

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Friends of Joe Negron

ADDRESS (number and street)

P. O. Box 1640

Check if different than previously reported. (ACC)

Stuart

FL

34985

2. **FEC IDENTIFICATION NUMBER**

C00389130

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED (A)

FL 16

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 07 28 2003 through 09 29 2003

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

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer Electronically Filed by Nancy H. Watkins Date 09 30 2003

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Joe Negron

Report Covering the Period:

From: M M D D Y Y Y Y
0 7 2 8 2 0 0 3

To: M M D D Y Y Y Y
0 9 2 8 2 0 0 3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	28300.00	28300.00
(b) Total Contribution Refunds (from Line 20(d)).....	21282.01	21282.01
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7017.99	7017.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	7017.99	7017.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7017.99	7017.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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

Write or Type Committee Name

Friends of Joe Negron

Report Covering the Period: From: M M D J Y ' ' ' ' 0 7 2 8 2 0 0 3

To: V V U J Y ' ' ' ' 0 9 2 8 2 0 0 3

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7017.99	7017.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	18649.95	18649.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2632.06	2632.06
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	21282.01	21282.01
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	28300.00	28300.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 15, page3).....	28300.00
25. SUBTOTAL (add Line 23 and Line 24).....	28300.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28300.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 48	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 11d	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
 Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. American Chiropractic Assoc. PAC		Date of Receipt M / D / Y 08 / 27 / 2008
Mailing Address 1701 Clarendon Blvd.		Transaction ID: C001901
City	State	Zip Code
Arlington	VA	22209
FEC ID number of contributing federal political committee. C C00102764		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Oral and Maxillofacial Surgery PAC		Date of Receipt M / D / Y 08 / 20 / 2008
Mailing Address 9700 W. Bryn Mawr Avenue		Transaction ID: C000101
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee. C C00005880		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	3500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Bailey, Mary R.		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 5953 S.W. Ranchito Street		Transaction ID: C000801
City Palm City	State FL	Zip Code 34860
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer E.B.I. Site Development, Inc.	Occupation building/contracting	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Bemby, Lanelle		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 5025 1st Street, S.E.		Transaction ID: C000m01
City Lakeland	State FL	Zip Code 33813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer information requested	Occupation surety agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Bennett, John E.		Date of Receipt M / D / Y 08 / 02 / 2003
Mailing Address 3501 S.W. Corporate Pkwy.		Transaction ID: C001FD1
City Palm City	State FL	Zip Code 34860
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Reliance Petroleum Co.	Occupation petroleum marketer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Bowdsh, James L. S.		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 471 N.E. Tawn Terrace		Transaction ID: C000c01
City Jensen Beach	State FL	Zip Code 34857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Crary, Buchanan, Bowdsh	Occupation attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Braswell, Linda		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 2329 N.E. 13th Court		Transaction ID: C000p01
City Jensen Beach	State FL	Zip Code 34857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Braswell Surety Service, Inc.	Occupation surety agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Capps, Robin		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 8886 S.E. Alabama Place		Transaction ID: C000d01
City Hobe Sound	State FL	Zip Code 33455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Capps and Huff	Occupation office manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Check-Minor, Mary L.		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 2312 Kings Lake Blvd.		Transaction ID: C001701
City Naples	State FL	Zip Code 34112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mary and Jimmie's Bail Bonds, Inc.	Occupation surety agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Cornel-Monshen, Martha E.		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 881D Parkside Drive		Transaction ID: C001G01
City New Port Richey	State FL	Zip Code 34653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Abigail Bail Bonds, Inc.	Occupation surety agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dockery, G. D.		Date of Receipt M / D / Y 09 / 06 / 2003
Mailing Address P. O. Box 7201		Transaction ID: C001L03
City Lakeland	State FL	Zip Code 33807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer n/a	Occupation retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 48	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Dougherty, Kenneth J.		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 1908 S. Riverside Drive, #8		Transaction ID: C001201
City Edgewater	State FL	Zip Code 32141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation chiropractic physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Engbrekzen, Shawn T.		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 1825 N.W. Bright River Point		Transaction ID: C000j01
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation oral surgeon	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Shawn T. Engbrekzen, DMD, PA		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Frank, Brian J.		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 214 E. Lexington Street		Transaction ID: C001C01
