Amount of Each Receipt this Period: 1000.00

Name of Employer: Retired Occupation: Retired
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date: 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Jose A Martinez

Mailing Address 3350 SW 153 PI

City Miami State FL Zip Code 33185

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

Name of Employer DirectV Occupation Installations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 300.00

Transaction ID: C5101352

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

B.

Full Name (Last, First, Middle Initial)
Miriam Teresa Martinez

Mailing Address 960 Lugo Ave

City Coral Gables State FL Zip Code 33156-6323

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

Name of Employer System One Occupation General Office

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 1000.00

Transaction ID: C5122416

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

C.

Full Name (Last, First, Middle Initial)
Nestor A Martinez

Mailing Address 1559 W 78 Street

City Hialeah State FL Zip Code 33014

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

Name of Employer NECA I BLD, LLC Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 1000.00

Transaction ID: C5114868

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

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Byron B Mathews, Jr.

Mailing Address 410 W 24th St
Apt 2H

City State Zip Code
New York NY 10011-1369

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

Name of Employer Retired
Occupation Retired

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

Date of Receipt

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

Transaction ID: C5145764

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
John Maybank

Mailing Address 525 East Bay Street
Suite 201

City State Zip Code
Charleston SC 29403

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

Name of Employer Maybank Industries
Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C5130212

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)
Gregory McIntosh

Mailing Address PO Box 161000

City State Zip Code
Fort Lauderdale FL 33346

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

Name of Employer Tidal Wave Properties
Occupation Consultant

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

Date of Receipt

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

Transaction ID: C5151687

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Terence McKinley, Esq.
Mailing Address 10765 SW 133rd Ter

City State Zip Code
Miami FL 33176-6047

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

Name of Employer Occupation
Parsons, Odebrecht, J.V. General Counsel

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2008

Transaction ID: C5127720

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)
Mabelys D Melton
Mailing Address 3430 Poinciana Ave

City State Zip Code
Coconut Grove FL 33133

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

Name of Employer Occupation
Self-Employed Funnrnture Retail

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2008

Transaction ID: C5127718

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)
Suzanne R Meltzer
Mailing Address 50 North Hibiscus Drv

City State Zip Code
Miami Beach FL 33139

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

Name of Employer Occupation
None Homemaker

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: C5151691

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Armando Mendez

Mailing Address 6804 Gleneagle Dr

City State Zip Code
Miami Lakes FL 33014-6506

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

Name of Employer Occupation
Dynasty Apparel Industries Inc CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2008

Transaction ID: C5167859

Amount of Each Receipt this Period
1000.00

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

* In-Kind: Dynasty Apparel - Polo Shirts

B.

Full Name (Last, First, Middle Initial)
Martin Mendiola

Mailing Address 3282 Riviera Dr

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Occupation
Self Investor

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

Date of Receipt
MM / DD / YYYY
08 / 22 / 2008

Transaction ID: C5102763

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)
Ana M Menendez

Mailing Address 5601 Collins Ave #514

City State Zip Code
Miami Beach FL 33140

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

Name of Employer Occupation
Construction Catering Accountant

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

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C5148661

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 / 191 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
James C Merrill, III

Mailing Address PO Box 011980

City Miami State FL Zip Code 33101

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

Name of Employer Merrill Stevens Occupation Marine Services

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C5164603

Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
John M Milledge

Mailing Address 110 Southeast 6th Street

City Fort Lauderdale State FL Zip Code 33301

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C5153379

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)
Maria J Molina

Mailing Address 10486 NW 31 Terr

City Miami State FL Zip Code 33172

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

Name of Employer Nova Consulting Inc. Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 08 / 19 / 2008

Transaction ID: C5100643

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► 3800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Maria J Molina | | Date of Receipt MM / DD / YYYY 08 / 19 / 2008 |
| Mailing Address 10486 NW 31 Terr | | Transaction ID: C5100639 |
| City Miami | State FL | Zip Code 33172 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2300.00 |
| Name of Employer Nova Consulting Inc. | Occupation Engineer | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4600.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Oscar M Molina | | Date of Receipt MM / DD / YYYY 08 / 19 / 2008 |
| Mailing Address 2532 Eagle Run Ct | | Transaction ID: C5100647 |
| City Weston | State FL | Zip Code 33327 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2300.00 |
| Name of Employer Self | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4600.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Oscar M Molina | | Date of Receipt MM / DD / YYYY 08 / 19 / 2008 |
| Mailing Address 2532 Eagle Run Ct | | Transaction ID: C5100649 |
| City Weston | State FL | Zip Code 33327 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2300.00 |
| Name of Employer Self | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4600.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 6900.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 52 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Jorge Monteagudo
Mailing Address 2720 SW 130 Ave
City Miami State FL Zip Code 33175
FEC ID number of contributing federal political committee. **C**
Name of Employer Jorge's Pharmacy Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 30 / 2008
Transaction ID: C5148666
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)
Victor J. Monzon-Aguirre
Mailing Address PO Box 453335
City Miami State FL Zip Code 33245-3335
FEC ID number of contributing federal political committee. **C**
Name of Employer MAX International Occupation Principal
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 17 / 2008
Transaction ID: C5127715
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)
Santiago Morales
Mailing Address 10900 NW 30 Street
City Doral State FL Zip Code 33172
FEC ID number of contributing federal political committee. **C**
Name of Employer Maxiforce Inc. Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 22 / 2008
Transaction ID: C5102781
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) ► **1750.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 53 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Alfredo Murciano, MD
Mailing Address 330 Casuarina Concourse
City coral gables State FL Zip Code 33143
FEC ID number of contributing federal political committee. **C**
Name of Employer alfredo murciano md pa Occupation physician
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3300.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C5151696
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Enrique Murciano
Mailing Address 16000 Ventura Blvd. # 600
City Encino State CA Zip Code 91436
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Actor
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C5153375
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)
Alexander E Napoles
Mailing Address 4035 SW 98 Ave
City Miami State FL Zip Code 33165
FEC ID number of contributing federal political committee. **C**
Name of Employer Alex Exterminating Occupation Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C5148771
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 191
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Carl Nelson

Mailing Address 41 Young Road

City State Zip Code
Weston MA 02493

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

Name of Employer
Integrity Interactive

Occupation
Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2008

Transaction ID: C5123831

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)
Amarilis Osorio

Mailing Address 15 West Star Island Dr

City State Zip Code
Miami Beach FL 33139

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

Name of Employer
InnoVida

Occupation
Philanthropist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2008

Transaction ID: C5112417

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Melinda G P'Pool

Mailing Address 3316 NW 42 Ct

City State Zip Code
Fort Lauderdale FL 33308

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

Name of Employer
None

Occupation
Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: C5149030

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **6600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Donahue Peebles

Mailing Address The Peebles Corporation
550 Biltmore Way

City State Zip Code
Coral Gables FL 33143

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

Name of Employer Occupation
The Peebles Corporation Chairman & CEO

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

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

Transaction ID: C5130958

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Allen P Pegg

Mailing Address 2 Alhambra Plaza
Penthouse 1B

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Occupation
Mural, Wald, Biondo, Mo-reno & Brochi Attorney

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

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

Transaction ID: C5124432

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Maria Luisa Pellon Menendez

Mailing Address 13445 SW 20 Ter

City State Zip Code
Miami FL 33175

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

Name of Employer Occupation
None Retired

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

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: C5148742

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) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 191
(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)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Paul F Penichet
Mailing Address 5911 SW 82 St
City Miami State FL Zip Code 33143
FEC ID number of contributing federal political committee. **C**
Name of Employer Penichet At Law Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 08 / 26 / 2008
Transaction ID: C5106287
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)
Esther Percal
Mailing Address 6330 Pinetree Dr
City Miami Beach State FL Zip Code 33141
FEC ID number of contributing federal political committee. **C**
Name of Employer TIAS Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 08 / 25 / 2008
Transaction ID: C5105757
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)
Joe Perez
Mailing Address 3760 Kilroy Airport Way
City Long Beach State CA Zip Code 90806
FEC ID number of contributing federal political committee. **C**
Name of Employer J Perez & Associates Occupation Ad Agency Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 09 / 24 / 2008
Transaction ID: C5151858
Amount of Each Receipt this Period: 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 57 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Marta Perez

Mailing Address 123 Knickerbocker Road

City Tenafly State NJ Zip Code 07670

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

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 08 / 26 / 2008
Transaction ID: C5106734
 Amount of Each Receipt this Period: 2300.00

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

B. Full Name (Last, First, Middle Initial)
Marta Perez

Mailing Address 123 Knickerbocker Road

City Tenafly State NJ Zip Code 07670

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

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 08 / 26 / 2008
Transaction ID: C5106735
 Amount of Each Receipt this Period: 1700.00

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

C. Full Name (Last, First, Middle Initial)
Anne Platt

Mailing Address 1771 SE 9 St

City Fort Lauderdale State FL Zip Code 33316

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1160.78

Date of Receipt: 09 / 17 / 2008
Transaction ID: C5129744
 Amount of Each Receipt this Period: 100.00

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

SUBTOTAL of Receipts This Page (optional) ► 4100.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 58 / 191
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
George I Platt
Mailing Address 1771 SE 9th Street
City Fort Lauderdale State FL Zip Code 33316-1415
FEC ID number of contributing federal political committee. C

Date of Receipt 08 / 25 / 2008
Transaction ID: C5112411
Amount of Each Receipt this Period 300.00

Name of Employer Shutts & Bowen Occupation Partner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1474.50

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

B. Full Name (Last, First, Middle Initial)
George I Platt
Mailing Address 1771 SE 9th Street
City Fort Lauderdale State FL Zip Code 33316-1415
FEC ID number of contributing federal political committee. C

Date of Receipt 09 / 17 / 2008
Transaction ID: C5127716
Amount of Each Receipt this Period 100.00

Name of Employer Shutts & Bowen Occupation Partner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1474.50

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

C. Full Name (Last, First, Middle Initial)
J.L. Plummer, Jr.
Mailing Address 2666 Halissee Street
City Miami State FL Zip Code 33133
FEC ID number of contributing federal political committee. C

Date of Receipt 08 / 19 / 2008
Transaction ID: C5100554
Amount of Each Receipt this Period 250.00

Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

SUBTOTAL of Receipts This Page (optional) 650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Karma Prieto
Mailing Address 9361 SW 54 ST
City Miami State FL Zip Code 33165
FEC ID number of contributing federal political committee. **C**
Name of Employer KP Solutions, Inc. Occupation Marketing
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1300.00
Date of Receipt 08 / 19 / 2008
Transaction ID: C5100630
Amount of Each Receipt this Period 1300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Odalys B Prieto Arnback
Mailing Address 3301 SW 81 Ave
City Miami State FL Zip Code 33155
FEC ID number of contributing federal political committee. **C**
Name of Employer Construction Catering Occupation Business Manager/ Catering
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C5148701
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)
Rose Pujol
Mailing Address 2455 South Bayshore Dr
City Coconut Grove State FL Zip Code 33133
FEC ID number of contributing federal political committee. **C**
Name of Employer RP Technologíes Inc Occupation Contractor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C5164601
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2800.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Esther Quinon

Mailing Address 2333 Brickell Ave Suite A-1

City State Zip Code
Miami FL 33129

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

Name of Employer Occupation
Law Offices of Jose M Qui-non Office Manager

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

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: C5106077

Amount of Each Receipt this Period
250.00

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

* In-Kind: Tio Fiesta Restaurant 6616 SW 24 St Miami 08/22 Fundraiser

B.

Full Name (Last, First, Middle Initial)
Jose Quinon

Mailing Address 2333 Brickell Ave # A-1
10000 SW 66 Street., Miami (Home)

City State Zip Code
Miami FL 33129

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

Name of Employer Occupation
Self Attorney

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

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: C5106056

Amount of Each Receipt this Period
1600.00

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

* In-Kind: Tio Fiesta 6616 SW 24 St Miami Restaurant for Fundraiser 08/22/08

C.

Full Name (Last, First, Middle Initial)
Frank Quintero, jr., P.A.

Mailing Address 2199 Ponce de Leon
Merrick Plaza Ste 2-01

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Occupation
Frank Quintero, jr. PA Attorney

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

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: C5105753

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Manuel A Reboso

Mailing Address 9855 SW 92 Ave

City Miami State FL Zip Code 33176

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

Name of Employer: Rossman, Baumgerger Reboso Spier & Con
Occupation: Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C5151658
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)
Carlos Reyes

Mailing Address 10025 nw 46 st apt 201

City Doral State FL Zip Code 33178

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

Name of Employer: World Brands International
Occupation: Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 09 / 12 / 2008
Transaction ID: C5124880
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)
Maria Teresa Rios

Mailing Address 8360 W Flagler St Ste 200

City Miami State FL Zip Code 33144

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

Name of Employer: Lima & Rios
Occupation: Accountant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C5148988
Amount of Each Receipt this Period: 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Lisett M Rivero

Mailing Address 10809 NW 84 St

City State Zip Code
Doral FL 33178

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

Name of Employer Occupation
Citrus Health Center Secretary

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C5148672

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)
Orlando Rivero

Mailing Address 15250 Durnford Dr

City State Zip Code
Hialeah FL 33014

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

Name of Employer Occupation
Self Investor

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2008

Transaction ID: C5105801

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)
Alberto Rodriguez

Mailing Address 15428 SW 169 Ln

City State Zip Code
Miami FL 33187

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

Name of Employer Occupation
Trias Flowers Employee

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2008

Transaction ID: C5101667

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 191
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Oscar S Rodriguez

Mailing Address 4000 Riviera Drive

City State Zip Code
Coral Gables FL 33146

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

Name of Employer Self Occupation
Attorney at Law

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

Date of Receipt
MM / DD / YYYY
08 / 22 / 2008

Transaction ID: C5102769

Amount of Each Receipt this Period
350.00

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

B.

