

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
ROS-LEHTINEN FOR CONGRESS

ADDRESS (number and street) P O Box 52-2784
 Check if different than previously reported. (ACC)
MIAMI FL 33152 2784

2. **FEC IDENTIFICATION NUMBER** C00280537
CITY STATE ZIP CODE STATE DISTRICT
FL 18
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

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

5. Covering Period 04 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Antonio L. Argiz

Signature of Treasurer Electronically Filed by Mr. Antonio L. Argiz Date 04 14 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ROS-LEHTINEN FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	256730.73	666670.34
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	256730.73	661370.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	45972.75	220662.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	6984.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	45972.75	213677.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1834607.02	
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
ROS-LEHTINEN FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

186512.29

426368.33

(ii) Unitemized.....

7615.00

22109.88

(iii) TOTAL of contributions

194127.29

448478.21

from individuals..... ▶

0.00

1114.65

(b) Political Party Committees.....

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

62603.44

217077.48

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

256730.73

666670.34

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

6984.74

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

8478.31

49545.38

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

265209.04

723200.46

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45972.75	220662.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	300.00
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5300.00
21. OTHER DISBURSEMENTS.....	2000.00	201700.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	47972.75	427662.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1617370.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	265209.04
25. SUBTOTAL (add Line 23 and Line 24).....	1882579.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47972.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1834607.02

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Youssef Abdul-Samad		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 7 Patrick Avenue		Transaction ID: SA11A1.19337	
City State Zip Code Emerson NJ 07630		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Cam Lake, Inc. Self Employed			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Firass J. Abinassif		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address One Western Avenue #719		Transaction ID: SA11A1.19013	
City State Zip Code Boston MA 02163		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Harvard Business School MBA Class of 2007			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. David Abrams		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 20 Lowell Lane		Transaction ID: SA11A1.18976	
City State Zip Code Brookline MA 02445		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Abrams Capital, LLC Investment Manager			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Reem Acra		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 245 Seventh Avenue, 6B		Transaction ID: SA11A1.19339	
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Reem Acra Clothing Designs	Occupation CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mr. Alan Adler		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 24 West Railroad Avenue PMB #124		Transaction ID: SA11A1.19157	
City State Zip Code Tenafly NJ 07670	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Friends of Falun Gong USA	Occupation Executive Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. Braham R. Aggarwal		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address 5200 Vineland Road		Transaction ID: SA11A1.18957	
City State Zip Code Orlando FL 32811	Amount of Each Receipt this Period 1600.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Park Square Homes	Occupation Chairman		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	3100.00
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 7 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Braham R. Aggarwal		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 5200 Vineland Road		Transaction ID: SA11A1.19112	
City State Zip Code Orlando FL 32811	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Park Square Homes	Occupation Chairman		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2600.00		

Full Name (Last, First, Middle Initial) B. Mr. Zak Alameddine		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 1045 Fifth Avenue #4A		Transaction ID: SA11A1.19340	
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Efforts	Occupation Best Efforts		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Kostas Alexakis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1118 Spy Glass Drive		Transaction ID: SA11A1.19447	
City State Zip Code Arnold MD 21012	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Public Sector Solutions	Occupation CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Jon R. Allen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 708 Eaton Street		Transaction ID: SA11A1.19136
City State Zip Code Key West FL 33040	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hilden Borough Hotels, Lt-d.	Occupation Hotelier	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Georges Altirs		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 200 E 32nd Street Apt. 22CD		Transaction ID: SA11A1.19185
City State Zip Code New York NY 10016	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer GMA Accessories, Inc.	Occupation CEO/President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Mr. Gus Andy		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address Pittsburgh and Beaches Avenue		Transaction ID: SA11A1.18867
City State Zip Code Cape May NJ 08204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Pittsburgh and Beach Motel	Occupation Motel Owner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Gus Andy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address Pittsburgh and Beaches Avenue		Transaction ID: SA11A1.19178	
City State Zip Code Cape May NJ 08204		Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Pittsburgh and Beach Motel	Occupation Motel Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) B. Mr. Gus Andy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address Pittsburgh and Beaches Avenue		Transaction ID: SA11A1.19199	
City State Zip Code Cape May NJ 08204		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Pittsburgh and Beach Motel	Occupation Motel Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2200.00		

Full Name (Last, First, Middle Initial) C. Mr. Paul J. Anid		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 6009 Independence Avenue		Transaction ID: SA11A1.19192	
City State Zip Code Bronx NY 10471		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer HydroQual	Occupation Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Madeleine Arison

Mailing Address 9999 Collins Avenue, #15GJ

City State Zip Code
Bal Harbor FL 33154

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

Name of Employer Self Employed Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: SA11A1.18925

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Micky Arison

Mailing Address 9999 Collins Avenue

City State Zip Code
Bal Harbour FL 33154

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

Name of Employer Carnival Corporation Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: SA11A1.18924

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Andrew A. Athens

Mailing Address 75 East Wacker Drive, #500

City State Zip Code
Chicago IL 60601

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

Name of Employer Alpha Steel Corporation Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.19066