City Baltimore	State MD	Zip Code 21202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation insurance	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Lexington Natl. Ins. Corp.		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. <u>Hendipolas, Michael J.</u>		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address <u>524 Sommerset</u>		Transaction ID: <u>C000b01</u>
City <u>Cocoa Beach</u>	State <u>FL</u>	Zip Code <u>32831</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer <u>Indian River Community College</u>	Occupation <u>college professor</u>	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. <u>Hendrickson, Patricia</u>		Date of Receipt M / D / Y 08 / 14 / 2003
Mailing Address <u>108 Turtle Creek Drive</u>		Transaction ID: <u>C000501</u>
City <u>Tequesta</u>	State <u>FL</u>	Zip Code <u>33469</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer <u>n/a</u>	Occupation <u>retired</u>	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. <u>Jaked, Deborah S.</u>		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address <u>101D Greentree Drive</u>		Transaction ID: <u>C001501</u>
City <u>Winter Park</u>	State <u>FL</u>	Zip Code <u>32789</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer <u>Accredited Surety & Casualty</u>	Occupation <u>insurance</u>	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 48	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Gibbey, Dana		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 416 S.W. Camden Avenue		Transaction ID: C000u01
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Page One Court Reporting	Occupation court reporter	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Knight, James E.		Date of Receipt M / D / Y 08 / 18 / 2003
Mailing Address 117B S.E. MacArthur Blvd.		Transaction ID: C000801
City Stuart	State FL	Zip Code 34986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer n/a	Occupation retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Leighton, Laura		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 49 S.E. Kindred Street		Transaction ID: C000w01
City Stuart	State FL	Zip Code 34984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Laura Leighton Salon	Occupation owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 48		
	(check only one)				
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. <u>Lewen, Stephen M.</u>		Date of Receipt M / D / Y 08 / 16 / 2008
Mailing Address <u>3800 S.W. Mashie Court</u>		Transaction ID: <u>C000701</u>
City <u>Palm City</u>	State <u>FL</u>	Zip Code <u>34860</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer <u>Hebrew Kasher Provision, Inc.</u>	Occupation <u>president</u>	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. <u>Lippisch, William E.</u>		Date of Receipt M / D / Y 08 / 20 / 2008
Mailing Address <u>22 S. Sewalls Point Road</u>		Transaction ID: <u>C000k01</u>
City <u>Stuart</u>	State <u>FL</u>	Zip Code <u>34966</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer <u>William E. Lippisch, DMD, PA</u>	Occupation <u>dentist</u>	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. <u>Malucci, John E.</u>		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address <u>55 E. Osceola Street #200</u>		Transaction ID: <u>C000601</u>
City <u>Stuart</u>	State <u>FL</u>	Zip Code <u>34964</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer <u>self-employed</u>	Occupation <u>attorney</u>	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. McKenna, Sidney F.		Date of Receipt M / D / Y 08 / 23 / 2003
Mailing Address 568D Winged Foot Drive		Transaction ID: C000y01
City	State	Zip Code
Stuart	FL	34907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer N/A	Occupation retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Nefzer, Michael A.		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 424 S. Congress Avenue, #3		Transaction ID: C001401
City	State	Zip Code
West Palm Beach	FL	33406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Big Mike's Bail Bonds	Occupation surety agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Newman, Russell G.		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 801 Country Place Drive		Transaction ID: C000t01
City	State	Zip Code
Pearl	MS	39208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bail South, Inc.	Occupation surety agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Palmer, Kimberly		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 116 Horseshoe Bend		Transaction ID: C001601
City State Zip Code De Leon Springs FL 32130	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer The Ball Corporation	Occupation surety agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Parlan, Randy K.		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 3907 Winding Lake Circle		Transaction ID: C000c01
City State Zip Code Orlando FL 32835	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Hanescat, Inc.	Occupation president	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Reed, Nathaniel P.		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address P. O. Box 1213		Transaction ID: C001D01
City State Zip Code Hobe Sound FL 33475	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer self-employed	Occupation investor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Roche, Linda		Date of Receipt M / D / Y 08 / 20 / 2003	
Mailing Address 191D Orient Road		Transaction ID: C000q01	
City Tampa	State FL	Zip Code 33619	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Roche Surety, Inc.	Occupation surety agent		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Segasser, Glenda B.		Date of Receipt M / D / Y 08 / 20 / 2003	
Mailing Address 1671 Rock Terrace		Transaction ID: C000r01	
City West Palm Beach	State FL	Zip Code 33411	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Glenda's AAA Bail Bonds, Inc.	Occupation surety agent		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Chew, Judith E.		Date of Receipt M / D / Y 08 / 20 / 2003	
Mailing Address 11585 S.W. Meadowlark Circle		Transaction ID: C000e01	
City Stuart	State FL	Zip Code 34967	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer self-employed	Occupation salon owner		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