Full Name (Last, First, Middle Initial)
Oscar J Rodriguez

Mailing Address 881 Ocean Drive #7B

City State Zip Code
Key Biscayne FL 33149

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

Name of Employer Self Occupation
Attorney

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

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: C5105764

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)
Oscar S Rodriguez

Mailing Address 4000 Riviera Drive

City State Zip Code
Coral Gables FL 33146

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

Name of Employer Self Occupation
Attorney at Law

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

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: C5105772

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 / 191 |
| | <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)
Raul Martinez for Congress

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Ramon Rodriguez | | Date of Receipt MM / DD / YYYY 09 / 12 / 2008 |
| Mailing Address 3640 SW 130th Ave | | Transaction ID: C5124884 |
| City Miami | State FL | Zip Code 33175-2822 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Reys Pizza | Occupation President | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) William Rodriguez | | Date of Receipt MM / DD / YYYY 09 / 19 / 2008 |
| Mailing Address 3195 W 72 St | | Transaction ID: C5167879 |
| City Hialeah | State FL | Zip Code 33018 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 351.21 |
| Name of Employer Raul Martinez for Congress | Occupation Field Organizer | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 351.21 | |

* In-Kind: Home Depot - Tools for Building Signs

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Felix Rosabal Sr. | | Date of Receipt MM / DD / YYYY 09 / 09 / 2008 |
| Mailing Address 9200 SW 80th Terrace | | Transaction ID: C5115493 |
| City Miami | State FL | Zip Code 33173 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self employed | Occupation steel fabricator | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1101.21 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Leocadia E Rosado

Mailing Address 2621 SW 63 Ave

City Miami State FL Zip Code 33155

FEC ID number of contributing federal political committee. C

Name of Employer R & E Homes Occupation Builder

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C5148037

Amount of Each Receipt this Period 300.00

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

B.

Full Name (Last, First, Middle Initial)
Susan M Rosales

Mailing Address 10210 Collins Ave Unit 106

City Bal Harbour State FL Zip Code 33154-1435

FEC ID number of contributing federal political committee. C

Name of Employer Law Offices of Susan Rosales Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C5148032

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)
Michael A Rosen

Mailing Address 5745 SW 116 St

City Coral Gables State FL Zip Code 33156

FEC ID number of contributing federal political committee. C

Name of Employer Fowler Rodríguez Valdes-Fauli Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2008

Transaction ID: C5102767

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Jorge Rosenblut

Mailing Address 3851 Crawford Ave

City Miami State FL Zip Code 33133

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

Name of Employer Terra Group Occupation Vice Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C5151706
 Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
Stephen Rossman

Mailing Address 5340 Bayan Dr

City Coral Gables State FL Zip Code 33158

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

Name of Employer Rossman, Baumberger, Rebo-so, Spier & C Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C5151662
 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)
Alexander Ruiz

Mailing Address 4300 SW 153 Ave

City Miramar State FL Zip Code 33027

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

Name of Employer Real Capital Consulting Occupation Financial Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C5151664
 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) ► **4300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Olga M Saladrigas

Mailing Address 11000 sw 83 aVE

City State Zip Code
Miami FL 33156

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 08 / 26 / 2008

Transaction ID: C5106295

Amount of Each Receipt this Period 2300.00

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

B.

Full Name (Last, First, Middle Initial)
Felix L Sanchez

Mailing Address 1480 W 5th Ct

City State Zip Code
Hialeah FL 33010-2935

FEC ID number of contributing federal political committee. C

Name of Employer Fedan Tires Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 12 / 2008

Transaction ID: C5124881

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)
Mark Scott

Mailing Address 1770 Micanopy Ave

City State Zip Code
Coconut Grove FL 33133

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C5151712

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) 5100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
greg selkoe

Mailing Address 453 Washington Street

City Boston State MA Zip Code 02111

FEC ID number of contributing federal political committee. C

Name of Employer Karmaloop Inc Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 04 / 2008

Transaction ID: C5113436

Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
Richard P Shea

Mailing Address 52 Margin St

City Cohasset State MA Zip Code 02025

FEC ID number of contributing federal political committee. C

Name of Employer Momenta Pharmaceuticals Occupation Finance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 09 / 25 / 2008

Transaction ID: C5134138

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)
Richard P Shea

Mailing Address 52 Margin St

City Cohasset State MA Zip Code 02025

FEC ID number of contributing federal political committee. C

Name of Employer Momenta Pharmaceuticals Occupation Finance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C5146624

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 2800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 191 |
| | (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"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Yvonne Soler - McKinley | Date of Receipt MM / DD / YYYY 09 / 17 / 2008 |
| | Mailing Address 10765 SW 133rd Ter | Transaction ID: C5127722 |
| | City Miami State FL Zip Code 33176-6047 | 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 Self Occupation Consultant | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Neal R. Sonnett, P.A. | Date of Receipt MM / DD / YYYY 08 / 25 / 2008 |
| | Mailing Address Two South Biscayne Boulevard Suite 2600 | Transaction ID: C5106177 |
| | City Miami State FL Zip Code 33131-1804 | 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 Neal R. Sonnett, P.A. Occupation Attorney | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Kathryn Ann Sorenson | Date of Receipt MM / DD / YYYY 09 / 02 / 2008 |
| | Mailing Address 13200 SW 69 Ave | Transaction ID: C5112366 |
| | City Miami State FL Zip Code 33156 | 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 Miami Dade County Occupation Commissioner | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 / 191 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) John Sosa | Date of Receipt MM / DD / YYYY 08 / 21 / 2008 |
| | Mailing Address 825 Brickell Bay Drive, #1950 | Transaction ID: C5102174 |
| | City State Zip Code Miami FL 33131 | 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 John C. Sosa, PL Occupation Attorney at Law Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Judith Stern | Date of Receipt MM / DD / YYYY 09 / 17 / 2008 |
| | Mailing Address 808 E Las Olas BLVD #103 | Transaction ID: C5125818 |
| | City State Zip Code Ft Lauderdale FL 33301 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Self Occupation Consultant Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Gustave Stinfil | Date of Receipt MM / DD / YYYY 09 / 30 / 2008 |
| | Mailing Address 6770 NW 109 Ct | Transaction ID: C5148756 |
| | City State Zip Code Doral FL 33178-3734 | Amount of Each Receipt this Period 1500.00 |
| | 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 Stinfil Enterprises Occupation Business Manager Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 4300.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Mario J Suarez

Mailing Address 815 SE 10 PI

City Hialeah State FL Zip Code 33010

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2008

Transaction ID: C5145753

Amount of Each Receipt this Period 400.00

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

B. Full Name (Last, First, Middle Initial)
Peter Suarez

Mailing Address 4592 SW 159 PI

City Miami State FL Zip Code 33185

FEC ID number of contributing federal political committee. C

Name of Employer Vitale, PA Occupation Office Manger & Legal Assistant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2008

Transaction ID: C5105788

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)
Victor Suarez, Jr

Mailing Address 1045 NW 128 Ct

City Miami State FL Zip Code 33182

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2008

Transaction ID: C5124878

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Stephen B Sullivan

Mailing Address 1508 Cherokee Rd

City State Zip Code
Louisville KY 40205-1122

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

Name of Employer Occupation
Corradino Group CFO

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: C5149020

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Richard R Swann

Mailing Address 750 Gatlin Ave

City State Zip Code
Orlando FL 32806

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

Name of Employer Occupation
Self-Employed Attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2008

Transaction ID: C5127726

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Maria Elena Torano

Mailing Address 2 Grove Isle Dr #1601

City State Zip Code
Miami FL 33133

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

Name of Employer Occupation
Retired retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: C5149354

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) ► **5600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Marlen Torres

Mailing Address 2555 Collins Ave #308

City Miami Beach State FL Zip Code 33140

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C5148674

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)
Roberto Torres

Mailing Address 2555 Collins Ave Apt 308

City Miami Beach State FL Zip Code 33140-4757

FEC ID number of contributing federal political committee. C

Name of Employer Guajiro Records Occupation Singer Muscian

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C5148772

Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Adalberto D Tosca

Mailing Address 3402 W Ellicott St

City Tampa State FL Zip Code 33614

FEC ID number of contributing federal political committee. C

Name of Employer Tosca Attoarney At Law Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2008

Transaction ID: C5112363

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Raul G Valdes-Fauli

Mailing Address 6103 Aqua Ave #402

City Miami Beach State FL Zip Code 33141

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

Name of Employer Colonial Bank Occupation Executive VP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: C5102861

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

B.

Full Name (Last, First, Middle Initial)
Myriam Jeannette Varela

Mailing Address 27 Star Island

City Miami Beach State FL Zip Code 33139

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

Name of Employer Florida Equipment & Parts Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: C5112413

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

C.

Full Name (Last, First, Middle Initial)
Manuel Vazquez

Mailing Address Gables International Plaza Fifth F
2655 le Jeune Road

City Coral Gables State FL Zip Code 33134

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

Name of Employer Manuel Vazquez, PA Occupation Attorney at Law

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: C5106721

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 191

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Anthony C Vitale

Mailing Address 233 Brickell Ave Ste 1

City State Zip Code
Miami FL 33129

FEC ID number of contributing federal political committee. C

Name of Employer: The Health Law Office of A Vitale
Occupation: Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2878.33

Date of Receipt 08 / 25 / 2008

Transaction ID: C5106073

Amount of Each Receipt this Period 578.33

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

* In-Kind: Tio Fiesta Restaurant 6616 SW 24 St Miami Fundraiser 08/22

B.

Full Name (Last, First, Middle Initial)
Anthony C Vitale

Mailing Address 233 Brickell Ave Ste 1

City State Zip Code
Miami FL 33129

FEC ID number of contributing federal political committee. C

Name of Employer: The Health Law Office of A Vitale
Occupation: Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2878.33

Date of Receipt 08 / 25 / 2008

Transaction ID: C5105793

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)
Anthony C Vitale

Mailing Address 233 Brickell Ave Ste 1

City State Zip Code
Miami FL 33129

FEC ID number of contributing federal political committee. C

Name of Employer: The Health Law Office of A Vitale
Occupation: Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2878.33

Date of Receipt 08 / 25 / 2008

Transaction ID: C5106059

Amount of Each Receipt this Period 1300.00

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

* In-Kind: Tio Fiesta Restaurant 6616 SW 24 St Miami Fundraiser 08/22/08

SUBTOTAL of Receipts This Page (optional) 2878.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
George Volsky

Mailing Address 1008 Alhambra Cir

City State Zip Code
Coral Gables FL 33134-3528

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

Name of Employer Occupation
New World Festival, Inc. President

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2008

Transaction ID: C5114891

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Steve Waserstein

Mailing Address 400 Alton Rd #2110

City State Zip Code
Miami Beach FL 33139

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

Name of Employer Occupation
Ferrell Law, P.A. Attorney

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: C5127723

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Diana Wasserman-Rubin

Mailing Address 5731 SW 196 Ln

City State Zip Code
Southwest Ranches FL 33332

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

Name of Employer Occupation
Broward County Commissioner

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2008

Transaction ID: C5112409

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 191
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Roy L Weinfeld | | Date of Receipt MM / DD / YYYY 09 / 10 / 2008 |
| Mailing Address 1 SE 3rd Ave Suite 2110 | | Transaction ID: C5118984 |
| City Miami | State FL | Zip Code 33131 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Self | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 225.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Roy L Weinfeld | | Date of Receipt MM / DD / YYYY 09 / 12 / 2008 |
| Mailing Address 1 SE 3rd Ave Suite 2110 | | Transaction ID: C5124779 |
| City Miami | State FL | Zip Code 33131 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Self | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 225.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Richard A Williamson | | Date of Receipt MM / DD / YYYY 09 / 10 / 2008 |
| Mailing Address 15 Kelwynne Rd | | Transaction ID: C5119020 |
| City Scarsdale | State NY | Zip Code 10583-4540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Fleming, Zulack & Williamson | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1225.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 78 / 191 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | | |
|---|---|------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Antonio R Zamora | | Date of Receipt MM / DD / YYYY 09 / 12 / 2008 |
| | Mailing Address 1408 brickell bay drive apt. 1211 | | Transaction ID: C5124439 |
| | City Miami | State FL | Zip Code 33131 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| | Name of Employer Squire Sanders Dempsey | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | | |

| | | | |
|---|---|------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Antonio R Zamora | | Date of Receipt MM / DD / YYYY 09 / 30 / 2008 |
| | Mailing Address 1408 brickell bay drive apt. 1211 | | Transaction ID: C5145157 |
| | City Miami | State FL | Zip Code 33131 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Squire Sanders Dempsey | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | | |

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 700.00 |
| TOTAL This Period (last page this line number only) | ▶ | 201054.54 |

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

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

FOR LINE NUMBER: PAGE 79 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee
Mailing Address 430 South Capitol Street

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2150.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: C5149359

Amount of Each Receipt this Period
1650.00

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

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee
Mailing Address 430 South Capitol Street

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2150.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: C5153381

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2150.00

TOTAL This Period (last page this line number only) ► 2150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Airline Pilots Assoc. Int'l

Mailing Address 1625 Massachusetts Ave., NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C5149038

Amount of Each Receipt this Period 2500.00

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

B. Full Name (Last, First, Middle Initial)
American Federation of State County & Municipal Em

Mailing Address PO BOX 600951
Attn Janice Coakley

City North Miami Beach State FL Zip Code 33160

FEC ID number of contributing federal political committee. **C** C30000798

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 09 / 29 / 2008
Transaction ID: C5145858

Amount of Each Receipt this Period 5000.00

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

C. Full Name (Last, First, Middle Initial)
American Postal Workers Union COPA

Mailing Address 1300 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C5164643

Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Barney Frank For Congress
Mailing Address P O Box 260
City State Zip Code
Newtonville MA 02460
FEC ID number of contributing federal political committee. **C** C00128868
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8
Transaction ID: C5113008
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)
BoilerMakers- Blacksmiths LEAP
Mailing Address 753 State Ave Ste 565
City State Zip Code
Kansas City KS 66101
FEC ID number of contributing federal political committee. **C** C70002506
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 8
Transaction ID: C5112373
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)
BRIDGE PAC James E Clyburn Honorary Chair
Mailing Address 499 S Capitol St. SW Ste 412
City State Zip Code
Washington DC 20003
FEC ID number of contributing federal political committee. **C** C00399196
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8
Transaction ID: C5112490
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) ► **7500.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 82 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
BRIDGE PAC James E Clyburn Honorary Chair
Mailing Address 499 S Capitol St. SW Ste 412

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00399196

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: C5149311

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Commerce Bancorp Inc.
Mailing Address 1701 Rt. 70, E

City State Zip Code
Cherry Hill NJ 08003

FEC ID number of contributing federal political committee. **C** C00303156

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: C5149286

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION ()
Mailing Address 100 INDIANA AVE. N. W.