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Andrew A. Athens		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 75 East Wacker Drive, #500		Transaction ID: SA11A1.19208	
City Chicago	State IL	Zip Code 60601	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Alpha Steel Corporation	Occupation Chairman		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. Mark Barauck		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 1218 Varela Street		Transaction ID: SA11A1.19683	
City Key West	State FL	Zip Code 33040	Amount of Each Receipt this Period 475.00
FEC ID number of contributing federal political committee. C		In-kind - Event Food <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer La Te Da	Occupation Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) C. Mr. Khalil Z. Barrage		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 135 East 57th Street		Transaction ID: SA11A1.19188	
City New York	State NY	Zip Code 10022	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Invus Group, LLC	Occupation Managing Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2475.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Barbara Barrett		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2006	
Mailing Address 4617 E. Ocotillo Road		Transaction ID: SA11A1.19050	
City State Zip Code Paradise Valley, AZ 85253	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Triple Creek Ranch	Occupation CEO & President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mr. Craig R. Barrett		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2006	
Mailing Address 4617 E. Ocotillo Road		Transaction ID: SA11A1.19052	
City State Zip Code Paradise Valley, AZ 85253	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer INTEL	Occupation Retired & Chairman of the Board		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Gopal K. Basisht		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address 1751 Lake Berry Drive		Transaction ID: SA11A1.18958	
City State Zip Code Winter Park, FL 32789	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self Employed	Occupation Medical Doctor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	4100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Robert L. Beal		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 177 Milk Street		Transaction ID: SA11A1.18978	
City State Zip Code Boston MA 02109		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation The Beal Companies, LLC Investment Manager			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mr. Joel D Beeders		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 63 Benington Street		Transaction ID: SA11A1.19041	
City State Zip Code Newton MA 02458		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Merrill Lynch Financial Advisor			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Marc Ben-Ezra		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 2021 Tyer Street		Transaction ID: SA11A1.19271	
City State Zip Code Hollywood FL 33020		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ben Ezra and Katz Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Michael Bernstein		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 25 Stonecroft Circle		Transaction ID: SA11A1.18980	
City Weston	State MA	Zip Code 02493	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Highfields Capital Management	Occupation Investment Manager	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) B. Ms. Howard Bienenfeld		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 5921 SW 33rd Lane		Transaction ID: SA11A1.19245	
City Fort Lauderdale	State FL	Zip Code 33312	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer BLS Fianancial	Occupation Financial Svcs	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Mr. Joan Boros		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 1025 Thomas Jefferson Street #400		Transaction ID: SA11A1.19521	
City Washington	State DC	Zip Code 20007	Amount of Each Receipt this Period 625.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Jordan Burt LLP	Occupation Partner	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 625.00			

SUBTOTAL of Receipts This Page (optional) ▶	2125.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ms. Barbara Bortniker		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2006	
Mailing Address 4 Kinzel Lane		Transaction ID: SA11A1.19247	
City State Zip Code West Orange NJ 07052		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Mark Broxmeyer		Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2006	
Mailing Address 66 Commack Road		Transaction ID: SA11A1.18941	
City State Zip Code Commack NY 11725		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fairfield Properties Occupation President			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. Mark Broxmeyer		Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2006	
Mailing Address 66 Commack Road		Transaction ID: SA11A1.19518	
City State Zip Code Commack NY 11725		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fairfield Properties Occupation President			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Mr. William S. Burlew

Mailing Address 1200 G Street NW Suite 800

City State Zip Code
Washington DC 20005

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

Name of Employer American Transmission Company
 Occupation **Manager-Federal Affairs**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **582.85**

Date of Receipt
 M M / D D / Y Y Y Y
04 25 2006

Transaction ID: SA11A1.19673

Amount of Each Receipt this Period
582.85

In-kind - Event Food

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

B. Full Name (Last, First, Middle Initial)
 Mr. Frank Burt

Mailing Address **Jorden,Burt,Berenson&Johnson**
 1025 Thom. Jeff. St, #400 East

City State Zip Code
Washington DC 20007

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

Name of Employer **Jorden Burt, LLP**
 Occupation **Partner**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **625.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 27 2006

Transaction ID: SA11A1.19523

Amount of Each Receipt this Period
625.00

Contribution

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

C. Full Name (Last, First, Middle Initial)
 Ms. Heather A. Carruthers

Mailing Address 702 Florida Street

City State Zip Code
Key West FL 33040

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

Name of Employer **Pearl's Rainbow**
 Occupation **Hotelier**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

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

Transaction ID: SA11A1.19140

Amount of Each Receipt this Period
250.00

Contribution

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

SUBTOTAL of Receipts This Page (optional)	1457.85
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 17 / 141
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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Luis R. Cerna		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 251 Crandon Boulevard #124		Transaction ID: SA11A1.19067	
City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Yesera Guadalupe SA	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

B. Full Name (Last, First, Middle Initial) Mr. Nabil Chartouni		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 509 Madison Avenue		Transaction ID: SA11A1.19332	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kensico Properties	Occupation Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Mr. Adam R. Chase		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 2049 Century Park East Suite 2500		Transaction ID: SA11A1.18826	
City State Zip Code Century City CA 91607	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Writer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Wael N. Chehab		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 767 3rd Avenue 28 FL		Transaction ID: SA11A1.18943
City New York	State NY	Zip Code 10017
Amount of Each Receipt this Period 1000.00		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Cedar Bank	Occupation CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Lan Bo Chen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 184 E Emerson Road		Transaction ID: SA11A1.19006
City Lexington	State MA	Zip Code 02420
Amount of Each Receipt this Period 500.00		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Pathology Professor	Occupation Harvard & Dana Farber	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Lan Bo Chen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 184 E Emerson Road		Transaction ID: SA11A1.19669
City Lexington	State MA	Zip Code 02420
Amount of Each Receipt this Period 100.00		In-kind - Event Food <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Pathology Professor	Occupation Harvard & Dana Farber	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
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 19 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Lee Ming Chen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 2 Blanchard		Transaction ID: SA11A1.18955	
City State Zip Code Irvine CA 92612		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation J & RL Association, Inc.			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Scott W. Chinn		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 353 E 72nd Street Apt. 5D		Transaction ID: SA11A1.19168	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ecosys Management Systems Senior Solutions Architect			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	