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

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

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

FOR LINE NUMBER: PAGE 16 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Sheppard, Sheila R.		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 9000 S.W. 84th Street		Transaction ID: C000s01
City Miami	State FL	Zip Code 33176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Allegheny Casualty Co.	Occupation insurance	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Teague, Richard W.		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 112 E. Forsyth Street		Transaction ID: C001B01
City Jacksonville	State FL	Zip Code 32202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ann Teague Bonding Agency, Inc.	Occupation surety agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ubar, Gary P.		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 7914 S.E. Osprey Street		Transaction ID: C000h01
City Hobe Sound	State FL	Zip Code 33455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer A Friends of Your Family, Inc.	Occupation vice-president	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Udell, Robert G.		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 3820 N.E. Kestrel Drive		Transaction ID: C000f01
City Jensen Beach	State FL	Zip Code 33457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. White, Gary W.		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 9680 S.W. 96th Court		Transaction ID: C000n01
City Miami	State FL	Zip Code 33176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation surety agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Whittemore, William H.		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 409 S.E. St. Lucia Blvd.		Transaction ID: C000i01
City Stuart	State FL	Zip Code 34958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer n/a	Occupation retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
 Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Wuebbenhorst, Lara H.		Date of Receipt M / D / Y 08 / 18 / 2008
Mailing Address 844D S.E. Phillips Park Avenue		Transaction ID: C000A01
City Stuart	State FL	Zip Code 34987
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(A-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ziskinder, Steven		Date of Receipt M / D / Y 08 / 20 / 2008
Mailing Address 1785 S.W. St. Andrews Drive		Transaction ID: C000g01
City Palm City	State FL	Zip Code 34960
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Phillips & Ziskinder	Occupation attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(A-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	20300.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Adams, Raymond P.		Transaction ID: D000101 Date of Disbursement 09 / 29 / 2003		
Mailing Address 668 S.W. Hidden River Avenue		Amount of Each Disbursement this Period 37.61 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Palm City	State FL			Zip Code 34990
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) B. Adler, Scott		Transaction ID: D001901 Date of Disbursement 09 / 29 / 2003		
Mailing Address 11810 N.W. 13th Street		Amount of Each Disbursement this Period 37.61 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Pembroke Pines	State FL			Zip Code 33026
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) C. Bailey, Mary R.		Transaction ID: D000801 Date of Disbursement 09 / 29 / 2003		
Mailing Address 5953 S.W. Ranchito Street		Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Palm City	State FL			Zip Code 34990
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: District				