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: C5101806

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) ► **15000.00**

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

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

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

FOR LINE NUMBER: PAGE 83 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Communication Worker of America - COPE PCC
Mailing Address 501 3rd Street, NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C70000211
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C5172192
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Debbie Wasserman Shultz For Congress
Mailing Address 1071 Twin Branch Lane
City Weston State FL Zip Code 33326
FEC ID number of contributing federal political committee. **C** C00385773
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C5153382
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)
Democrats Win Seats (DWS PAC)
Mailing Address PO Box 71147
City Washington State DC Zip Code 20024
FEC ID number of contributing federal political committee. **C** C00425470
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6500.00
Date of Receipt 08 / 25 / 2008
Transaction ID: C5112485
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Democrats Win Seats (DWS PAC)
Mailing Address PO Box 71147

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00425470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C5153384
 Amount of Each Receipt this Period: 1500.00

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

B. Full Name (Last, First, Middle Initial)
DRIVE Committee
Mailing Address 12365 West Dixie Highway

City Miami State FL Zip Code 33161

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 08 / 20 / 2008
Transaction ID: C5101676
 Amount of Each Receipt this Period: 5000.00

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

C. Full Name (Last, First, Middle Initial)
Electro-PAC 359
Mailing Address 7811 SW Coral Way #101

City Miami State FL Zip Code 33155

FEC ID number of contributing federal political committee. **C** C00136689

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2008
Transaction ID: C5145776
 Amount of Each Receipt this Period: 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Friends of Jane Harman
Mailing Address 777 S Figueroa St Ste 4050

City State Zip Code
Los Angeles CA 90017

FEC ID number of contributing federal political committee. **C** C00255141

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: C5149361

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)
Friends of Jim Clyburn
Mailing Address 501 Juniper St

City State Zip Code
Columbia SC 29203

FEC ID number of contributing federal political committee. **C** C00255562

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C5112375

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Friends of Weiner
Mailing Address 7 Ascan Ave # 31

City State Zip Code
Forest Hills NY 11375

FEC ID number of contributing federal political committee. **C** C00327742

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C5117346

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) ► **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
HillPAC

Mailing Address 4420 Fairfax Drive

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00363994

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C5149294
 Amount of Each Receipt this Period: 5000.00

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

B. Full Name (Last, First, Middle Initial)
International Brotherhood of Electrical Workers

Mailing Address Local Union 349
1657 NW 17 Ave

City Miami State FL Zip Code 33125

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 08 / 26 / 2008
Transaction ID: C5106297
 Amount of Each Receipt this Period: 5000.00

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

C. Full Name (Last, First, Middle Initial)
International Longshoreman's Association

Mailing Address Committee On Political Education
17 Battery Place Suite 930

City New York State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 08 / 20 / 2008
Transaction ID: C5101809
 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) ► **15000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
International Union of Painters & Allied Trades
Mailing Address 1300 S Andrews Ave

City State Zip Code
Pompano Beach FL 33069

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: C5102791

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Machinist Non Partisan Political League
Mailing Address 9000 Machinist Place

City State Zip Code
Upper Marlboro MD 20772

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: C5112493

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Mike Honda For Congress
Mailing Address PO Box 8180

City State Zip Code
San Jose CA 95155

FEC ID number of contributing federal political committee. **C** C00351379

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C5112394

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **9500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 191

(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 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
National Committee for an Effective Congress
Mailing Address 122 C St NW, Ste 650

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00003558

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2008

Transaction ID: C5167862

Amount of Each Receipt this Period
2500.00

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

* In-Kind: Precinct Targeting 09/2/08

B.

Full Name (Last, First, Middle Initial)
Office & Professional Employees Interl. Union
Mailing Address 3600 Red Road #405

City State Zip Code
Miramar FL 33025

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

Name of Employer Occupation

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C5149335

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)
Plumbers Local Union #519 PAC
Mailing Address 14105 NW 58 CT

City State Zip Code
Miami Lakes FL 33014

FEC ID number of contributing federal political committee. **C** C00143362

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C5149364

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) ▶

8000.00

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 / 191 |
| | <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 | |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Progressive Choices Pac

Mailing Address PO Box 58

City State Zip Code
Evanston IL 60204

FEC ID number of contributing federal political committee. **C** C00381806

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C5112391

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)
Progressive Patriots Fund

Mailing Address PO BOX 62808

City State Zip Code
Middleton WI 53562

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: C5149035

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)
RON PAC - Reenergizing Our Nation PAC Inc.

Mailing Address 21301 Powerline RD Ste 204

City State Zip Code
Boca Raton FL 33433

FEC ID number of contributing federal political committee. **C** C00453746

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: C5172193

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 191
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Service Employees International Union COPE
Mailing Address 1800 Massachusetts Ave NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2008

Transaction ID: C5102644

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Service Employees International Union COPE
Mailing Address 1800 Massachusetts Ave NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C5158466

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Solis for Congress
Mailing Address 6380 Wilshire Blvd

City State Zip Code
Los Angeles CA 90048

FEC ID number of contributing federal political committee. **C** C00346296

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2008

Transaction ID: C5129743

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **12000.00**

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

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

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

FOR LINE NUMBER: PAGE 91 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
SPUD PAC
Mailing Address PO Box 176
City State Zip Code
Denver CO 80201
FEC ID number of contributing federal political committee. **C** C00433078
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8
Transaction ID: C5114870
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)
United Auto, Aero, Agricultural Worker of America
Mailing Address 8000 East Jefferson Ave.
City State Zip Code
Detroit MI 48214
FEC ID number of contributing federal political committee. **C** C00002840
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
10000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8
Transaction ID: C5106738
Amount of Each Receipt this Period
5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
United Auto, Aero, Agricultural Worker of America
Mailing Address 8000 East Jefferson Ave.
City State Zip Code
Detroit MI 48214
FEC ID number of contributing federal political committee. **C** C00002840
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
10000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8
Transaction ID: C5172190
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) ► **11000.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 92 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Velazquez Victory Fund - Federal

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. **C** C00351056

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 22 / 2008
Transaction ID: C5131121
 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)
Victory Now Pac - Van Hollen

Mailing Address 10605 Concrod St STE 202

City Kensington State MD Zip Code 20895-2526

FEC ID number of contributing federal political committee. **C** C00416743

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 08 / 25 / 2008
Transaction ID: C5112368
 Amount of Each Receipt this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Victory Now Pac - Van Hollen

Mailing Address 10605 Concrod St STE 202

City Kensington State MD Zip Code 20895-2526

FEC ID number of contributing federal political committee. **C** C00416743

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 08 / 25 / 2008
Transaction ID: C5112486
 Amount of Each Receipt this Period: 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

TOTAL This Period (last page this line number only) ► 113500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Commerce Bank

Mailing Address 801 W 49 St

City State Zip Code
Hialeah FL 33012

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
581.68

Date of Receipt

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

Transaction ID: C5167883

Amount of Each Receipt this Period
175.68

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

B.

Full Name (Last, First, Middle Initial)
Commerce Bank

Mailing Address 801 W 49 St

City State Zip Code
Hialeah FL 33012

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
581.68

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 3 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: C5168086

Amount of Each Receipt this Period
406.00

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

C.

Full Name (Last, First, Middle Initial)
Great Florida Bank

Mailing Address PO Box 028580

City State Zip Code
Miami FL 33102

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
539.51

Date of Receipt

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

Transaction ID: C5167961

Amount of Each Receipt this Period
63.40

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

SUBTOTAL of Receipts This Page (optional) ► **645.08**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 191
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Great Florida Bank | | Date of Receipt MM / DD / YYYY 09 / 30 / 2008 |
| Mailing Address PO Box 028580 | | Transaction ID: C5172182 |
| City Miami | State FL | Zip Code 33102 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 476.11 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 539.51 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Regions Bank | | Date of Receipt MM / DD / YYYY 09 / 10 / 2008 |
| Mailing Address 1975 W 76 St EET 10 | | Transaction ID: C5167963 |
| City Hialeah | State FL | Zip Code 33014 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 592.69 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 592.69 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1068.80 |
| TOTAL This Period (last page this line number only) | 1713.88 |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) America TeVe</p> <p>Mailing Address 13001 NW 107 AVE</p> <p>City Hialeah Gardens State FL Zip Code 33018</p> <p>Purpose of Disbursement Media buy - Television</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255832</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 3520.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) America TeVe</p> <p>Mailing Address 13001 NW 107 AVE</p> <p>City Hialeah Gardens State FL Zip Code 33018</p> <p>Purpose of Disbursement Correction to check 907 Media Buy Television</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255834</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Service fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D258098</p> <p>Date of Disbursement 08 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 4.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3574.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) American Express | Transaction ID: D259086 Date of Disbursement 08 / 22 / 2008 |
| | Mailing Address PO Box 53852 | Amount of Each Disbursement this Period 168.63 |
| | City Phoenix State AZ Zip Code 85072-3852 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Service Fee Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) American Express | Transaction ID: D259087 Date of Disbursement 09 / 18 / 2008 |
| | Mailing Address PO Box 53852 | Amount of Each Disbursement this Period 4.50 |
| | City Phoenix State AZ Zip Code 85072-3852 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Service Fee Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) American Express | Transaction ID: D259088 Date of Disbursement 09 / 22 / 2008 |
| | Mailing Address PO Box 53852 | Amount of Each Disbursement this Period 290.22 |
| | City Phoenix State AZ Zip Code 85072-3852 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Service Fee Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 463.35 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Collection Fees July 08 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D248624 Date of Disbursement 08 / 08 / 2008 Amount of Each Disbursement this Period 347.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) American Political Sign Mailing Address 2321 Pembroke Road City Hollywood State FL Zip Code 33020 Purpose of Disbursement Signs 2 X 4 and 4 X 8 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255498 Date of Disbursement 09 / 08 / 2008 Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) American Political Sign Mailing Address 2321 Pembroke Road City Hollywood State FL Zip Code 33020 Purpose of Disbursement Sign 2 x 4 & 4 x 8 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255530 Date of Disbursement 09 / 17 / 2008 Amount of Each Disbursement this Period 8988.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 13835.91 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

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

Mailing Address PO Box 43210

City Atlanta State GA Zip Code 30336-3210

Purpose of Disbursement
Sept 08 Headquarters
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D255502
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

736.08

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

B.

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

Mailing Address PO Box 43210

City Atlanta State GA Zip Code 30336-3210

Purpose of Disbursement
Hogan Cell Phone August 08
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D255420
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

179.95

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

C.

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

Mailing Address PO Box 43210

City Atlanta State GA Zip Code 30336-3210

Purpose of Disbursement
08/08 Headquarters
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D255422
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

736.08

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

SUBTOTAL of Disbursements This Page (optional) ▶

1652.11

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

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

Transaction ID: D255470
Date of Disbursement

Mailing Address PO Box 43210

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 8 |

City Atlanta State GA Zip Code 30336-3210

Amount of Each Disbursement this Period

| |
|--------|
| 156.26 |
|--------|

Purpose of Disbursement
Campaign Cell Phones & Activation
Candidate Name

Category/
Type

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

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

B.

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

Transaction ID: D255471
Date of Disbursement

Mailing Address PO Box 43210

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 8 |

City Atlanta State GA Zip Code 30336-3210

Amount of Each Disbursement this Period

| |
|--------|
| 529.43 |
|--------|

Purpose of Disbursement
Aug 08 Admin Office
Candidate Name

Category/
Type

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

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

C.

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

Transaction ID: D246495
Date of Disbursement

Mailing Address PO Box 43210

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

City Atlanta State GA Zip Code 30336-3210

Amount of Each Disbursement this Period

| |
|--------|
| 586.19 |
|--------|

Purpose of Disbursement
Admin Office Service #305 828 7285 101 0444
Candidate Name

Category/
Type

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

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

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1271.88 |
|---------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) AT & T | Transaction ID: D255840 Date of Disbursement 09 / 29 / 2008 |
| | Mailing Address PO Box 43210 | Amount of Each Disbursement this Period 224.28 |
| | City Atlanta State GA Zip Code 30336-3210 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Cell Phone Candidate Name Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) Auburn Quad, Inc. | Transaction ID: D255553 Date of Disbursement 09 / 22 / 2008 |
| | Mailing Address PO Box 390728 | Amount of Each Disbursement this Period 2.01 |
| | City Cambridge State MA Zip Code 02139 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Service Fee Candidate Name Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) Auburn Quad, Inc. | Transaction ID: D258017 Date of Disbursement 09 / 30 / 2008 |
| | Mailing Address PO Box 390728 | Amount of Each Disbursement this Period 4.00 |
| | City Cambridge State MA Zip Code 02139 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Service Fee Candidate Name Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 230.29 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 101 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Auburn Quad, Inc.

Mailing Address PO Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement
Service Fee
Candidate Name

Category/
Type

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

Transaction ID: D258018
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2.97

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

B.

Full Name (Last, First, Middle Initial)
Auburn Quad, Inc.

Mailing Address PO Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement
Service Fee
Candidate Name

Category/
Type

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

Transaction ID: D255931
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

7.86

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

C.

Full Name (Last, First, Middle Initial)
Auburn Quad, Inc.