C. Full Name (Last, First, Middle Initial) Mr. Philip Christopher		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 108 Fairway View Drive		Transaction ID: SA11A1.19204	
City State Zip Code Commack NY 11725		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation AudioVox Corporation President & CEO			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

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: (check only one)	PAGE 20 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Philip Christopher

Mailing Address 108 Fairway View Drive

City State Zip Code
Commack NY 11725

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

Name of Employer Occupation
AudioVox Corporation President & CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **2500.00**

Date of Receipt
MM / DD / YYYY
06 / 28 / 2006

Transaction ID: SA11A1.19364

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Howard Chusid

Mailing Address 3860 N 40 Avenue

City State Zip Code
Hollywood FL 33021

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

Name of Employer Occupation
Physician Consultant Services Consultant

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: SA11A1.19277

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ms Josephine Cichetti

Mailing Address 1025 Thoams Jefferson Street # 40

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
Jordan Burt LLP Partner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **625.00**

Date of Receipt
MM / DD / YYYY
05 / 27 / 2006

Transaction ID: SA11A1.19519

Amount of Each Receipt this Period
625.00

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

SUBTOTAL of Receipts This Page (optional)	1275.00
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 21 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Jonathan Davis		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 123 Essex Road		Transaction ID: SA11A1.18982
City State Zip Code Chestnut Hill MA 02467	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Davis Company	Occupation Investment Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mr. Raymond Debbane		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 135 East 57 Street 30 Floor		Transaction ID: SA11A1.19196
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Invus Group, LLC	Occupation President & CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Mr. Agustin G. De Goytisolo		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 8755 SW 52 Avenue		Transaction ID: SA11A1.19378
City State Zip Code Miami FL 33143	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Georgetown Mortgage Company	Occupation Mortgage Broker	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional) ▶	4600.00
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 22 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Agustin G. De Goytisolo		Date of Receipt MM / DD / YYYY 06 / 29 / 2006
Mailing Address 8755 SW 52 Avenue		Transaction ID: SA11A1.19380
City Miami	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Georgetown Mortgage Company	Occupation Mortgage Broker	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Mr. Jose M. Delgado		Date of Receipt MM / DD / YYYY 05 / 31 / 2006
Mailing Address 12900 W. North Avenue		Transaction ID: SA11A1.19130
City Brookfield	State WI	Zip Code 53005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Transmission Co. LLC	Occupation President	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Angelo P. Demos		Date of Receipt MM / DD / YYYY 04 / 24 / 2006
Mailing Address 1101 Brickell Avenue Suite 1700		Transaction ID: SA11A1.18928
City Miami	State FL	Zip Code 33131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Angelo P. Demos, PA	Occupation Attorney	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. George H. Denison		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 5910 Woodacres Drive		Transaction ID: SA11A1.18858
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Denison, Scott and Cohen Occupation Executive	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) Dr. David K. Dennis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1060 NE 170 Terrace		Transaction ID: SA11A1.19269
City State Zip Code Noth Miami Beach FL 33162	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer S. Flent Assoc. Occupation Attorney	Election Cycle-to-Date 300.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) Mr. Joel B. Dennis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1080 NE 165th Terrace		Transaction ID: SA11A1.19231
City State Zip Code North Miami Beach FL 33162	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Michael G. Dennis

Mailing Address 3336 SW 57th Place

City State Zip Code
Ft. Lauderdale FL 33312

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

Name of Employer
Ortho Care

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2006

Transaction ID: SA11A1.19249

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Michael G. Dennis

Mailing Address 3336 SW 57th Place

City State Zip Code
Ft. Lauderdale FL 33312

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

Name of Employer
Ortho Care

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2006

Transaction ID: SA11A1.19319

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Narsingh Deo

Mailing Address 3901 Orange Lake Drive

City State Zip Code
Orlando FL 32817

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

Name of Employer
University of Central Florida

Occupation
Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 11 / 2006

Transaction ID: SA11A1.18962

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms Chitra A. Deshpande

Mailing Address 8839 Southern Breeze Drive

City State Zip Code
Orlando FL 32836

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

Name of Employer Occupation
Deshpande, Inc. Vice President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2006

Transaction ID: SA11A1.18960

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Michael Dively

Mailing Address 1616 Atlantic Blvd.
Apt #1

City State Zip Code
Key West FL 33040

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2006

Transaction ID: SA11A1.19200

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 8356 NW 30 Terrace

City State Zip Code
Doral FL 33122

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

Name of Employer Occupation
Southern Vines Vice-President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2006

Transaction ID: SA11A1.19651

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
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 26 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Susan Druck

Mailing Address 481 Cape May Street

City Englewood State NJ Zip Code 07631

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

Name of Employer Self-employed Occupation MD

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.19465

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Todd Eardensohn

Mailing Address 613 Constitution Avenue

City Washington State DC Zip Code 20002

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

Name of Employer Barbour Griffith & Rogers, LLC Occupation CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2006