SUBTOTAL of Disbursements This Page (optional)	▶	263.22
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 20 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Baillie, Russell E.		Transaction ID: D001A01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 720 N.W. 30th Avenue		Amount of Each Disbursement this Period 75.20	
City Ocala	State FL	Zip Code 34475	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Bernbry, Lanette		Transaction ID: D000m01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 5025 1st Street, S.E.		Amount of Each Disbursement this Period 188.00	
City Lakeland	State FL	Zip Code 33813	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Bennett, John E.		Transaction ID: D001F01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 3501 S.W. Corporate Pkwy.		Amount of Each Disbursement this Period 376.01	
City Palm City	State FL	Zip Code 34990	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	639.21
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)				PAGE 21 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Bowditch, James L. S.		Transaction ID: D000c01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 471 N.E. Town Terrace			
City Jensen Beach	State FL	Zip Code 34957	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Braswell, Linda		Transaction ID: D000p01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 2329 N.E. 13th Court			
City Jensen Beach	State FL	Zip Code 34957	Amount of Each Disbursement this Period 752.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bronis, Barbara W.		Transaction ID: D000B01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 3543 S.W. Sunset Trace Circle			
City Palm City	State FL	Zip Code 34990	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1015.21
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)				PAGE 22 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Bryant, William J.		Transaction ID: D000v01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 2581 Metrocentre Blvd., #1		Amount of Each Disbursement this Period 150.40	
City West Palm Beach	State FL	Zip Code 33407	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Capps, Robin		Transaction ID: D000d01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 8686 S.E. Alabama Place		Amount of Each Disbursement this Period 376.01	
City Hobe Sound	State FL	Zip Code 33455	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Carter, Fred S.		Transaction ID: D000901 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1100 S.W. Shoreline Drive, #112		Amount of Each Disbursement this Period 75.20	
City Palm City	State FL	Zip Code 34990	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	601.61
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 23 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Chacko-Minor, Mary L.		Transaction ID: D001701 Date of Disbursement 09 / 29 / 2003	
Mailing Address 2312 Kings Lake Blvd.			
City Naples	State FL	Zip Code 34112	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cornell-Monahan, Martha E.		Transaction ID: D001G01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 6610 Parkside Drive			
City New Port Richey	State FL	Zip Code 34653	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Davino, Ralph F.		Transaction ID: D000U01 Date of Disbursement 09 / 29 / 2003	
Mailing Address P. O. Box 175B			
City Hobe Sound	State FL	Zip Code 33475	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	451.20
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 24 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Dockery, C. C.		Transaction ID: D001L01 Date of Disbursement 09 / 29 / 2003	
Mailing Address P. O. Box 7201			
City Lakeland	State FL	Zip Code 33807	Amount of Each Disbursement this Period 1504.03 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Dougherty, Kenneth J.		Transaction ID: D001201 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1909 S. Riverside Drive, #8			
City Edgewater	State FL	Zip Code 32141	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Dwyer, William F. X.		Transaction ID: D000K01 Date of Disbursement 09 / 29 / 2003	
Mailing Address B275 S.W. Skipper Drive			
City Stuart	State FL	Zip Code 34997	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1767.23
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 25 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Engebretsen, Shawn T.		Transaction ID: D000j01 Date of Disbursement 09 / 29 / 2003		
Mailing Address 1825 N.W. Bright River Point		Amount of Each Disbursement this Period 376.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Stuart	State FL			Zip Code 34994
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Erlick, Everett H.		Transaction ID: D001K01 Date of Disbursement 09 / 29 / 2003		
Mailing Address 2812 S.E. Dune Drive, #1102		Amount of Each Disbursement this Period 150.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Stuart	State FL			Zip Code 34906
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Farach, Manuel		Transaction ID: D000201 Date of Disbursement 09 / 29 / 2003		
Mailing Address B307 S.E. Sanctuary Drive		Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Hobe Sound	State FL			Zip Code 33455
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	601.61
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 26 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Fennelly, Sheila B.		Transaction ID: D000W01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 2579 S.W. Egret Pond Circle			
City Palm City	State FL	Zip Code 34900	Amount of Each Disbursement this Period 112.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Forst, Alan		Transaction ID: D000X01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 3553 S.W. Thistlewood Lane			
City Palm City	State FL	Zip Code 34900	Amount of Each Disbursement this Period 150.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frank, Brian J.		Transaction ID: D001C01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 214 E. Lexington Street			
City Baltimore	State MD	Zip Code 21202	Amount of Each Disbursement this Period 752.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1015.21
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)