Mailing Address PO Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement
Check Transfer Fees
Candidate Name

Category/
Type

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

Transaction ID: D249996
Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

0.89

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

SUBTOTAL of Disbursements This Page (optional) ▶

11.72

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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Auburn Quad, Inc. | Transaction ID: D255523 Date of Disbursement 09 / 11 / 2008 |
| | Mailing Address PO Box 390728 | Amount of Each Disbursement this Period 1.43 |
| | City Cambridge State MA Zip Code 02139 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Processing Fee Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Auburn Quad, Inc. | Transaction ID: D255525 Date of Disbursement 09 / 15 / 2008 |
| | Mailing Address PO Box 390728 | Amount of Each Disbursement this Period 79.44 |
| | City Cambridge State MA Zip Code 02139 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Processing Fee Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Dana Ann Ballesteros | Transaction ID: D247297 Date of Disbursement 08 / 08 / 2008 |
| | Mailing Address 1825 Ponce De Leon Blvd 150 | Amount of Each Disbursement this Period 400.00 |
| | City Coral Gables State FL Zip Code 33134 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contract Services Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 480.87 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Dana Ann Ballesteros</p> <p>Mailing Address 1825 Ponce De Leon Blvd 150</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement 08/09 to 08/15/08 Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D248478</p> <p>Date of Disbursement MM / DD / YYYY 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Dana Ann Ballesteros</p> <p>Mailing Address 1825 Ponce De Leon Blvd 150</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Services 08/16 to 08/22/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D249802</p> <p>Date of Disbursement MM / DD / YYYY 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Balsera Communications Group/ Rindy Miller Garcia</p> <p>Mailing Address 3663 SW 8 Street</p> <p>City Miami State FL Zip Code 33135</p> <p>Purpose of Disbursement Inv 609 August Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D248474</p> <p>Date of Disbursement MM / DD / YYYY 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 5447.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ►

6247.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 104 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Balsera Communications Group/ Rindy Miller Garcia | Transaction ID: D255838 Date of Disbursement 09 / 29 / 2008 |
| | Mailing Address 3663 SW 8 Street | Amount of Each Disbursement this Period 464.00 |
| | City Miami State FL Zip Code 33135 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Commission | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Balsera Communications Group/ Rindy Miller Garcia | Transaction ID: D255859 Date of Disbursement 09 / 29 / 2008 |
| | Mailing Address 3663 SW 8 Street | Amount of Each Disbursement this Period 5467.40 |
| | City Miami State FL Zip Code 33135 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Invoice 632/ Sept 08 | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Baron | Transaction ID: D255870 Date of Disbursement 09 / 29 / 2008 |
| | Mailing Address 386 NE 191 St | Amount of Each Disbursement this Period 87.14 |
| | City Miami State FL Zip Code 33179 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Currier Service | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 6018.54 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 105 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Baron Mailing Address 386 NE 191 St City Miami State FL Zip Code 33179 Purpose of Disbursement August Courier Services Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255441 Date of Disbursement 09 / 02 / 2008 Amount of Each Disbursement this Period 24.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) BCH Printing Mailing Address 2131 West 60 St City Hialeah State FL Zip Code 33016 Purpose of Disbursement Neighborhood distribution cards Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255455 Date of Disbursement 09 / 05 / 2008 Amount of Each Disbursement this Period 791.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) BCH Printing Mailing Address 2131 West 60 St City Hialeah State FL Zip Code 33016 Purpose of Disbursement Miami Springs Invitation & Mailing Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255548 Date of Disbursement 09 / 22 / 2008 Amount of Each Disbursement this Period 770.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

1587.07

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) BCH Printing <hr/> Mailing Address 2131 West 60 St <hr/> City Hialeah State FL Zip Code 33016 <hr/> Purpose of Disbursement Signs 18 x 24 Spanish / English Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D255549 Date of Disbursement 09 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 1156.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) BCH Printing <hr/> Mailing Address 2131 West 60 St <hr/> City Hialeah State FL Zip Code 33016 <hr/> Purpose of Disbursement Postcards Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D255550 Date of Disbursement 09 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 952.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) BCH Printing <hr/> Mailing Address 2131 West 60 St <hr/> City Hialeah State FL Zip Code 33016 <hr/> Purpose of Disbursement Banner 5 X5 Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D255495 Date of Disbursement 09 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 208.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 12716.95 |
| TOTAL 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)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) BCH Printing | Transaction ID: D255497 |
| | Mailing Address 2131 West 60 St | Date of Disbursement 09 / 08 / 2008 |
| | City Hialeah State FL Zip Code 33016 | Amount of Each Disbursement this Period 160.50 |
| | Purpose of Disbursement Letterhead | <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 | Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) BCH Printing | Transaction ID: D249792 |
| | Mailing Address 2131 West 60 St | Date of Disbursement 08 / 21 / 2008 |
| | City Hialeah State FL Zip Code 33016 | Amount of Each Disbursement this Period 963.00 |
| | Purpose of Disbursement Printing Wind Fans & palm Cards | <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 | Category/Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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|----|--|---|
| C. | Full Name (Last, First, Middle Initial) BCH Printing | Transaction ID: D255927 |
| | Mailing Address 2131 West 60 St | Date of Disbursement 09 / 30 / 2008 |
| | City Hialeah State FL Zip Code 33016 | Amount of Each Disbursement this Period 1679.90 |
| | Purpose of Disbursement Printing Purchases | <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 | Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 2803.40 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Aaron Michael Blye | Transaction ID: D255925 Date of Disbursement 09 / 30 / 2008 |
| | Mailing Address 9290 Vista Del Lago Apt 11B | Amount of Each Disbursement this Period 2250.00 |
| | City Boca Raton State FL Zip Code 33428 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Aaron Michael Blye | Transaction ID: D255522 Date of Disbursement 09 / 15 / 2008 |
| | Mailing Address 9290 Vista Del Lago Apt 11B | Amount of Each Disbursement this Period 2250.00 |
| | City Boca Raton State FL Zip Code 33428 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Consultant Fees 09/01 to 09/15/08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Aaron Michael Blye | Transaction ID: D248490 Date of Disbursement 08 / 15 / 2008 |
| | Mailing Address 9290 Vista Del Lago Apt 11B | Amount of Each Disbursement this Period 3630.00 |
| | City Boca Raton State FL Zip Code 33428 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Consulting Services 07/07/08 to 07/31/08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 8130.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 109 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Aaron Michael Blye

Transaction ID: D248491
Date of Disbursement

Mailing Address 9290 Vista Del Lago Apt 11B

/ /

City State Zip Code
Boca Raton FL 33428

Amount of Each Disbursement this Period

Purpose of Disbursement
Rental Reimbursement July 08

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Aaron Michael Blye

Transaction ID: D248492
Date of Disbursement

Mailing Address 9290 Vista Del Lago Apt 11B

/ /

City State Zip Code
Boca Raton FL 33428

Amount of Each Disbursement this Period

Purpose of Disbursement
Consultant Fees 08/01 to 08/15/08

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Aaron Michael Blye

Transaction ID: D248493
Date of Disbursement

Mailing Address 9290 Vista Del Lago Apt 11B

/ /

City State Zip Code
Boca Raton FL 33428

Amount of Each Disbursement this Period

Purpose of Disbursement
Rental Reimbursement August 08

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 110 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Aaron Michael Blye <hr/> Mailing Address 9290 Vista Del Lago Apt 11B <hr/> City Boca Raton State FL Zip Code 33428 <hr/> Purpose of Disbursement Consultant Fees 08/16 to 08/31/08 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D249866 Date of Disbursement 08 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 2250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Aaron Michael Blye <hr/> Mailing Address 9290 Vista Del Lago Apt 11B <hr/> City Boca Raton State FL Zip Code 33428 <hr/> Purpose of Disbursement Sept 08 Rental Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255490 Date of Disbursement 09 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Maybel Brito <hr/> Mailing Address 1355 W 44 Pl # 216 <hr/> City Hialeah State FL Zip Code 33012 <hr/> Purpose of Disbursement Payroll 09/01/08 to 09/05/08 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255473 Date of Disbursement 09 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 440.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| SUBTOTAL of Disbursements This Page (optional) | 3190.43 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Maybel Brito <hr/> Mailing Address 1355 W 44 PI # 216 <hr/> City Hialeah State FL Zip Code 33012 <hr/> Purpose of Disbursement Payroll 09/8 to 09/12/08 Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D255509 Date of Disbursement 09 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 440.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Maybel Brito <hr/> Mailing Address 1355 W 44 PI # 216 <hr/> City Hialeah State FL Zip Code 33012 <hr/> Purpose of Disbursement Payroll 09/15 to 09/19/08 Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D255535 Date of Disbursement 09 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 440.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Maybel Brito <hr/> Mailing Address 1355 W 44 PI # 216 <hr/> City Hialeah State FL Zip Code 33012 <hr/> Purpose of Disbursement Payroll 08/25 to 08/29/08 Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D249864 Date of Disbursement 08 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 440.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1321.29 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Maybel Brito | Transaction ID: D249794 Date of Disbursement 08 / 22 / 2008 |
| | Mailing Address 1355 W 44 Pl # 216 | Amount of Each Disbursement this Period 440.43 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll 08/18 to 08/22/08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Maybel Brito | Transaction ID: D248496 Date of Disbursement 08 / 15 / 2008 |
| | Mailing Address 1355 W 44 Pl # 216 | Amount of Each Disbursement this Period 149.22 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll 08/11 to 08/15/08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Maybel Brito | Transaction ID: D255561 Date of Disbursement 09 / 26 / 2008 |
| | Mailing Address 1355 W 44 Pl # 216 | Amount of Each Disbursement this Period 440.43 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll 09/22 to 09/26/08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 1030.08 |
| 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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Christopher M. Cabral | Transaction ID: D249796 Date of Disbursement 08 / 22 / 2008 |
| | Mailing Address 3130 SW 25th Ter | Amount of Each Disbursement this Period 250.00 |
| | City Miami State FL Zip Code 33133-2130 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Services 08/16 TO 08/22 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Christopher M. Cabral | Transaction ID: D248481 Date of Disbursement 08 / 15 / 2008 |
| | Mailing Address 3130 SW 25th Ter | Amount of Each Disbursement this Period 250.00 |
| | City Miami State FL Zip Code 33133-2130 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement 08/09/08 to 08/15/08 Services Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Christopher M. Cabral | Transaction ID: D247300 Date of Disbursement 08 / 08 / 2008 |
| | Mailing Address 3130 SW 25th Ter | Amount of Each Disbursement this Period 250.00 |
| | City Miami State FL Zip Code 33133-2130 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contract Services Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Checkmate Consulting, LLC Mailing Address 3509 Connecticut Ave, NW #1075 City Washington State DC Zip Code 20008 Purpose of Disbursement 30000 Door hanger & Handouts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255483 Date of Disbursement 09 / 05 / 2008 |
| | Amount of Each Disbursement this Period 6700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Benjamin John Chiszar Mailing Address 1200 NW 78th Avenue, Suite # 214 City Doral State FL Zip Code 33126 Purpose of Disbursement Contract Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D247302 Date of Disbursement 08 / 08 / 2008 |
| | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Benjamin John Chiszar Mailing Address 1200 NW 78th Avenue, Suite # 214 City Doral State FL Zip Code 33126 Purpose of Disbursement Services 08/16 to 08/22 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D249797 Date of Disbursement 08 / 22 / 2008 |
| | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7700.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Benjamin John Chiszar

Mailing Address 1200 NW 78th Avenue, Suite # 214

City Doral State FL Zip Code 33126

Purpose of Disbursement
Services 08/09 to 8/15/08

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D248501
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Manuel Cid

Mailing Address 8757 NW 149 Terr

City Miami Lakes State FL Zip Code 33018

Purpose of Disbursement
Contract Services 08/01 to 08/31/08

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D249870
Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

4500.00

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

C.

Full Name (Last, First, Middle Initial)
Manuel Cid

Mailing Address 8757 NW 149 Terr

City Miami Lakes State FL Zip Code 33018

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255926
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

4500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
City of Hialeah

Mailing Address 501 Palm Ave

City Hialeah State FL Zip Code 33010

Purpose of Disbursement
Utility

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255855
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

17.21

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

B.

Full Name (Last, First, Middle Initial)
City of Hialeah

Mailing Address 501 Palm Ave

City Hialeah State FL Zip Code 33010

Purpose of Disbursement
06 - 08/08 Stormwater fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255425
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

15.00

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

C.

Full Name (Last, First, Middle Initial)
City of Pembroke Pines

Mailing Address 10100 Pines Blvd.

City Pembroke Pines State FL Zip Code 33026

Purpose of Disbursement
Campaign Sign Bond Requirement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255432
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

532.21

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) City of Sweetwater | Transaction ID: D255560 Date of Disbursement 09 / 24 / 2008 |
| | Mailing Address 500 SW 109 Ave | Amount of Each Disbursement this Period 50.00 |
| | City Sweetwater State FL Zip Code 33174 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bond - Campaign signs Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Computers Miami, LLC | Transaction ID: D255526 Date of Disbursement 09 / 16 / 2008 |
| | Mailing Address 1767 W 37 St Suite 10 | Amount of Each Disbursement this Period 357.00 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement 3 hours labor - repair on site Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Computers Miami, LLC | Transaction ID: D255503 Date of Disbursement 09 / 09 / 2008 |
| | Mailing Address 1767 W 37 St Suite 10 | Amount of Each Disbursement this Period 623.81 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Computer Monitor & USB Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1030.81 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Computers Miami, LLC</p> <p>Mailing Address 1767 W 37 St Suite 10</p> <p>City Hialeah State FL Zip Code 33012</p> <p>Purpose of Disbursement Inv 2350 TOS Note Book Vista</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D249861 Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 700.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Creative Mindworks</p> <p>Mailing Address 11900 Biscayne Blvd Suite 630</p> <p>City Miami State FL Zip Code 33181</p> <p>Purpose of Disbursement Inv 25274 July 08 Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D246496 Date of Disbursement 08 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Creative Mindworks</p> <p>Mailing Address 11900 Biscayne Blvd Suite 630</p> <p>City Miami State FL Zip Code 33181</p> <p>Purpose of Disbursement Aug 08 Maint 1200/ stickers 120</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255539 Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1320.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3220.85

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Creative Mindworks | Transaction ID: D255423 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address 11900 Biscayne Blvd Suite 630 | Amount of Each Disbursement this Period 480.00 |
| | City Miami State FL Zip Code 33181 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Retouch Logo Inv 25380 | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Norma Cruz | Transaction ID: D255450 Date of Disbursement 09 / 05 / 2008 |
| | Mailing Address 570 W 25 St | Amount of Each Disbursement this Period 60.00 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Fuel Funds | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Delta Business Solutions | Transaction ID: D255541 Date of Disbursement 09 / 19 / 2008 |
| | Mailing Address 2861 Corporate Way | Amount of Each Disbursement this Period 257.82 |
| | City Miramar State FL Zip Code 33025 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Sept Rental & Toner Freight | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 797.82 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Delta Business Solutions

Transaction ID: D249791
Date of Disbursement

Mailing Address 2861 Corporate Way

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

City Miramar State FL Zip Code 33025

Amount of Each Disbursement this Period

| |
|--------|
| 274.44 |
|--------|

Purpose of Disbursement
August Copier Rental Admin
Candidate Name

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

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

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

B.