Transaction ID: SA11A1.19054

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Gus Efthimiou

Mailing Address 6640 Santana Street

City Coral Gables State FL Zip Code 33156

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

Name of Employer Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2006

Transaction ID: SA11A1.18885

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Ziad M. El-Khoury		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 272 Cameridge Road # 24		Transaction ID: SA11A1.19018
City State Zip Code Woburn MA 01801	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ziad M. El-Khoury, Association	Occupation Interior Architect	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard El Etel		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 29651 Kimberly Drive		Transaction ID: SA11A1.18860
City State Zip Code Agoura Hills CA 91301	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Art Glass Etc & Art Glass Mill	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert Escott		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 55 Regent Street		Transaction ID: SA11A1.19273
City State Zip Code Bergerfield NJ 07621	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Investor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 141
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ms. Elaine Farkas		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 5810 Sw 33rd Terrace		Transaction ID: SA11A1.19251	
City State Zip Code Ft. Lauderdale FL 33312	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation NPC Financial Representative	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Mr. Daniel Feder		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 44 West 62 Street Apt 3B		Transaction ID: SA11A1.19233	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Acker and Li Business	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Ms. Eve Feldman		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 250 Hutchinson Road		Transaction ID: SA11A1.19235	
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Homemaker	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 29 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Mr. Darryl Fohrman

Mailing Address **322 Elizabeth Street**

City **Key West** State **FL** Zip Code **33040**

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

Name of Employer **Self-employed** Occupation **Attorney**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

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

Transaction ID: SA11A1.19142

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
 Mrs. Andy Fotini

Mailing Address **3531 W. Fairview Street**

City **Miami** State **FL** Zip Code **33133**

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

Name of Employer **Pittsburgh and Beach Avenues** Occupation **Motel Owner**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1800.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 19 / 2006

Transaction ID: SA11A1.19676

Amount of Each Receipt this Period
1800.00

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

C. Full Name (Last, First, Middle Initial)
 Mr. Harvey Friedman

Mailing Address **7610 S.W. 133rd Street**

City **Miami** State **FL** Zip Code **33156**

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

Name of Employer Occupation **Retired**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 14 / 2006

Transaction ID: SA11A1.18830

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 141
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Mr. Solomon Garazi</p> <p>Mailing Address 2025 N.E. 197th Terrace</p> <p>City State Zip Code North Miami FL 33179</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Businessman</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 14 / 2006</p> <p>Transaction ID: SA11A1.18831</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Raul Garmendia</p> <p>Mailing Address 2127 Brickell Avenue, #905</p> <p>City State Zip Code Miami FL 33129</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-employed Occupation Real Estate Developer</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2100.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 29 / 2006</p> <p>Transaction ID: SA11A1.19369</p> <p>Amount of Each Receipt this Period 2100.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Raul Garmendia</p> <p>Mailing Address 2127 Brickell Avenue, #905</p> <p>City State Zip Code Miami FL 33129</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-employed Occupation Real Estate Developer</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">3000.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 29 / 2006</p> <p>Transaction ID: SA11A1.19371</p> <p>Amount of Each Receipt this Period 900.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Jonathan Gellis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 235 New Bridge Road		Transaction ID: SA11A1.19237
City State Zip Code New Milford NJ 07646	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Sloan Securities	Occupation Equities Trader	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Jonathan Gelman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 3630 N 45th Avenue		Transaction ID: SA11A1.19253
City State Zip Code Hollywood FL 33021	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Greenberg Traurig	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. David Genet		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 19080 NE 29 Avenue		Transaction ID: SA11A1.19279
City State Zip Code Aventura FL 33180	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed	Occupation Periodontist	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Monica Genet		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 19080 NE 29 Avenue		Transaction ID: SA11A1.19281	
City State Zip Code Avenue FL 33180	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Mike Gilardi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 1417 Shadell Circle		Transaction ID: SA11A1.19411	
City State Zip Code Heathrow FL 32746	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Father's Table Founda- tion	Occupation Investor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Adam B. Glazer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 6216 Green Meadow Way		Transaction ID: SA11A1.19255	
City State Zip Code Baltimore MD 21209	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer US Securities and Exchange	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. Jonathan K. Glazer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 500 South Ocean Boulevard		Transaction ID: SA11A1.19283	
City State Zip Code Boca Raton FL 33432	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer University MRI	Occupation Radiology Doctor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Michael J. Glazer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 6212 Green Meadow Way		Transaction ID: SA11A1.19285	
City State Zip Code Baltimore MD 21209	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Mellis Corporation	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert R. Goodman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 473 Winthrop Road		Transaction ID: SA11A1.19462	
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Columbia University	Occupation MD		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Ms. Lura Gorman

Mailing Address 1012 Whitehead Street

City State Zip Code
Key West FL 33040

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

Name of Employer Self-employed Occupation
 Self-employed Writer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

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

Transaction ID: SA11A1.19144

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
 Mr. Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City State Zip Code
Englewood NJ 07631

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

Name of Employer Self-employed Occupation
 Self-employed CPA

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 29 2006

Transaction ID: SA11A1.19287

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
 Mr. Lawrence D. Greenberg

Mailing Address 4 Nottingham Line

City State Zip Code
Weston MA 02493

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

Name of Employer Self-employed Occupation
 Alydar Capital Investment Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 12 2006

Transaction ID: SA11A1.18984

Amount of Each Receipt this Period
 1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Alkmini Gregor		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 9400 SW 61 Court		Transaction ID: SA11A1.19498	
City State Zip Code Pinecrest FL 33156	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Aero Kool Corp Executive Vice President	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Abi Habib		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 49 South Road		Transaction ID: SA11A1.19194	
City State Zip Code Harrison NY 10528	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Skool It Software Business Development	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Mr. Antoine E. Haddad		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 11417 Seneca Forest Circle		Transaction ID: SA11A1.19012	
City State Zip Code Germantown MD 20876	Amount of Each Receipt this Period 1300.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lebanese Council for Democracy President	Election Cycle-to-Date 2100.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Antoine E. Haddad		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 11417 Seneca Forest Circle		Transaction ID: SA11A1.19117	
City State Zip Code Germantown MD 20876		Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lebanese Council for Democracy President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3300.00	