PAGE 27 / 48

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Hake, Nicholas		Transaction ID: D000L01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1382 S.W. Evergreen Lane		Amount of Each Disbursement this Period 75.20	
City Palm City	State FL	Zip Code 34990	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Haridopolos, Michael J.		Transaction ID: D000b01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 524 Sommerset		Amount of Each Disbursement this Period 188.00	
City Cocoa Beach	State FL	Zip Code 32931	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Hendrickson, Patricia		Transaction ID: D000501 Date of Disbursement 09 / 29 / 2003	
Mailing Address 108 Turtle Creek Drive		Amount of Each Disbursement this Period 376.01	
City Tequesta	State FL	Zip Code 33469	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	639.21
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)				PAGE 28 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

A. Full Name (Last, First, Middle Initial) Hill, David E.		Transaction ID: D001H01 Date of Disbursement 09 / 29 / 2003		
Mailing Address 1087 S.W. Blue Water Way		Amount of Each Disbursement this Period 150.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Stuart	State FL			Zip Code 34987
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Hobson, Joyce A.		Transaction ID: D000H01 Date of Disbursement 09 / 29 / 2003		
Mailing Address 2322 Tina Drive		Amount of Each Disbursement this Period 37.61 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Tallahassee	State FL			Zip Code 32301
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Horton, Joe		Transaction ID: D001N01 Date of Disbursement 09 / 29 / 2003		
Mailing Address P. O. Box 2007		Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Hobe Sound	State FL			Zip Code 33475
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	263.21
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)

PAGE 29 / 48

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Hudson, Dennis S.		Transaction ID: D001D01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 157 S. River Road			
City Stuart	State FL	Zip Code 34986	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jallad, Deborah S.		Transaction ID: D001S01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1010 Greentree Drive			
City Winter Park	State FL	Zip Code 32786	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jordan, Marjorie N.		Transaction ID: D001I01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 12 Castle Hill Way			
City Stuart	State FL	Zip Code 34986	Amount of Each Disbursement this Period 150.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	413.60
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 30 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Kane, Charles W.		Transaction ID: D000001 Date of Disbursement 09 / 29 / 2003	
Mailing Address 4084 S.E. Fairway E.		Amount of Each Disbursement this Period 75.20	
City Stuart	State FL	Zip Code 34997	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Kelly, Matthew		Transaction ID: D000001 Date of Disbursement 09 / 29 / 2003	
Mailing Address 530 S.E. St. Lucie Blvd.		Amount of Each Disbursement this Period 75.20	
City Stuart	State FL	Zip Code 34906	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Kibbey, Dana		Transaction ID: D000001 Date of Disbursement 09 / 29 / 2003	
Mailing Address 418 S.W. Camden Avenue		Amount of Each Disbursement this Period 376.01	
City Stuart	State FL	Zip Code 34994	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	526.41
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 31 / 48