Full Name (Last, First, Middle Initial)
DirecTV

Transaction ID: D248472
Date of Disbursement

Mailing Address PO Box 60036

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

City Los Angeles State CA Zip Code 90060-0036

Amount of Each Disbursement this Period

| |
|-------|
| 67.89 |
|-------|

Purpose of Disbursement
INv 83127446 August Service
Candidate Name

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

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

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

C.

Full Name (Last, First, Middle Initial)
DirecTV

Transaction ID: D255493
Date of Disbursement

Mailing Address PO Box 60036

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

City Los Angeles State CA Zip Code 90060-0036

Amount of Each Disbursement this Period

| |
|-------|
| 67.89 |
|-------|

Purpose of Disbursement
Sept 08 Service
Candidate Name

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

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|--------|
| 410.22 |
|--------|

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

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|--|

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Collection Fees july 08

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D248625
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

377.19

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

B.

Full Name (Last, First, Middle Initial)
Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
service fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258097
Date of Disbursement

08 / 31 / 2008

Amount of Each Disbursement this Period

525.18

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

C.

Full Name (Last, First, Middle Initial)
Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit card fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D259089
Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

223.41

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

SUBTOTAL of Disbursements This Page (optional) ▶

1125.78

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Florida Power & Light Co. | Transaction ID: D258095 Date of Disbursement 09 / 30 / 2008 |
| | Mailing Address: General Mail Facility | Amount of Each Disbursement this Period: 328.86 |
| | City: Miami State: FL Zip Code: 33188-0001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement: Sept 08 Pines Office Electricity Candidate Name: _____ | Category/Type: _____ |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Florida Power & Light Co. | Transaction ID: D249790 Date of Disbursement 08 / 21 / 2008 |
| | Mailing Address: General Mail Facility | Amount of Each Disbursement this Period: 115.00 |
| | City: Miami State: FL Zip Code: 33188-0001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement: Broward Office Deposit Candidate Name: _____ | Category/Type: _____ |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Florida Power & Light Co. | Transaction ID: D249793 Date of Disbursement 08 / 21 / 2008 |
| | Mailing Address: General Mail Facility | Amount of Each Disbursement this Period: 425.13 |
| | City: Miami State: FL Zip Code: 33188-0001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement: Aug Electricity Headquarters Candidate Name: _____ | Category/Type: _____ |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 868.99 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | | | |
|---|--|--|--|---|
| A. | Full Name (Last, First, Middle Initial) Florida Power & Light Co. | | Transaction ID: D255453 | |
| | Mailing Address General Mail Facility | | Date of Disbursement 09 / 05 / 2008 | |
| | City Miami | State FL | Zip Code 33188-0001 | Amount of Each Disbursement this Period 106.78 |
| | Purpose of Disbursement Aug 08 Pines Office | | 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | | |
| B. | Full Name (Last, First, Middle Initial) FP & L | | Transaction ID: D255847 | |
| | Mailing Address FPL, P.O. Box 025576 | | Date of Disbursement 09 / 29 / 2008 | |
| | City Miami | State FL | Zip Code 33102 | Amount of Each Disbursement this Period 573.86 |
| | Purpose of Disbursement Power Light Account | | 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | | |
| C. | Full Name (Last, First, Middle Initial) Frederick Polls | | Transaction ID: D255481 | |
| | Mailing Address 2101 Wilson Blvd., Suite 104 | | Date of Disbursement 09 / 05 / 2008 | |
| | City Arlington | State VA | Zip Code 22201 | Amount of Each Disbursement this Period 11500.00 |
| | Purpose of Disbursement Focus Group D 21 | | 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | | |

SUBTOTAL of Disbursements This Page (optional) ▶

12180.64

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Teresa Gavalda</p> <p>Mailing Address 11289 N Kendall Dr Apt L-114</p> <p>City Miami State FL Zip Code 33176-1153</p> <p>Purpose of Disbursement Contract Services 08/30 to 09/05/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255474 Date of Disbursement 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Teresa Gavalda</p> <p>Mailing Address 11289 N Kendall Dr Apt L-114</p> <p>City Miami State FL Zip Code 33176-1153</p> <p>Purpose of Disbursement Services 09/13 to 09/19/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255532 Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Teresa Gavalda</p> <p>Mailing Address 11289 N Kendall Dr Apt L-114</p> <p>City Miami State FL Zip Code 33176-1153</p> <p>Purpose of Disbursement Services 09/6 to 09/12/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255511 Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 900.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Teresa Gavalda</p> <p>Mailing Address 11289 N Kendall Dr Apt L-114</p> <p>City Miami State FL Zip Code 33176-1153</p> <p>Purpose of Disbursement Services 08/23 to 08/29/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D249871 Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Teresa Gavalda</p> <p>Mailing Address 11289 N Kendall Dr Apt L-114</p> <p>City Miami State FL Zip Code 33176-1153</p> <p>Purpose of Disbursement Services 08/16 to 08/22/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D249798 Date of Disbursement 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Teresa Gavalda</p> <p>Mailing Address 11289 N Kendall Dr Apt L-114</p> <p>City Miami State FL Zip Code 33176-1153</p> <p>Purpose of Disbursement Services 08/09 to 08/15/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D248482 Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

900.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Teresa Gavalda <hr/> Mailing Address 11289 N Kendall Dr Apt L-114 <hr/> City Miami State FL Zip Code 33176-1153 <hr/> Purpose of Disbursement Contract Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D247303 Date of Disbursement 08 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Hialeah Condominium Holding, Inc. <hr/> Mailing Address 7200 NW 7 St Suite 100 <hr/> City Miami State FL Zip Code 33126 <hr/> Purpose of Disbursement Sept 08 Rent Administration Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255419 Date of Disbursement 09 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 1070.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) John Tyler Hogan <hr/> Mailing Address 16950 North Bay Road #703 <hr/> City Sunny Isles Beach State FL Zip Code 33160 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255444 Date of Disbursement 09 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 109.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

1479.31

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) John Tyler Hogan Mailing Address 16950 North Bay Road #703 City Sunny Isles Beach State FL Zip Code 33160 Purpose of Disbursement Payroll 08/29 to 09/08/08 Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____ | Transaction ID: D255488 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 8 Amount of Each Disbursement this Period 1056.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) John Tyler Hogan Mailing Address 16950 North Bay Road #703 City Sunny Isles Beach State FL Zip Code 33160 Purpose of Disbursement Payroll 9/9 to 09/15/08 Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____ | Transaction ID: D255515 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 1056.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) John Tyler Hogan Mailing Address 16950 North Bay Road #703 City Sunny Isles Beach State FL Zip Code 33160 Purpose of Disbursement Payroll of 08/16 to 08/22/08 Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____ | Transaction ID: D247329 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 1056.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3170.52 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) John Tyler Hogan | Transaction ID: D249846 Date of Disbursement 08 / 20 / 2008 |
| | Mailing Address 16950 North Bay Road #703 | Amount of Each Disbursement this Period 1056.84 |
| | City Sunny Isles Beach State FL Zip Code 33160 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll 08/23/08 to 08/29/08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) John Tyler Hogan | Transaction ID: D255923 Date of Disbursement 09 / 30 / 2008 |
| | Mailing Address 16950 North Bay Road #703 | Amount of Each Disbursement this Period 1056.84 |
| | City Sunny Isles Beach State FL Zip Code 33160 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) John Tyler Hogan | Transaction ID: D255554 Date of Disbursement 09 / 23 / 2008 |
| | Mailing Address 16950 North Bay Road #703 | Amount of Each Disbursement this Period 1056.84 |
| | City Sunny Isles Beach State FL Zip Code 33160 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3170.52 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Transaction ID: D247354
Date of Disbursement

Mailing Address Department of the Treasury

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

City State Zip Code
Washington DC 20224

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 4 | 9 | 6 | . | 4 | 4 |
|---|---|---|---|---|---|---|

Purpose of Disbursement
July Employment Taxes

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

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

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

B.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Transaction ID: D255500
Date of Disbursement

Mailing Address Department of the Treasury

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

City State Zip Code
Washington DC 20224

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 1 | 6 | 7 | . | 3 | 8 |
|---|---|---|---|---|---|---|

Purpose of Disbursement
Aug 08 Payroll Taxes

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

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

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

C.

Full Name (Last, First, Middle Initial)
Intkel Direct

Transaction ID: D255528
Date of Disbursement

Mailing Address 13975 NW 58 Ct

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 0 | 8 |

City State Zip Code
Miami Lakes FL 33014

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Purpose of Disbursement
Marketing Services 09/17 to 09/30/08

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

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

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

SUBTOTAL of Disbursements This Page (optional)

15763.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 130 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) LMS Consulting</p> <p>Mailing Address 138 West Third Street ATTN : Lisa Mila Scala</p> <p>City South Boston State MA Zip Code 02127</p> <p>Purpose of Disbursement Bechmark</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255485 Date of Disbursement 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Stephanie M Lugo</p> <p>Mailing Address 8720 N Sherman Cir Apt 507</p> <p>City Miramar State FL Zip Code 33025</p> <p>Purpose of Disbursement Contract Services 08/30 to 09/05/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255475 Date of Disbursement 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Stephanie M Lugo</p> <p>Mailing Address 8720 N Sherman Cir Apt 507</p> <p>City Miramar State FL Zip Code 33025</p> <p>Purpose of Disbursement Services 08/23 to 08/29/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255416 Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1450.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Stephanie M Lugo | Transaction ID: D255533 Date of Disbursement 09 / 19 / 2008 |
| | Mailing Address 8720 N Sherman Cir Apt 507 | Amount of Each Disbursement this Period 350.00 |
| | City Miramar State FL Zip Code 33025 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Services 09/13 to 09/19/08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Stephanie M Lugo | Transaction ID: D255512 Date of Disbursement 09 / 12 / 2008 |
| | Mailing Address 8720 N Sherman Cir Apt 507 | Amount of Each Disbursement this Period 350.00 |
| | City Miramar State FL Zip Code 33025 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Services 09/06 to 09/12/08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Stephanie M Lugo | Transaction ID: D247307 Date of Disbursement 08 / 08 / 2008 |
| | Mailing Address 8720 N Sherman Cir Apt 507 | Amount of Each Disbursement this Period 250.00 |
| | City Miramar State FL Zip Code 33025 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contract Services Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 950.00 |
| 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 checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Stephanie M Lugo</p> <p>Mailing Address 8720 N Sherman Cir Apt 507</p> <p>City Miramar State FL Zip Code 33025</p> <p>Purpose of Disbursement Services 08/09 to 08/15/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D248483</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Stephanie M Lugo</p> <p>Mailing Address 8720 N Sherman Cir Apt 507</p> <p>City Miramar State FL Zip Code 33025</p> <p>Purpose of Disbursement Services 08/16 to 08/22/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D249799</p> <p>Date of Disbursement 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Stephanie M Lugo</p> <p>Mailing Address 8720 N Sherman Cir Apt 507</p> <p>City Miramar State FL Zip Code 33025</p> <p>Purpose of Disbursement Services 08/23 to 08/29/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D249873</p> <p>Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Stephanie M Lugo | Transaction ID: D255562 Date of Disbursement 09 / 26 / 2008 |
| | Mailing Address 8720 N Sherman Cir Apt 507 | Amount of Each Disbursement this Period 350.00 |
| | City Miramar State FL Zip Code 33025 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Services 09/20 to 09/26/08 | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Mega TV | Transaction ID: D255836 Date of Disbursement 09 / 29 / 2008 |
| | Mailing Address 7007 NW 77 AVE | Amount of Each Disbursement this Period 1360.00 |
| | City Miami State FL Zip Code 33166 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Media Buy - Television | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Armando Mendez | Transaction ID: D258019 Date of Disbursement 08 / 18 / 2008 |
| | Mailing Address 6804 Gleneagle Dr | Amount of Each Disbursement this Period 1000.00 |
| | City Miami Lakes State FL Zip Code 33014-6506 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Dynasty Apparel - Polo Shirts | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | * in-kind received |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2710.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 134 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Miami Dade County League of Cities</p> <p>Mailing Address 226 East Flagler Street Ste. 200</p> <p>City Miami State FL Zip Code 33131</p> <p>Purpose of Disbursement Installation Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255519</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 260.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Miami Dade County</p> <p>Mailing Address 111 NW 1 Street</p> <p>City Miami State FL Zip Code 33128</p> <p>Purpose of Disbursement CD Rom D21 info</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255524</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 43.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Miami Dade County</p> <p>Mailing Address 111 NW 1 Street</p> <p>City Miami State FL Zip Code 33128</p> <p>Purpose of Disbursement CD & Labels</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D247330</p> <p>Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ►