Full Name (Last, First, Middle Initial) B. Mr. Jack Halpern		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 160 W 66th Street		Transaction ID: SA11A1.19239	
City State Zip Code New York NY 10023		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Atlantic Reality Partner			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Aleco Haralambides		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 3135 SW 3 Avenue		Transaction ID: SA11A1.18817	
City State Zip Code Miami FL 33129		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-Employed Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2700.00
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 37 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Aleco Haralambides		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006	
Mailing Address 3135 SW 3rd Avenue		Transaction ID: SA11A1.18868	
City State Zip Code Miami FL 33129	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed	Occupation Lawyer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mr. Matthew G. Helmerich		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address PO Box 5507		Transaction ID: SA11A1.19138	
City State Zip Code Key West FL 33045	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer State Attorney Mark E. Kohl	Occupation Public Information Officer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Janet A. Hoffman		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 637 N Forest Drive		Transaction ID: SA11A1.19289	
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Herschel School	Occupation Psychologist		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Clearine Hunter		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 697 Saint Johns Place		Transaction ID: SA11A1.19166	
City State Zip Code Brooklyn NY 11216		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Bellmarc Realty	Occupation Administrative Assistant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Ms. Betty Hunter-Beaty		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 671 St. John's Place		Transaction ID: SA11A1.19159	
City State Zip Code Brooklyn NY 11216		Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Law Firm	Occupation Librarian		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Ms Jerome G. Issa		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2006	
Mailing Address 32 Park Street # B3		Transaction ID: SA11A1.19016	
City State Zip Code Brookline MA 02446		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Boston University	Occupation Student, Computer Engineering		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1800.00
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 39 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Jonathon S. Jacobson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 14 Highfields		Transaction ID: SA11A1.18986	
City State Zip Code Wayland MA 01778		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Highfields Capital Management		Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mr. Steven Jacoby		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 4401 N. Hills Drive		Transaction ID: SA11A1.19291	
City State Zip Code Hollywood FL 33021		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed		Occupation Finance	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Dr. Anthony J. Japour, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 1000 South Point Drive		Transaction ID: SA11A1.19109	
City State Zip Code Miami Beach FL 33139		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer AJ Japour Gallery		Occupation Consultant art dealer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
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 40 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Daniel J. Jick		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 15 Lawrence Road		Transaction ID: SA11A1.18988	
City State Zip Code Chesnut Hill MA 02467		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer High Visa Strategies, LLC	Occupation Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Mr. James Jordan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address Jorden,Burt,Berenson&Johnson 1025 Thom. Jeff. St, #400 East		Transaction ID: SA11A1.19524	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 625.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Jorden Burt, LLP	Occupation Partner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 625.00		

C. Full Name (Last, First, Middle Initial) Mr. George Kafkoulis		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 15015 SW 49 Lane Unit A		Transaction ID: SA11A1.18887	
City State Zip Code Miami FL 33185		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Florida International Uni- versi	Occupation Professor of Mathematics		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1875.00
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 41 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Robert M. Kargman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 246 Dudley Street		Transaction ID: SA11A1.19043	
City State Zip Code Brookline, MA 02445		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Tremont Ventures, LLC Business Manager			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mr. Joshua Katzen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 40 Nonantum Street		Transaction ID: SA11A1.18990	
City State Zip Code Newton, MA 02458		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation JW Katzen Company Business Manager			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Mr. Sami C. Khoueiri		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 49 Mahopac Avenue #232		Transaction ID: SA11A1.19198	
City State Zip Code Amawalk, NY 10501		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation W & M Sprinkler Company, Inc. Executive Vice President			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ms Beth S. Klarman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 329 Heath Street		Transaction ID: SA11A1.18972
City State Zip Code Chesnut Hill MA 02467	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00	

B. Full Name (Last, First, Middle Initial) Mr. Seth A. Klarman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 329 Heath Street		Transaction ID: SA11A1.18974
City State Zip Code Chestnut Hill MA 02467	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation The Baupost Group, LLC. Investment Manager	Election Cycle-to-Date 2050.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2050.00	

C. Full Name (Last, First, Middle Initial) Mr. Jeff Kline		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address 1712 Canyon Road		Transaction ID: SA11A1.19123
City State Zip Code Santa Fe NM 87501	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Hispanic Radio Network CEO	Election Cycle-to-Date 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2100.00	

SUBTOTAL of Receipts This Page (optional) ▶	6100.00
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 43 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Jeff Kline		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address 1712 Canyon Road		Transaction ID: SA11A1.19125
City State Zip Code Santa Fe NM 87501	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hispanic Radio Network	Occupation CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Mr. Rajat Kumar		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 13416 Amy Way Road		Transaction ID: SA11A1.19024
City State Zip Code Oakhill VA 20171	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lakeside Health Care Company	Occupation CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Mr. Rajat Kumar		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 13416 Amy Way Road		Transaction ID: SA11A1.19026
City State Zip Code Oakhill VA 20171	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lakeside Health Care Company	Occupation CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

SUBTOTAL of Receipts This Page (optional) ▶	4600.00
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 44 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Edward S. Kutler		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 6405 Tree Top Circle		Transaction ID: SA11A1.19068
City State Zip Code Columbia, MD 21045	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Clark & Weinstock	Occupation Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. James H. Lagos		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address One South Limestone Street, #1000		Transaction ID: SA11A1.19090
City State Zip Code Springfield OH 45502-1294	Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lagos & Lagos PLL	Occupation Attorney & Real Estate	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