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Knight, James E.		Transaction ID: D000901 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1178 S.E. MacArthur Blvd.		Amount of Each Disbursement this Period 1504.03	
City Stuart	State FL	Zip Code 34996	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Lane, Jocelyn		Transaction ID: D000201 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1189 S.E. Westminster Place		Amount of Each Disbursement this Period 37.61	
City Stuart	State FL	Zip Code 34997	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Lass, John M.		Transaction ID: D000201 Date of Disbursement 09 / 29 / 2003	
Mailing Address 2976 S.W. Brighton Way		Amount of Each Disbursement this Period 150.40	
City Palm City	State FL	Zip Code 34990	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	1692.04
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 32 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
 Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Leighton, Laura		Transaction ID: D000w01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 49 S.E. Kindred Street			
City Stuart	State FL	Zip Code 34994	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lewen, Stephen M.		Transaction ID: D000701 Date of Disbursement 09 / 29 / 2003	
Mailing Address 3600 S.W. Mashie Court			
City Palm City	State FL	Zip Code 34900	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Linn, Frederick M.		Transaction ID: D000Y01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1928 N.E. San Carlos Calle			
City Jensen Beach	State FL	Zip Code 34957	Amount of Each Disbursement this Period 150.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	526.40
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)				PAGE 33 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Lippisch, William E.		Transaction ID: D000k01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 22 S. Sewalls Point Road			
City Stuart	State FL	Zip Code 34986	Amount of Each Disbursement this Period 376.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Magrogan, Patricia M.		Transaction ID: D001J01 Date of Disbursement 09 / 29 / 2003	
Mailing Address P. O. Box 3594			
City Jupiter	State FL	Zip Code 33460	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Maiucci, John E.		Transaction ID: D000601 Date of Disbursement 09 / 29 / 2003	
Mailing Address 55 E. Osceola Street, #200			
City Stuart	State FL	Zip Code 34984	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	639.21
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)				PAGE 34 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. McKenna, Sidney F.		Transaction ID: D000y01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 5680 Winged Foot Drive			
City Stuart	State FL	Zip Code 34987	Amount of Each Disbursement this Period 225.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Murphy, Joseph A.		Transaction ID: D000J01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 4231 S.W. Mallard Creek Trail			
City Palm City	State FL	Zip Code 34900	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nefzger, Michael A.		Transaction ID: D001401 Date of Disbursement 09 / 29 / 2003	
Mailing Address 424 S. Congress Avenue, #3			
City West Palm Beach	State FL	Zip Code 33408	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	488.80
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 35 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Newman, Russell G.		Transaction ID: D000401 Date of Disbursement 09 / 29 / 2003		
Mailing Address 801 Country Place Drive		Amount of Each Disbursement this Period 376.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Pearl	State MS			Zip Code 39208
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) B. Oblisk, Vern		Transaction ID: D000401 Date of Disbursement 09 / 29 / 2003		
Mailing Address 6201 U.S. 41, North 2204 Quiet Place		Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Palmetto	State FL			Zip Code 34221
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) C. Overdorf, Tobin R.		Transaction ID: D000M01 Date of Disbursement 09 / 29 / 2003		
Mailing Address 558 S.W. Rustic Circle		Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Stuart	State FL			Zip Code 34987
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼			
State: District				