353.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 135 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Miami Dade County</p> <p>Mailing Address 111 NW 1 Street</p> <p>City Miami State FL Zip Code 33128</p> <p>Purpose of Disbursement Label & CD Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D247332 Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 85.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Miami Springs Country Club F & B, Inc.</p> <p>Mailing Address 650 Curtiss Parkway</p> <p>City Miami Springs State FL Zip Code 33166</p> <p>Purpose of Disbursement Rental Ball room & refreshments Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255537 Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 734.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Carlos Nachon</p> <p>Mailing Address 2477 W 4th Ave</p> <p>City Hialeah State FL Zip Code 33010-1422</p> <p>Purpose of Disbursement September'08 Invoices Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255928 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2616.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3436.09

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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) National Committee for an Effective Congress</p> <p>Mailing Address 122 C St NW, Ste 650</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Precinct Targeting 09/2/08</p> <p>Candidate Name National Committee for an Effective Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D258020 Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p> |
| <p>B. Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Gtr 4/Web Package</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D255907 Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1950.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ocean Bank</p> <p>Mailing Address 790 West 49 Street</p> <p>City Hialeah State FL Zip Code 33012</p> <p>Purpose of Disbursement Wire Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D258096 Date of Disbursement 08 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ►

4475.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Ocean Bank

Transaction ID: D258016
Date of Disbursement

Mailing Address 790 West 49 Street

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

City Hialeah State FL Zip Code 33012

Amount of Each Disbursement this Period

| |
|------|
| 7.00 |
|------|

Purpose of Disbursement
Ch 336 Alvarez NSF Fee

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

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Ocean Bank

Transaction ID: D259090
Date of Disbursement

Mailing Address 790 West 49 Street

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

City Hialeah State FL Zip Code 33012

Amount of Each Disbursement this Period

| |
|-------|
| 25.00 |
|-------|

Purpose of Disbursement
Wire Fee

| |
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| |
|--|

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

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Ocean Bank

Transaction ID: D259091
Date of Disbursement

Mailing Address 790 West 49 Street

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

City Hialeah State FL Zip Code 33012

Amount of Each Disbursement this Period

| |
|-------|
| 25.00 |
|-------|

Purpose of Disbursement
Wire Fee

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

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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|-------|
| 57.00 |
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TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ocean Bank | Transaction ID: D248623 Date of Disbursement 08 / 08 / 2008 |
| | Mailing Address 790 West 49 Street | Amount of Each Disbursement this Period 31.10 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Charge Deposit Slip printing Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Palm Springs BP | Transaction ID: D255486 Date of Disbursement 09 / 05 / 2008 |
| | Mailing Address 5090 W \$ Ave | Amount of Each Disbursement this Period 1000.00 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Canvassing Fuel purchase Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Palm Springs Mile Associates. LTD | Transaction ID: D255457 Date of Disbursement 09 / 05 / 2008 |
| | Mailing Address 419 West 49th Street, Suite 300 | Amount of Each Disbursement this Period 535.00 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Sept 08 Rent Headquarters Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1566.10 |
| 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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Palm Springs Mile Associates. LTD

Mailing Address 419 West 49th Street, Suite 300

City State Zip Code
Hialeah FL 33012

Purpose of Disbursement
October Rent/Headquarters

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255880

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

535.00

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

B.

Full Name (Last, First, Middle Initial)
Palm Springs Mile Associates. LTD

Mailing Address 419 West 49th Street, Suite 300

City State Zip Code
Hialeah FL 33012

Purpose of Disbursement
Oct, 08/Admin Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255884

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1070.00

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

C.

Full Name (Last, First, Middle Initial)
Anamary Pedrosa

Mailing Address 1864 W 72 Place

City State Zip Code
Hialeah FL 33014

Purpose of Disbursement
Services 08/11 to 08/15/08

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D248494

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

330.00

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

SUBTOTAL of Disbursements This Page (optional)

1935.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Anamary Pedrosa</p> <p>Mailing Address 1864 W 72 Place</p> <p>City Hiialeah State FL Zip Code 33014</p> <p>Purpose of Disbursement Contract Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D247308</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 550.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Pollara Consulting Group, Inc.</p> <p>Mailing Address 100 Andalusia Ave. # 613</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Inv 003 Consulting Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D248486</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1042.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Pollara Consulting Group, Inc.</p> <p>Mailing Address 100 Andalusia Ave. # 613</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Inv 002 Consulting Fees July 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D246494</p> <p>Date of Disbursement 08 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1256.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2848.50

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 |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Pollara Consulting Group, Inc.

Mailing Address 100 Andalusia Ave. # 613

City State Zip Code
Coral Gables FL 33134

Purpose of Disbursement
Adjusted Payments-Invoice 004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255873

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1167.50

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

B.

Full Name (Last, First, Middle Initial)
Esther Quinon

Mailing Address 2333 Brickell Ave Suite A-1

City State Zip Code
Miami FL 33129

Purpose of Disbursement
Tio Fiesta Restaurant 6616 SW 24 St Miami 08/22 Fundraiser

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D249912

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

250.00

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

* in-kind received

C.

Full Name (Last, First, Middle Initial)
Jose Quinon

Mailing Address 2333 Brickell Ave # A-1
10000 SW 66 Street., Miami (Home)

City State Zip Code
Miami FL 33129

Purpose of Disbursement
Tio Fiesta 6616 SW 24 St Miami Restaurant for Fundraiser 08/22/08

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D249909

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

1600.00

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

* in-kind received

SUBTOTAL of Disbursements This Page (optional)

3017.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Sara Reyes

Mailing Address 3592 NW 46 St

City Miami State FL Zip Code 33142

Purpose of Disbursement
Office Cleaning 08/26 & 08/28/08

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D249875
Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)
Sara Reyes

Mailing Address 3592 NW 46 St

City Miami State FL Zip Code 33142

Purpose of Disbursement
Office Cleaning 08/19 & 08/21/08

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D249800
Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

50.00

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

C.

Full Name (Last, First, Middle Initial)
Sara Reyes

Mailing Address 3592 NW 46 St

City Miami State FL Zip Code 33142

Purpose of Disbursement
Office Cleaning

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D248485
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

50.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

150.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Sara Reyes | Transaction ID: D247309 |
| | Mailing Address 3592 NW 46 St | Date of Disbursement MM / DD / YYYY 08 / 08 / 2008 |
| | City Miami State FL Zip Code 33142 | Amount of Each Disbursement this Period 50.00 |
| | Purpose of Disbursement Office Cleaning 08/5 & 08/07/08 | <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 | Category/Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Sara Reyes | Transaction ID: D255476 |
| | Mailing Address 3592 NW 46 St | Date of Disbursement MM / DD / YYYY 09 / 05 / 2008 |
| | City Miami State FL Zip Code 33142 | Amount of Each Disbursement this Period 50.00 |
| | Purpose of Disbursement Office Cleaning 09/2 & 09/4/08 | <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 | Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Sara Reyes | Transaction ID: D255513 |
| | Mailing Address 3592 NW 46 St | Date of Disbursement MM / DD / YYYY 09 / 12 / 2008 |
| | City Miami State FL Zip Code 33142 | Amount of Each Disbursement this Period 50.00 |
| | Purpose of Disbursement Office Cleaning 09/09 & 09/11/08 | <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 | Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 150.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Rindy Miller

Transaction ID: D255504
Date of Disbursement

Mailing Address 2401 E 6th Street Suite 1003

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

City Austin State TX Zip Code 78702

Amount of Each Disbursement this Period

| |
|----------|
| 11672.07 |
|----------|

Purpose of Disbursement
Ad Production
Candidate Name

Category/
Type

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

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

B.

Full Name (Last, First, Middle Initial)
Rindy Miller

Transaction ID: D255551
Date of Disbursement

Mailing Address 2401 E 6th Street Suite 1003

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

City Austin State TX Zip Code 78702

Amount of Each Disbursement this Period

| |
|----------|
| 42000.00 |
|----------|

Purpose of Disbursement
Meida Buy Cable
Candidate Name

Category/
Type

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

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

C.

Full Name (Last, First, Middle Initial)
Rindy Miller

Transaction ID: D255411
Date of Disbursement

Mailing Address 2401 E 6th Street Suite 1003

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 8 | | 2 | 0 | 0 | 8 |

City Austin State TX Zip Code 78702

Amount of Each Disbursement this Period

| |
|----------|
| 20000.00 |
|----------|

Purpose of Disbursement
Ad Production
Candidate Name

Category/
Type

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|----------|
| 73672.07 |
|----------|

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

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|--|

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Rindy Miller</p> <p>Mailing Address 2401 E 6th Street Suite 1003</p> <p>City Austin State TX Zip Code 78702</p> <p>Purpose of Disbursement Media Buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255934</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 42000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Renelio Rodriguez</p> <p>Mailing Address 131 W 35 St</p> <p>City Hialeah State FL Zip Code 33012</p> <p>Purpose of Disbursement Fund for Fuel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255446</p> <p>Date of Disbursement 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 60.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) William Rodriguez</p> <p>Mailing Address 3195 W 72 St</p> <p>City Hialeah State FL Zip Code 33018</p> <p>Purpose of Disbursement Contract Services 08/27 to 09/05/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255478</p> <p>Date of Disbursement 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 715.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

42775.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) William Rodriguez | Transaction ID: D255534 Date of Disbursement 09 / 19 / 2008 |
| | Mailing Address 3195 W 72 St | Amount of Each Disbursement this Period 500.00 |
| | City Hialeah State FL Zip Code 33018 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Services 9/13 to 9/19/08 | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) William Rodriguez | Transaction ID: D255514 Date of Disbursement 09 / 12 / 2008 |
| | Mailing Address 3195 W 72 St | Amount of Each Disbursement this Period 500.00 |
| | City Hialeah State FL Zip Code 33018 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Services 09/06 to 09/12/08 | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) William Rodriguez | Transaction ID: D258023 Date of Disbursement 09 / 19 / 2008 |
| | Mailing Address 3195 W 72 St | Amount of Each Disbursement this Period 351.21 |
| | City Hialeah State FL Zip Code 33018 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Home Depot - Tools for Building Signs | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1351.21 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) William Rodriguez | Transaction ID: D255563 Date of Disbursement 09 / 26 / 2008 |
| | Mailing Address 3195 W 72 St | Amount of Each Disbursement this Period 500.00 |
| | City Hialeah State FL Zip Code 33018 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Services 09/20 to 09/26/08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Senoi | Transaction ID: D255566 Date of Disbursement 09 / 29 / 2008 |
| | Mailing Address 1900 N Bayshore Drive #602 | Amount of Each Disbursement this Period 2580.00 |
| | City Miami State FL Zip Code 33132 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Production & Post of Spot Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Senoi | Transaction ID: D248489 Date of Disbursement 08 / 15 / 2008 |
| | Mailing Address 1900 N Bayshore Drive #602 | Amount of Each Disbursement this Period 1400.00 |
| | City Miami State FL Zip Code 33132 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Media Filming Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4480.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Terranova Corporation | Transaction ID: D255429 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address 801 Arthur Godfrey Rd | Amount of Each Disbursement this Period 750.00 |
| | City Miami Beach State FL Zip Code 33140 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Sept 08 Rent Pines Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) United States Post Office | Transaction ID: D255545 Date of Disbursement 09 / 18 / 2008 |
| | Mailing Address Post Office | Amount of Each Disbursement this Period 425.95 |
| | City Hialeah State FL Zip Code 33018-9997 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement 1000 stamps @ .42 and Mail Cert letter 5.95 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) United States Post Office | Transaction ID: D255564 Date of Disbursement 09 / 25 / 2008 |
| | Mailing Address Post Office | Amount of Each Disbursement this Period 332.40 |
| | City Hialeah State FL Zip Code 33018-9997 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Stamps 24 @.1; 600 @.27; 400@ .42 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1508.35 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) United States Post Office | Transaction ID: D255555 Date of Disbursement 09 / 23 / 2008 |
| | Mailing Address Post Office | Amount of Each Disbursement this Period 2574.60 |
| | City Hialeah State FL Zip Code 33018-9997 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Stamps 100 @ .42 & 7980 @ .27 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) United States Post Office | Transaction ID: D255556 Date of Disbursement 09 / 23 / 2008 |
| | Mailing Address Post Office | Amount of Each Disbursement this Period 1917.00 |
| | City Hialeah State FL Zip Code 33018-9997 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Stamps 7100 @ .27 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) United States Post Office | Transaction ID: D255558 Date of Disbursement 09 / 24 / 2008 |
| | Mailing Address Post Office | Amount of Each Disbursement this Period 2087.10 |
| | City Hialeah State FL Zip Code 33018-9997 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement 4280 @ .42 , 650 @ .27 , 1140 @ .10 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ►

6578.70

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Univision Radio / WQBA - AM | Transaction ID: D255557 Date of Disbursement 09 / 24 / 2008 |
| | Mailing Address 800 Douglas Rd #111 Annex Bldg | Amount of Each Disbursement this Period 4301.00 |
| | City Coral Gables State FL Zip Code 33134 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Media Buy - Radio Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Anthony C Vitale | Transaction ID: D249910 Date of Disbursement 08 / 25 / 2008 |
| | Mailing Address 233 Brickell Ave Ste 1 | Amount of Each Disbursement this Period 1300.00 |
| | City Miami State FL Zip Code 33129 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Tio Fiesta Restaurant 6616 SW 24 St Miami Fundraiser 08/22/08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Anthony C Vitale | Transaction ID: D249911 Date of Disbursement 08 / 25 / 2008 |
| | Mailing Address 233 Brickell Ave Ste 1 | Amount of Each Disbursement this Period 578.33 |
| | City Miami State FL Zip Code 33129 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Tio Fiesta Restaurant 6616 SW 24 St Miami Fundraiser 08/22 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 6179.33 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 151 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WSUA 1260 AM Caracol | Transaction ID: D255559 Date of Disbursement 09 / 24 / 2008 |
| | Mailing Address 3663 SW 8 Street Ste 200 | Amount of Each Disbursement this Period 2720.00 |
| | City Miami State FL Zip Code 33135 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Media Buy - Radio | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Zephyrhills Water | Transaction ID: D255427 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address P O BOX 85680 | Amount of Each Disbursement this Period 9.62 |
| | City Louisville State KY Zip Code 40285 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Aug 08 Rental & Water | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Zephyrhills Water | Transaction ID: D255428 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address P O BOX 85680 | Amount of Each Disbursement this Period 67.33 |
| | City Louisville State KY Zip Code 40285 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Aug 08 Rental & Water Headquarters | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2796.95 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Manuel Cid | Transaction ID: D247254 Date of Disbursement 08 / 10 / 2008 |
| | Mailing Address 8757 NW 149 Terr | Amount of Each Disbursement this Period 153.52 |
| | City Miami Lakes State FL Zip Code 33018 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Farm Stores | Transaction ID: D247256 Date of Disbursement 08 / 10 / 2008 |
| | Mailing Address 405 West 51 St | Amount of Each Disbursement this Period 34.31 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Ice, Drinks, cakes and donuts for walkers Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FedEx Kinko's | Transaction ID: D247255 Date of Disbursement 08 / 10 / 2008 |
| | Mailing Address 2417 Ponce De Leon Blvd | Amount of Each Disbursement this Period 9.63 |
| | City Miami State FL Zip Code 33134 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement 24 X 36 Boards Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 153.52 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Miami Dade County | Transaction ID: D247288 Date of Disbursement 08 / 10 / 2008 |
| | Mailing Address 111 NW 1 Street | Amount of Each Disbursement this Period 40.00 |
| | City Miami State FL Zip Code 33128 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Map Congressional Dist 21 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: D247258 Date of Disbursement 08 / 10 / 2008 |
| | Mailing Address 520 W 49 St | Amount of Each Disbursement this Period 14.93 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Clipboards Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Palm Springs BP | Transaction ID: D247289 Date of Disbursement 08 / 10 / 2008 |
| | Mailing Address 5090 W \$ Ave | Amount of Each Disbursement this Period 54.65 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Fuel Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Angela Martinez

Mailing Address 700 W 76 St

City Hialeah State FL Zip Code 33014

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D247260
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

302.34

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

B.