C. Full Name (Last, First, Middle Initial) Mr. Joshua H. Landes		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 740 West 232 Street		Transaction ID: SA11A1.19464
City State Zip Code Riverdale NY 10463	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Wynnfield Capital Management	Occupation Managing Member	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2600.00
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 45 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. CP Lantz		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 6880 Sunset Drive		Transaction ID: SA11A1.18889	
City State Zip Code South Miami FL 33143		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Lawyer			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Eliot Lauer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 101 Park Avenue		Transaction ID: SA11A1.18820	
City State Zip Code New York NY 10178		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Curtis, Mallet-Prevost, Colt & Occupation Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Mr. Damon W. Leard		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address PO Box 992		Transaction ID: SA11A1.19146	
City State Zip Code Key West FL 33041		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed Occupation Writer/Investor			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Chwen-Ching C. Lee

Mailing Address 80 Farina Road

City State Zip Code
Newton MA 02459

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

Name of Employer Home-maker Occupation Home-maker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2006

Transaction ID: SA11A1.19008

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Chris Lehman

Mailing Address 9507 Beach Mill Road

City State Zip Code
Great Falls VA 22066

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

Name of Employer Self-Employed Occupation Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2006

Transaction ID: SA11A1.18857

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Kevin Lemmer

Mailing Address 140 Downey Drive

City State Zip Code
Tenafly NJ 07670

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

Name of Employer ADAR Investment Mgt. Occupation Financial Analyst

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: SA11A1.19241

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Jerris Leonard

Mailing Address 4986 Sentinel Drive #104

City State Zip Code
Bethesda MD 20616

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

Name of Employer Self Employed Occupation Investor

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2006

Transaction ID: SA11A1.18938

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Eric T. Levin

Mailing Address 630 San Antonio Avenue

City State Zip Code
Coral Gables FL 33146

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

Name of Employer Gold Coast Beverage Distrib. Occupation General Manager

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2006

Transaction ID: SA11A1.18832

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Jing Ruo Lin

Mailing Address 74 Eisenhower Drive

City State Zip Code
Sahron MA 02067

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

Name of Employer Acon, Inc. Occupation Vice President

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2006

Transaction ID: SA11A1.19010

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. Debra Linzer		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 5901 SW 33 Terrace		Transaction ID: SA11A1.19293	
City Fort Lauderdale	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 33312		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Marc S. Lipschultz		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2006	
Mailing Address 9 West 57th Street, Ste 4200		Transaction ID: SA11A1.18822	
City New York	State NJ	Amount of Each Receipt this Period 2000.00	
Zip Code 10019		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Kohlberg, Kravis, Roberts & Co	Occupation Partner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Dr. Marvin Lipsky		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 28 Lakeview Drive		Transaction ID: SA11A1.19295	
City West Orange	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 07052		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Associates Digestive Diseases	Occupation MD		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. Shabsa A. Lis		Date of Receipt MM / DD / YYYY 06 / 29 / 2006
Mailing Address 4140 Suffield Court		Transaction ID: SA11A1.19297
City Skokie	State IL	Zip Code 60076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Advocates Medical Group	Occupation Medical Doctor	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Wantzu Liu		Date of Receipt MM / DD / YYYY 05 / 12 / 2006
Mailing Address 18 Minuteman Line		Transaction ID: SA11A1.19002
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Higgins Group Realtors	Occupation Realtor	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Mr. Wantzu Liu		Date of Receipt MM / DD / YYYY 05 / 12 / 2006
Mailing Address 18 Minuteman Line		Transaction ID: SA11A1.19116
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Higgins Group Realtors	Occupation Realtor	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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: (check only one)	PAGE 50 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Chang Ming Lui		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 18 Minuteman Lane		Transaction ID: SA11A1.19000	
City State Zip Code Lexington MA 02421		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Massachusetts General Hospital	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) B. Mr. Chang Ming Lui		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 18 Minuteman Lane		Transaction ID: SA11A1.19114	
City State Zip Code Lexington MA 02421		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Massachusetts General Hospital	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Mr. Andrew E. Manatos		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address Manatos and Manatos 601 13th Street, NW		Transaction ID: SA11A1.18940	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Manatos and Manatos	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Andrew E. Manatos		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address Manatos and Manatos 601 13th Street, NW		Transaction ID: SA11A1.19205
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Manatos and Manatos Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

B. Full Name (Last, First, Middle Initial) Mr. Antonio Martinez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1424 Von Phister Street		Transaction ID: SA11A1.19148
City Key West State FL Zip Code 33040	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Vipin C. Mehta		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 7125 Horizon Court		Transaction ID: SA11A1.18968
City Windermere State FL Zip Code 34786	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mehta & Associates Occupation Civil Engineer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms Caryl Mendelsohn

Mailing Address 3101 N 47 Avenue

City State Zip Code
Hollywood FL 33021

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

Name of Employer Home-maker Occupation Home-maker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2006

Transaction ID: SA11A1.19299

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Jay S. Mendelsohn

Mailing Address 4920 N 37th Street

City State Zip Code
Hollywood FL 33021

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2006

Transaction ID: SA11A1.19257

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Michelle Mendelsohn

Mailing Address 4920 N 37th Street

City State Zip Code
Hollywood FL 33021

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

Name of Employer Associates in Phys Med Occupation Occup. Therapist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2006