SUBTOTAL of Disbursements This Page (optional)	▶	526.41
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 36 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Palmer, Kimberly		Transaction ID: D001601 Date of Disbursement 09 / 29 / 2003	
Mailing Address 116 Horseshoe Bend			
City De Leon Springs	State FL	Zip Code 32130	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Parton, Randy K.		Transaction ID: D000601 Date of Disbursement 09 / 29 / 2003	
Mailing Address 3907 Winding Lake Circle			
City Orlando	State FL	Zip Code 32835	Amount of Each Disbursement this Period 376.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Poe, Sid		Transaction ID: D000E01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1515 S. Flagler Drive, #802			
City West Palm Beach	State FL	Zip Code 33401	Amount of Each Disbursement this Period 37.81 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	601.62
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 37 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Quinn, Robert J.		Transaction ID: D000G01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 2143 N.W. 19th Drive			
City Stuart	State FL	Zip Code 34994	Amount of Each Disbursement this Period 37.61 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Reed, Nathaniel P.		Transaction ID: D001D01 Date of Disbursement 09 / 29 / 2003	
Mailing Address P. O. Box 1213			
City Hobe Sound	State FL	Zip Code 33475	Amount of Each Disbursement this Period 1504.03 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Reichle, Richard W.		Transaction ID: D000S01 Date of Disbursement 09 / 29 / 2003	
Mailing Address B326 S.E. Woodcrest Place			
City Hobe Sound	State FL	Zip Code 33455	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1616.84
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 38 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Riley, Nancy J.		Transaction ID: D000R01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 2967 Teal Lane			
City Clearwater	State FL	Zip Code 33762	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Ringe, Vickie		Transaction ID: D001M01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 4140 S.E. Peterson Lane			
City Stuart	State FL	Zip Code 34907	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Roberts, Kathleen H.		Transaction ID: D000N01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 2184 S.E. Meadow Brook Road			
City Stuart	State FL	Zip Code 34907	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	225.60
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 39 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Roche, Linda		Transaction ID: D000q01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1910 Orient Road			
City Tampa	State FL	Zip Code 33619	Amount of Each Disbursement this Period 376.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Schwartz, Lynn D.		Transaction ID: D000P01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 102 S.E. Harbor Point Drive			
City Stuart	State FL	Zip Code 34906	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Segasser, Glenda B.		Transaction ID: D000r01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1671 Rock Terrace			
City West Palm Beach	State FL	Zip Code 33411	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	639.21
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)				PAGE 40 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Shanz, Harold F.		Transaction ID: D000T01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1127 Seminole E., #4D			
City Jupiter	State FL	Zip Code 33477	Amount of Each Disbursement this Period 75.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Shanz, Mark C.		Transaction ID: D000FD1 Date of Disbursement 09 / 29 / 2003	
Mailing Address 105 W. Windsor Road			
City Jupiter	State FL	Zip Code 33460	Amount of Each Disbursement this Period 37.61 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Shaw, Judith E.		Transaction ID: D000e01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 11585 S.W. Meadowlark Circle			
City Stuart	State FL	Zip Code 34997	Amount of Each Disbursement this Period 376.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	488.82
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 41 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Sheppard, Sharla R.		Transaction ID: D000e01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 9000 S.W. 94th Street			
City Miami	State FL	Zip Code 33176	Amount of Each Disbursement this Period 376.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sinclair, Deena		Transaction ID: D001B01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 2180 N.W. 93rd Avenue			
City Pembroke Pines	State FL	Zip Code 33024	Amount of Each Disbursement this Period 37.61 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Smith, Carolyn H.		Transaction ID: D000D01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1800 S.E. St. Lucie Blvd., #6-302			
City Stuart	State FL	Zip Code 34996	Amount of Each Disbursement this Period 18.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	432.42
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 42 / 48

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Smith, Kathie L.		Transaction ID: D000a01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 3330 S.W. St. Lucie Shores Drive			
City Palm City	State FL	Zip Code 34990	Amount of Each Disbursement this Period 150.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Teague, Richard W.		Transaction ID: D001B01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 112 E. Forsyth Street			
City Jacksonville	State FL	Zip Code 32202	Amount of Each Disbursement this Period 188.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Uber, Gary P.		Transaction ID: D000h01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 7914 S.E. Osprey Street			
City Hobe Sound	State FL	Zip Code 33455	Amount of Each Disbursement this Period 376.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	714.41
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 43 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Udell, Robert G.		Transaction ID: D000f01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 3820 N.E. Kestrel Drive		Amount of Each Disbursement this Period 376.01	
City Jensen Beach	State FL	Zip Code 34957	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Yokoun, Thomas C.		Transaction ID: D001101 Date of Disbursement 09 / 29 / 2003	
Mailing Address 4966 S.E. Manatee Cove Road		Amount of Each Disbursement this Period 75.20	
City Stuart	State FL	Zip Code 34907	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Whitice, Gary W.		Transaction ID: D000n01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 8680 S.W. 98th Court		Amount of Each Disbursement this Period 188.00	
City Miami	State FL	Zip Code 33178	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	639.21
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)				PAGE 44 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Whitney, Teresa S.		Transaction ID: D000C01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 2524 S.W. Egret Pond Circle		Amount of Each Disbursement this Period 18.80	
City Palm City	State FL	Zip Code 34990	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Whittemore, William H.		Transaction ID: D000I01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 409 S.E. St. Lucie Blvd.		Amount of Each Disbursement this Period 376.01	
City Stuart	State FL	Zip Code 34906	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Wichser, Lisa A.		Transaction ID: D000Q01 Date of Disbursement 09 / 29 / 2003	
Mailing Address 1301 S.W. San Antonio Drive		Amount of Each Disbursement this Period 75.20	
City Palm City	State FL	Zip Code 34990	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement contribution refund		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	470.01
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 45 / 48
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Wuebbenhorst, Lora H.		Transaction ID: D000A01 Date of Disbursement 09 / 29 / 2003		
Mailing Address 6440 S.E. Phillips Park Avenue		Amount of Each Disbursement this Period 376.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Stuart	State FL			Zip Code 34997
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ziskinder, Steven		Transaction ID: D000g01 Date of Disbursement 09 / 29 / 2003		
Mailing Address 1785 S.W. St. Andrews Drive		Amount of Each Disbursement this Period 376.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Palm City	State FL			Zip Code 34960
Purpose of Disbursement contribution refund				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	752.02
TOTAL This Period (last page this line number only)	▶	18649.95