Full Name (Last, First, Middle Initial)
Bed Bath & Beyond

Mailing Address 1700 W 49 St

City Hialeah State FL Zip Code 33012

Purpose of Disbursement
TV Stand Pines office

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D247277
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

32.09

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Dollar Store

Mailing Address 3712 Palm Ave

City Hialeah State FL Zip Code 33012

Purpose of Disbursement
Stick pins for flags

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D247268
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

16.98

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

302.34

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 155 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) FedEx Kinko's</p> <p>Mailing Address 2417 Ponce De Leon Blvd</p> <p>City Miami State FL Zip Code 33134</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Transaction ID: D247266</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 69.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Home Depot</p> <p>Mailing Address 1590 W 49 Street</p> <p>City Hialeah State FL Zip Code 33012</p> <p>Purpose of Disbursement Lamp - Pines office</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Transaction ID: D247279</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 31.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Little Caesars Pizza</p> <p>Mailing Address 4100 W 12 Ave Bay C</p> <p>City Hialeah State FL Zip Code 33012</p> <p>Purpose of Disbursement Food for Workers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Transaction ID: D247272</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 25.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Papa John's Pizza

Mailing Address 419 W 49 St. Ste. 102

City Hiialeah State FL Zip Code 33012

Purpose of Disbursement
Food for Walkers

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D247265
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

10.69

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Paraiso Supermarket

Mailing Address 2810 W Flagler St

City Miami State FL Zip Code 33135

Purpose of Disbursement
Bottled Water for walkers

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D247280
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

12.74

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Ross

Mailing Address 449 W 49 St

City Hiialeah State FL Zip Code 33012

Purpose of Disbursement
New Campaign Office Plines supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D247275
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

86.57

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) United States Post Office | Transaction ID: D247262 Date of Disbursement 08 / 08 / 2008 |
| | Mailing Address Post Office | Amount of Each Disbursement this Period 10.42 |
| | City: Hialeah State: FL Zip Code: 33018-9997 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement: Frist Class letter R/R to Ga Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) United States Post Office | Transaction ID: D247263 Date of Disbursement 08 / 08 / 2008 |
| | Mailing Address Post Office | Amount of Each Disbursement this Period 6.75 |
| | City: Hialeah State: FL Zip Code: 33018-9997 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement: First class R/R to DC Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Rolando Bolanos | Transaction ID: D249784 Date of Disbursement 08 / 21 / 2008 |
| | Mailing Address 17871 SW 4th Ct | Amount of Each Disbursement this Period 1220.37 |
| | City: Pembroke Pines State: FL Zip Code: 33029-4115 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement: Reimbursement Broward Office Kick off Party Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 1220.37 |
| 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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
BJ's Wholesale Club

Mailing Address 13700 Pine Blvd.

City State Zip Code
Pembroke Pines FL 33027

Purpose of Disbursement
Pine Office Kick off Party supplies: Plates Napkins Sodas & garbage bags

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D249785

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

275.06

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Tati's Bakery

Mailing Address 16367 Miramar Pkwy

City State Zip Code
Miramar FL 33027

Purpose of Disbursement
Pines Office Kickoff Party: Cake & Hors d'oeuvres

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D249788

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

413.40

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Tents 'n' Events

Mailing Address 201 SW 12 Ave

City State Zip Code
Pompano Beach FL 33069

Purpose of Disbursement
Pine Kickoff party : Tents

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D249789

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

222.60

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Wal-Mart | Transaction ID: D249786 Date of Disbursement 08 / 21 / 2008 |
| | Mailing Address 9300 NW 77 Ave | Amount of Each Disbursement this Period 254.45 |
| | City Hialeah State FL Zip Code 33016 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Pines Kickoff Party supplies: Water Juice & Flags | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Winn Dixie Stores | Transaction ID: D249787 Date of Disbursement 08 / 21 / 2008 |
| | Mailing Address 541 W 49 St | Amount of Each Disbursement this Period 54.86 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Pine Office Kickoff Party : Ice | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Teresa Gavalda | Transaction ID: D249801 Date of Disbursement 08 / 22 / 2008 |
| | Mailing Address 11289 N Kendall Dr Apt L-114 | Amount of Each Disbursement this Period 25.00 |
| | City Miami State FL Zip Code 33176-1153 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 25.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 160 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) City of Miami Beach | Transaction ID: D249836 Date of Disbursement 08 / 22 / 2008 |
| | Mailing Address Convention Center Drive | Amount of Each Disbursement this Period 15.00 |
| | City Miami Beach State FL Zip Code 33139 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Parking Voter registration event | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |
| B. | Full Name (Last, First, Middle Initial) Miami Dade County | Transaction ID: D249837 Date of Disbursement 08 / 21 / 2008 |
| | Mailing Address 111 NW 1 Street | Amount of Each Disbursement this Period 10.00 |
| | City Miami State FL Zip Code 33128 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Parking Auditorium Voters registration event | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |
| C. | Full Name (Last, First, Middle Initial) Christopher M. Cabral | Transaction ID: D249851 Date of Disbursement 08 / 22 / 2008 |
| | Mailing Address 3130 SW 25th Ter | Amount of Each Disbursement this Period 366.29 |
| | City Miami State FL Zip Code 33133-2130 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement Cell Phone | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 366.29 |
| 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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Sprint

Mailing Address P O Box 105243

City Atlanta State GA Zip Code 30348

Purpose of Disbursement
Cell Phone Usage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258309
Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

366.29

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Bank of America Visa Business Card

Mailing Address PO Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement
August 08 Credit Expenses

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255426
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

4938.73

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

C.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 901 Ponce De Leon

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement
Travel to & from DC(Jr)

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258459
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

379.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

4938.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 901 Ponce De Leon

City State Zip Code
Coral Gables FL 33134

Purpose of Disbursement
Travel to and from tampa

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258467
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

564.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Discount Office Supplies

Mailing Address 1 Enviornmental Way

City State Zip Code
Broomfield CO 80021

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258470
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

47.06

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FedEx Kinko's

Mailing Address 2417 Ponce De Leon Blvd

City State Zip Code
Miami FL 33134

Purpose of Disbursement
Laminated Boards

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258494
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

419.78

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Karla Bakery | Transaction ID: D258497 |
| | Mailing Address 4410 W 16 Ave | Date of Disbursement 09 / 02 / 2008 |
| | City Hialeah State FL Zip Code 33012 | Amount of Each Disbursement this Period 100.00 |
| | Purpose of Disbursement Bakery products | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | <input type="checkbox"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | [MEMO ITEM] |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) La Bodguita Del Medio | Transaction ID: D258499 |
| | Mailing Address 3138 Coral Way | Date of Disbursement 09 / 02 / 2008 |
| | City Coral Gables State FL Zip Code 33145 | Amount of Each Disbursement this Period 730.64 |
| | Purpose of Disbursement Campaign Dinner | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | <input type="checkbox"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | [MEMO ITEM] |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) La Quinta Inn | Transaction ID: D258490 |
| | Mailing Address 909 Hidden Ridge Ste 600 Headquarters | Date of Disbursement 09 / 02 / 2008 |
| | City Irving State TX Zip Code 75038 | Amount of Each Disbursement this Period 107.00 |
| | Purpose of Disbursement Hotel Stay | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | <input type="checkbox"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Mailer Mailer | Transaction ID: D258496 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address 1395 Piccard Drive, Suite 360 | Amount of Each Disbursement this Period 79.95 |
| | City Rockville State MD Zip Code 20850 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Direct Emails Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Marriott Courtyard | Transaction ID: D258483 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address 140 L ST SE | Amount of Each Disbursement this Period 178.08 |
| | City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Tampa Stay Hogan Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Marriott Courtyard | Transaction ID: D258484 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address 140 L ST SE | Amount of Each Disbursement this Period 193.83 |
| | City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Tampa Stay R L Martinez Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Office Depot Mailing Address 520 W 49 St City Hialeah State FL Zip Code 33012 Purpose of Disbursement Binder and core supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D258464 Date of Disbursement 09 / 02 / 2008 Amount of Each Disbursement this Period 62.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Office Depot Mailing Address 520 W 49 St City Hialeah State FL Zip Code 33012 Purpose of Disbursement Ink cartridges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D258480 Date of Disbursement 09 / 02 / 2008 Amount of Each Disbursement this Period 207.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Office Depot Mailing Address 520 W 49 St City Hialeah State FL Zip Code 33012 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D258482 Date of Disbursement 09 / 02 / 2008 Amount of Each Disbursement this Period 276.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Oriental Tradiing | Transaction ID: D258487 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address PO Box 2308 | Amount of Each Disbursement this Period 461.11 |
| | City Omaha State NE Zip Code 68103 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement July 4th Decorative items | <input type="checkbox"/> [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Oriental Tradiing | Transaction ID: D258495 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address PO Box 2308 | Amount of Each Disbursement this Period 128.65 |
| | City Omaha State NE Zip Code 68103 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Patriotic buntinsg & Ballon lanterns | <input type="checkbox"/> [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Party City | Transaction ID: D258493 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address 15867 Pines Blvd | Amount of Each Disbursement this Period 89.33 |
| | City Pembroke Pines State FL Zip Code 33027 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Ballons for Pines opening | <input type="checkbox"/> [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) US Airways | Transaction ID: D258478 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address 4000 E Sky Harbor Blvd. | Amount of Each Disbursement this Period 100.00 |
| | City Phoenix State AZ Zip Code 85034 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel adjustment | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Vicky's Bakery | Transaction ID: D258475 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address 445 E 49 St | Amount of Each Disbursement this Period 80.00 |
| | City Hialeah State FL Zip Code 33013 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Pastries for volunteers | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Vicky's Bakery | Transaction ID: D258498 Date of Disbursement 09 / 02 / 2008 |
| | Mailing Address 445 E 49 St | Amount of Each Disbursement this Period 25.00 |
| | City Hialeah State FL Zip Code 33013 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Pastries | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Winn Dixie Stores</p> <p>Mailing Address 541 W 49 St</p> <p>City Hialeah State FL Zip Code 33012</p> <p>Purpose of Disbursement Supplies for headquarters</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D258488 Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 78.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>B. Full Name (Last, First, Middle Initial) ZBA, Inc.</p> <p>Mailing Address 94 Old Camplain Rd</p> <p>City Hillsborough State NJ Zip Code 08844</p> <p>Purpose of Disbursement Barcode Reader</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D258473 Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 259.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>C. Full Name (Last, First, Middle Initial) Raul Martinez Jr, Jr</p> <p>Mailing Address 422 Cadima Ave</p> <p>City Coral Gables State FL Zip Code 33134-7148</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D255472 Date of Disbursement 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 181.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

181.38

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Hereford Grill Restaurant | Transaction ID: D258312 Date of Disbursement 09 / 05 / 2008 |
| | Mailing Address 782 NW Le Jeune Rd #5 | Amount of Each Disbursement this Period 43.92 |
| | City Miami State FL Zip Code 33126 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Fundraising meeting | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) The Biltmore Bar | Transaction ID: D258313 Date of Disbursement 09 / 05 / 2008 |
| | Mailing Address 1200 Anastasia Ave | Amount of Each Disbursement this Period 75.40 |
| | City Coral Gables State FL Zip Code 33134 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Fundraising Meeting | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) The Mahogany Grille | Transaction ID: D258311 Date of Disbursement 09 / 05 / 2008 |
| | Mailing Address 2190 NW 183 St | Amount of Each Disbursement this Period 62.06 |
| | City Opa Locka State FL Zip Code 33055 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Fundraising Lunch | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Manuel Cid | Transaction ID: D25491 Date of Disbursement 09 / 08 / 2008 |
| | Mailing Address 8757 NW 149 Terr | Amount of Each Disbursement this Period 220.87 |
| | City Miami Lakes State FL Zip Code 33018 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Dunkin Donuts | Transaction ID: D258316 Date of Disbursement 09 / 08 / 2008 |
| | Mailing Address 1165 W 49 St | Amount of Each Disbursement this Period 59.96 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement SEIU Breakfast Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Palm Springs BP | Transaction ID: D258317 Date of Disbursement 09 / 08 / 2008 |
| | Mailing Address 5090 W \$ Ave | Amount of Each Disbursement this Period 53.97 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Fuel Reimbursement Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 220.87 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 171 / 191