Transaction ID: SA11A1.19259

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Jerome Milch		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 629 Thames Boulevard		Transaction ID: SA11A1.19261	
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer American Express	Occupation Research Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Harry M. Miller		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2006	
Mailing Address 14025 SW 208th Street		Transaction ID: SA11A1.18893	
City State Zip Code Miami FL 33177	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Ted M. Miller		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2006	
Mailing Address 1200 Anastasia Avenue, Suite 370		Transaction ID: SA11A1.18891	
City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed	Occupation Music, Real Estate and Volunteer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 54 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Hasmukh H. Mistry		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 8203 Rivera Shore Court		Transaction ID: SA11A1.18964
City State Zip Code Orlando FL 32817	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hash Enterprises	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Takis Mitropoulos		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 4779 Collins Avenue 1403		Transaction ID: SA11A1.18864
City State Zip Code Miami Beach FL 33140	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ice Development Group	Occupation Real Estate	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Mr. Samuel Moed		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 54 Dana Place		Transaction ID: SA11A1.19301
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Bristol-Myers Squibb	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jordan Monocandilos

Mailing Address 701 N. Mashta Drive

City State Zip Code
Key Biscayne FL 33149

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

Name of Employer Occupation
Bernuth Agencies, Inc. Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 19 / 2006

Transaction ID: SA11A1.18866

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Nikos Mouyiaris

Mailing Address 32-02 Queens Boulevard

City State Zip Code
Long Island City NY 11101

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

Name of Employer Occupation
Mana Products President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11A1.19206

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Edmund J. Nahom

Mailing Address 21 Summit Street

City State Zip Code
New Milford CT 06776

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

Name of Employer Occupation
Eastern Connector Specialty Co Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 24 / 2006

Transaction ID: SA11A1.18922

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Sidney Newman

Mailing Address **60 Mc Lean Avenue**

City **Yonkers** State **NY** Zip Code **10705**

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

Name of Employer **Self-employed** Occupation **Businessman**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

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

Transaction ID: SA11A1.19467

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
 Dr. Damon J. Noto

Mailing Address **343 West End Avenue**

City **New York,** State **NY** Zip Code **10024**

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

Name of Employer **Self-employed** Occupation **Physician**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: SA11A1.19164

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
 Mr. Isaac Olemberg

Mailing Address **5212 North Bay Road**

City **Miami Beach** State **FL** Zip Code **33140**

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

Name of Employer **Olem Shoe Corp.** Occupation **Chairman**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 14 / 2006

Transaction ID: SA11A1.18833

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. David J. Osio		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 1001 Brickell Bay Drive Suite 3104		Transaction ID: SA11A1.19381	
City Miami	State FL	Zip Code 33131	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Davos Financial Corp.	Occupation Lawyer/Financial Advisor	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) B. Mr. J. Jefferson Overby		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address P.O. Box 429		Transaction ID: SA11A1.19150	
City Key West	State FL	Zip Code 33041	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer State of Florida	Occupation Assistant State Attorney	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Mr. John R. Padget		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 611 Frances Street		Transaction ID: SA11A1.19151	
City Key West	State FL	Zip Code 33040	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Unemployed	Occupation Unemployed	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Panayiotis Papanicolaou		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006	
Mailing Address 171 85 Street		Transaction ID: SA11A1.19207	
City State Zip Code Brooklyn NY 11209		Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cyprus Federation of America	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2900.00		

Full Name (Last, First, Middle Initial) B. Mr. Panayiotis Papanicolaou		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006	
Mailing Address 171 85 Street		Transaction ID: SA11A1.19365	
City State Zip Code Brooklyn NY 11209		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cyprus Federation of America	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. Mr. Andrew T. Parasiliti		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2006	
Mailing Address 1322 Independence Avenue SE		Transaction ID: SA11A1.18835	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Barbour Griffith & Rogers, LLC	Occupation Vice-President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Andrew T. Parasiliti

Mailing Address 1322 Independence Avenue SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Barbour Griffith & Rogers, LLC Vice-President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.19056

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Drew E. Parker

Mailing Address 159 Maple Street

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
Self-employed Investor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.19263

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. James Pedas

Mailing Address PO Box 9996

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Circle Management Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.18954

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James Pedas

Mailing Address PO Box 9996

City State Zip Code
Washington DC 20016

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

Name of Employer
Circle Management

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
05 / 15 / 2006

Transaction ID: SA11A1.19031

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Phillip H. Perelmutter

Mailing Address 65 Paul Revere Road

City State Zip Code
Needham MA 02494

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

Name of Employer
Wellington Management Company

Occupation
Investment Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
05 / 12 / 2006