**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 46 / 48
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. American Chiropractic Assoc. PAC		Transaction ID: D001301 Date of Disbursement 09 / 29 / 2003
Mailing Address 1701 Clarendon Blvd.		Amount of Each Disbursement this Period 752.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington	State VA	
Zip Code 22209	Category/ Type	
Purpose of Disbursement contribution refund	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Oral and Maxillofacial Surgery PAC		Transaction ID: D000101 Date of Disbursement 09 / 29 / 2003
Mailing Address 6700 W. Bryn Mawr Avenue		Amount of Each Disbursement this Period 1680.05 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rosemont	State IL	
Zip Code 60018	Category/ Type	
Purpose of Disbursement contribution refund	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	2632.06
TOTAL This Period (last page this line number only)	▶	2632.06

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 47 / 48

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Ms. Bridget Gregory		Transaction ID: D001Q01 Date of Disbursement 09 / 26 / 2003	
Mailing Address P. O. Box 39696			
City Fort Lauderdale	State FL	Zip Code 33339	Amount of Each Disbursement this Period 1500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement fundraising consulting		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. The Honorable Joe Negron		Transaction ID: D000101 Date of Disbursement 09 / 26 / 2003	
Mailing Address P. O. Box 2589			
City Stuart	State FL	Zip Code 34905	Amount of Each Disbursement this Period 1022.08 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement travel		Category/ Type	
Candidate Name Joe Negron			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District 16			

Full Name (Last, First, Middle Initial) C. Plymale, Sherry		Transaction ID: D001R01 Date of Disbursement 09 / 26 / 2003	
Mailing Address 2381 S.W. Riverside Drive			
City Palm City	State FL	Zip Code 34990	Amount of Each Disbursement this Period 628.92 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement reception expense		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	3151.00
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 48 / 48
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
 Friends of Joe Negron

Full Name (Last, First, Middle Initial) A. Sprint		Transaction ID: D001P01	
Mailing Address P. O. Box 740602		Date of Disbursement 09 / 26 / 2003	
City Cincinnati	State OH	Zip Code 45274	Amount of Each Disbursement this Period 465.26 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement telephone		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Vancura, Cheryl A.		Transaction ID: D001T01	
Mailing Address 572 S.W. Pine Tree Lane		Date of Disbursement 09 / 26 / 2003	
City Palm City	State FL	Zip Code 34606	Amount of Each Disbursement this Period 667.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement postage/supplies/phone		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Robert Watkins & Co.		Transaction ID: D001C01	
Mailing Address 610 S. Boulevard, #100		Date of Disbursement 09 / 26 / 2003	
City Tampa	State FL	Zip Code 33606	Amount of Each Disbursement this Period 2500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement accounting		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	3632.35
TOTAL This Period (last page this line number only)	▶	6783.35