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Palm Springs BP

Mailing Address 5090 W \$ Ave

City Hialeah State FL Zip Code 33012

Purpose of Disbursement

Fuel Reimbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D258318

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

53.76

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sunshine

Mailing Address 8690 SW 8 St

City Miami State FL Zip Code 33144

Purpose of Disbursement

Fuel Reimbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D258319

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

53.18

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
William Rodriguez

Mailing Address 3195 W 72 St

City Hialeah State FL Zip Code 33018

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D255492

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

118.76

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

SUBTOTAL of Disbursements This Page (optional)

118.76

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Big Lots | Transaction ID: D258320 Date of Disbursement 09 / 08 / 2008 |
| | Mailing Address 2100 SW 27 Ave | Amount of Each Disbursement this Period 42.79 |
| | City Miami State FL Zip Code 33145 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Folding Table for event | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Shell | Transaction ID: D258321 Date of Disbursement 09 / 08 / 2008 |
| | Mailing Address 2701 W Flagler | Amount of Each Disbursement this Period 15.97 |
| | City Miami State FL Zip Code 33135 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Ice, Water, Cooler for Voter Registration Event | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Tom Thumb | Transaction ID: D258322 Date of Disbursement 09 / 08 / 2008 |
| | Mailing Address 77 Ockeehobee RD | Amount of Each Disbursement this Period 60.00 |
| | City Hialeah State FL Zip Code 33010 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Fuel | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Teresa Gavalda | Transaction ID: D255505 Date of Disbursement 09 / 10 / 2008 |
| | Mailing Address 11289 N Kendall Dr Apt L-114 | Amount of Each Disbursement this Period 97.99 |
| | City Miami State FL Zip Code 33176-1153 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Costco Wholesale | Transaction ID: D258323 Date of Disbursement 09 / 10 / 2008 |
| | Mailing Address 16850 NW 59 Ave | Amount of Each Disbursement this Period 97.99 |
| | City Miami Lakes State FL Zip Code 33014 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Food & Water for volunteers Kendall office Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Rolando Bolanos | Transaction ID: D255507 Date of Disbursement 09 / 11 / 2008 |
| | Mailing Address 17871 SW 4th Ct | Amount of Each Disbursement this Period 32.48 |
| | City Pembroke Pines State FL Zip Code 33029-4115 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 130.47 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Winn Dixie Stores | Transaction ID: D258324 Date of Disbursement 09 / 11 / 2008 |
| | Mailing Address 541 W 49 St | Amount of Each Disbursement this Period 32.48 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Ice & Water for Pines office Volunteers | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Manuel Riesgo | Transaction ID: D255546 Date of Disbursement 09 / 22 / 2008 |
| | Mailing Address 131 W 35th Street | Amount of Each Disbursement this Period 372.82 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FedEx Kinko's | Transaction ID: D258338 Date of Disbursement 09 / 22 / 2008 |
| | Mailing Address 2417 Ponce De Leon Blvd | Amount of Each Disbursement this Period 67.12 |
| | City Miami State FL Zip Code 33134 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Overnight Pastelitos to Camp Le juene | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 372.82 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Home Depot | Transaction ID: D258329 Date of Disbursement 09 / 22 / 2008 |
| | Mailing Address 1590 W 49 Street | Amount of Each Disbursement this Period 56.17 |
| | City Hiialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Tools | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Kmart | Transaction ID: D258336 Date of Disbursement 09 / 22 / 2008 |
| | Mailing Address 1460 W 49 Street | Amount of Each Disbursement this Period 11.26 |
| | City Hiialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Portfolio & Backpack | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Lowe's Home Centers, Inc. | Transaction ID: D258328 Date of Disbursement 09 / 22 / 2008 |
| | Mailing Address 1650 W 37 Street | Amount of Each Disbursement this Period 164.88 |
| | City Hiialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Stapler & finish straps | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Vicky's Bakery | Transaction ID: D258331 |
| | Mailing Address 445 E 49 St | Date of Disbursement 09 / 22 / 2008 |
| | City Hialeah State FL Zip Code 33013 | Amount of Each Disbursement this Period 13.90 |
| | Purpose of Disbursement Pasteries | <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 | [MEMO ITEM] |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Vicky's Bakery | Transaction ID: D258341 |
| | Mailing Address 445 E 49 St | Date of Disbursement 09 / 22 / 2008 |
| | City Hialeah State FL Zip Code 33013 | Amount of Each Disbursement this Period 48.00 |
| | Purpose of Disbursement Pastries | <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 | [MEMO ITEM] |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Winn Dixie Stores | Transaction ID: D258325 |
| | Mailing Address 541 W 49 St | Date of Disbursement 09 / 22 / 2008 |
| | City Hialeah State FL Zip Code 33012 | Amount of Each Disbursement this Period 11.49 |
| | Purpose of Disbursement Food Volunteer Breakfast | <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 | [MEMO ITEM] |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Rolando Bolanos

Mailing Address 17871 SW 4th Ct

City State Zip Code
Pembroke Pines FL 33029-4115

Purpose of Disbursement
Reimbursement
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D255565
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 178.72 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
BJ's Wholesale Club

Mailing Address 13700 Pine Blvd.

City State Zip Code
Pembroke Pines FL 33027

Purpose of Disbursement
Sodas
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D258354
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|-------|
| 33.50 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Home Depot

Mailing Address 1590 W 49 Street

City State Zip Code
Hialeah FL 33012

Purpose of Disbursement
new key
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D258349
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|------|
| 1.56 |
|------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|--------|
| 178.72 |
|--------|

TOTAL This Period (last page this line number only) ▶

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Party City

Mailing Address 15867 Pines Blvd

City State Zip Code
Pembroke Pines FL 33027

Purpose of Disbursement
Balloons

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/Type

Transaction ID: D258353
Date of Disbursement
09 / 29 / 2008

Amount of Each Disbursement this Period
27.57

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Publix

Mailing Address P O Box 407

City State Zip Code
Lakeland FL 33802-0407

Purpose of Disbursement
Sandwiches platter

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/Type

Transaction ID: D258357
Date of Disbursement
09 / 29 / 2008

Amount of Each Disbursement this Period
47.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Winn Dixie Stores

Mailing Address 541 W 49 St

City State Zip Code
Hialeah FL 33012

Purpose of Disbursement
Ice; Water & Pastries for volunteers

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/Type

Transaction ID: D258347
Date of Disbursement
09 / 29 / 2008

Amount of Each Disbursement this Period
68.39

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 179 / 191

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A. Full Name (Last, First, Middle Initial)
Bank of America Visa Business Card

Mailing Address PO Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement
September, 08/ Card expenses

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255848

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

5540.28

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
AT & T

Mailing Address PO Box 43210

City Atlanta State GA Zip Code 30336-3210

Purpose of Disbursement
Wifi Data Connect & Service

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D259022

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

374.48

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Cheap Tickets

Mailing Address 500 W Madison St Ste 1000

City Chicago State IL Zip Code 60661

Purpose of Disbursement
Service Fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D259021

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

5.99

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

5540.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Continental Airlines Mailing Address 900 Grand Plaza Dr City Houston State TX Zip Code 77067 Purpose of Disbursement Garcia travel TX & CO Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D259023 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 508.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) DemStore.com Mailing Address 5125 Mac Arthur Blvd, NW Ste 14 City Washington State DC Zip Code 20016 Purpose of Disbursement Imprinted labels & stickers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D259027 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 266.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Mailer Mailer Mailing Address 1395 Piccard Drive, Suite 360 City Rockville State MD Zip Code 20850 Purpose of Disbursement Sept Bulk Email fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D259039 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 79.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Miami Dade County Store | Transaction ID: D259028 Date of Disbursement 09 / 29 / 2008 |
| | Mailing Address 980 W 84 St | Amount of Each Disbursement this Period 52.97 |
| | City Hialeah State FL Zip Code 33014 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Legal size file cabinets | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: D259029 Date of Disbursement 09 / 29 / 2008 |
| | Mailing Address 520 W 49 St | Amount of Each Disbursement this Period 477.48 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Office supplies | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: D259030 Date of Disbursement 09 / 29 / 2008 |
| | Mailing Address 520 W 49 St | Amount of Each Disbursement this Period 58.17 |
| | City Hialeah State FL Zip Code 33012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Office supplies Admin Office | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 520 W 49 St

City Hialeah State FL Zip Code 33012

Purpose of Disbursement
Item exchange office supply

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D259031

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

17.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Palm Restaurant

Mailing Address 1672 Lawrence St

City Denver State CO Zip Code 80202

Purpose of Disbursement
Fundraising Dinner

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D259051

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

291.61

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
PSAV Presentation Services

Mailing Address 3633 SW 30 Ave

City Fort Lauderdale State FL Zip Code 33312

Purpose of Disbursement
Rental & set up for 09/01/08

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D259042

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

353.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) PSAV Presentation Services Mailing Address 3633 SW 30 Ave City Fort Lauderdale State FL Zip Code 33312 Purpose of Disbursement Rental & Setup 09/04/08 Candidate Name | Transaction ID: D259046 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 417.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) Red Lion Hotel Mailing Address 4040 Quebec St City Denver State CO Zip Code 80216 Purpose of Disbursement R Martinez Fundraiser Denver stay Candidate Name | Transaction ID: D259054 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 1593.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) Red Lion Hotel Mailing Address 4040 Quebec St City Denver State CO Zip Code 80216 Purpose of Disbursement Denver Hotel stay Fundraiser Candidate Name | Transaction ID: D259035 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 822.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Sheraton Denver

Mailing Address 1550 Court Place

City State Zip Code
Denver CO 80202

Purpose of Disbursement
Fundraising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D259049
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

66.76

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Six Apart, LTD

Mailing Address 548 4th Street

City State Zip Code
San Francisco CA 94107

Purpose of Disbursement
Blog setup assistance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D259020
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

29.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Walgreens

Mailing Address 500B W 49 St

City State Zip Code
Hialeah FL 33012

Purpose of Disbursement
Print Development

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D259026
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

5.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Wholesale Poster Frames Mailing Address 29 Eastern Steel Rd City Milford State CT Zip Code 06460 Purpose of Disbursement Replace broken frame Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D259032 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 36.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Winn Dixie Stores Mailing Address 541 W 49 St City Hialeah State FL Zip Code 33012 Purpose of Disbursement Food for Volunteers/ supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D259037 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 83.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Dana Ann Ballesteros Mailing Address 1825 Ponce De Leon Blvd 150 City Coral Gables State FL Zip Code 33134 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255894 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 17.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 17.03 |
| TOTAL 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)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
CVS / Pharmacy

Mailing Address 650 NW 27 Ave

City State Zip Code
Miami FL 33134

Purpose of Disbursement
Ice

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258359
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

7.03

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Miami Dade County

Mailing Address 111 NW 1 Street

City State Zip Code
Miami FL 33128

Purpose of Disbursement
Parking for Voter registration event

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258361
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

10.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Adalina Morales

Mailing Address 11125 NW 59 Avenue

City State Zip Code
Hialeah FL 33012

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255900
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

28.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

28.88

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 520 W 49 St City Hialeah State FL Zip Code 33012 Purpose of Disbursement Labels Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D258363 Date of Disbursement 09 / 29 / 2008 |
| | Amount of Each Disbursement this Period 28.88 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | [MEMO ITEM] |
| | Category/Type |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) Janie Riesgo Mailing Address 131 W 35th St City Hialeah State FL Zip Code 33012-5231 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D255914 Date of Disbursement 09 / 29 / 2008 |
| | Amount of Each Disbursement this Period 91.13 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type |
| | Category/Type |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Winn Dixie Stores Mailing Address 541 W 49 St City Hialeah State FL Zip Code 33012 Purpose of Disbursement Maintenance Supplies for Headquarters Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D258364 Date of Disbursement 09 / 29 / 2008 |
| | Amount of Each Disbursement this Period 91.13 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | [MEMO ITEM] |
| | Category/Type |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 91.13 |
| 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 |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
William Rodriguez

Mailing Address 3195 W 72 St

City Hialeah State FL Zip Code 33018

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D255917
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

255.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Daljer Sales Inc.

Mailing Address 3885 W 16 Ave

City Hialeah State FL Zip Code 33012

Purpose of Disbursement
Nails & Wire

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258388
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

29.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Don Pan Bakery

Mailing Address 581 W 49 St

City Hialeah State FL Zip Code 33012

Purpose of Disbursement
Pastries for volunteer breakfast

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258431
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

16.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

255.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Home Depot Mailing Address 1590 W 49 Street City Hialeah State FL Zip Code 33012 Purpose of Disbursement staples Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D258372 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 31.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Navarro Pharmacies Mailing Address 775 W 49 St City Hialeah State FL Zip Code 33012 Purpose of Disbursement Photo prints Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D258386 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 8.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Office Depot Mailing Address 520 W 49 St City Hialeah State FL Zip Code 33012 Purpose of Disbursement planner marker and pens Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D258383 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 45.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 190 / 191

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Party City

Mailing Address 15867 Pines Blvd

City State Zip Code
Pembroke Pines FL 33027

Purpose of Disbursement

Balloons

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258368

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

8.53

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Staples Inc.

Mailing Address 500 Staples Drive

City State Zip Code
Framingham MA 01702

Purpose of Disbursement
Posterboards and markers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258370

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

12.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Vicky's Bakery

Mailing Address 445 E 49 St

City State Zip Code
Hialeah FL 33013

Purpose of Disbursement
Food for volunteers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258367

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

41.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 191 / 191

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raul Martinez for Congress

A.

Full Name (Last, First, Middle Initial)
Winn Dixie Stores

Mailing Address 541 W 49 St

City State Zip Code
Hialeah FL 33012

Purpose of Disbursement
Food and Candy for Parade event

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D258366

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)