Transaction ID: SA11A1.18992

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Alfonso Perez

Mailing Address 283 Catalonia Avenue 2nd Floor

City State Zip Code
Coral Gables FL 33134

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

Name of Employer
Rasco Reiningger Perez

Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
04 / 19 / 2006

Transaction ID: SA11A1.18872

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Carlos Planas		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 11964 S.W. 99th Terrace		Transaction ID: SA11A1.19107	
City State Zip Code Miami FL 33186		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Tamiami Auto Group Car Sales			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Dr. Jose G. Pollak		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 5800 Colonial Drive Suite 306		Transaction ID: SA11A1.19303	
City State Zip Code Margate FL 33063		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed MD			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. John Priovolos		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 13945 Lake George Court		Transaction ID: SA11A1.18894	
City State Zip Code Miami Lakes FL 33014		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Miami-Dade State Attorney Offi Assistant State Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Sanjay H. Puri		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address P O Box 222424		Transaction ID: SA11A1.19022	
City Chantilly	State VA	Zip Code 20153	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer USINPAC	Occupation Executive Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. Ms. Adriana Recao		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 101 Ocean Lane Drive Apt. 309		Transaction ID: SA11A1.19366	
City Miami	State FL	Zip Code 33149	Amount of Each Receipt this Period 2100.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Morgan Stanley	Occupation Banker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) C. Ms. Adriana Recao		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 101 Ocean Lane Drive Apt. 309		Transaction ID: SA11A1.19368	
City Miami	State FL	Zip Code 33149	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Morgan Stanley	Occupation Banker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3800.00
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 63 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Michael J. Reppas Mailing Address 7850 NW 146 Street, Suite 301 City State Zip Code Miami Lakes FL 33016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.18918 Amount of Each Receipt this Period 250.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Law Office of Michael J Reppas Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Mr. Chris Rigopoulos Mailing Address 360 SW 16 Street City State Zip Code Boca Raton FL 33432 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.18896 Amount of Each Receipt this Period 250.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation C. Rigopoulos, Inc. Owner Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Mr. John Walker Roberts Mailing Address 6413 Western Avenue, N.W. City State Zip Code Washington DC 20015 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.19057 Amount of Each Receipt this Period 1000.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Barbour Griffith & Rogers, LLC Vice President Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Ed Rogers		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 1275 Pennsylvania Avenue, NW		Transaction ID: SA11A1.19071	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Barbour Griffith & Rogers	Occupation Chairman		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Mr. Arturo A. Rojas		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 3124 Paola Drive		Transaction ID: SA11A1.19389	
City State Zip Code Miami FL 33133	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer American Express	Occupation Sales		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Ms. Eugenia Rojas		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 3124 Paola Drive		Transaction ID: SA11A1.19387	
City State Zip Code Miami FL 33133	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sazingg	Occupation Sales		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ms. Silvia Rojas		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 550 Ocean Drive Apt. 2E		Transaction ID: SA11A1.19391	
City State Zip Code Key Biscayne FL 33149		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Home-maker Home-maker			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Arthur H. Rosenbloom		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 425 E. 58th St., #41E		Transaction ID: SA11A1.18829	
City State Zip Code New York NY 10022		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation CFC Capital Corp. Investment Banker			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Ms. Shalla M. Ross		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address 3616 N. Glebe Road		Transaction ID: SA11A1.19059	
City State Zip Code Arlington VA 22207		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Barbour Griffith & Rogers, LLC Vice President			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Shalla M. Ross		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 3616 N. Glebe Road		Transaction ID: SA11A1.19073	
City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Barbour Griffith & Rogers, LLC	Occupation Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Mr. Eugene T. Rossides		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 3666 Upton Street NW		Transaction ID: SA11A1.18951	
City State Zip Code Washington DC 20008-3125	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. David T. Rubin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 790 Boylston Street		Transaction ID: SA11A1.18994	
City State Zip Code Boston MA 02199	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer MARIC, Inc.	Occupation Business Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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 67 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Mark H. Rubin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 84 Bigelow Road		Transaction ID: SA11A1.18996
City State Zip Code West Newton MA 02465	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer MARIC, Inc.	Occupation Business Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Emilio Rubio		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 674 Glenridge		Transaction ID: SA11A1.19385
City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer HBO Latin American	Occupation Sr. VP of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Ms. Camile G. Saba		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 18 Dellwood Circle		Transaction ID: SA11A1.19190
City State Zip Code Bronxville NY 10708	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Olayan America Corporation	Occupation Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Javier F. Salman		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006	
Mailing Address 1534 Mantua Avenue		Transaction ID: SA11A1.18876	
City State Zip Code Coral Gables FL 33146	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Corzo,Castella,Carballo,T-homps	Occupation Architect		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Ms Mariah Saoji		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address 1310 Suzanne Way		Transaction ID: SA11A1.18966	
City State Zip Code Longwood FL 32779	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed	Occupation Dentist		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Gabriel A. Sara		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 2 Columbus Avenue #24-A		Transaction ID: SA11A1.19334	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Gabriel A. Sara, MD.	Occupation Internal Medicine-Hematology-Oncology		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Steven Sawitz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 11 Washington Avenue		Transaction ID: SA11A1.19645	
City State Zip Code Miami Beach FL 33139	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C	In-kind - Event Food <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Joe's Stone Craks CEO	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Mr. David Schlusell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 153 Fort Lee Road		Transaction ID: SA11A1.19265	
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Key Properties LLC Real Estate	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Arthur I. Segal		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address One International Place		Transaction ID: SA11A1.19048	
City State Zip Code Boston, MA 02110	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Retired Retired	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Andrew M. Shore

Mailing Address 5904 22 Street N

City State Zip Code
Arlington VA 22205

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

Name of Employer Mayer, Brown, Rowe & Maw LLP
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
604.44

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 16 / 2006

Transaction ID: SA11A1.19664

Amount of Each Receipt this Period
104.44

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

B. Full Name (Last, First, Middle Initial)
Mr. Andrew M. Shore

Mailing Address 5904 22 Street N

City State Zip Code
Arlington VA 22205

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

Name of Employer Mayer, Brown, Rowe & Maw LLP
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1604.44

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 24 / 2006

Transaction ID: SA11A1.19074

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Cindi Shore

Mailing Address 5904 N. 22nd Street

City State Zip Code
Arlington VA 22205

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

Name of Employer Home-maker
Occupation Home-maker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 24 / 2006

Transaction ID: SA11A1.19075

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2104.44**

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 71 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Mrs. Betsy Su Shuling

Mailing Address **77 Cotton Street**

City **Newton** State **MA** Zip Code **02458**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 12 / 2006

Transaction ID: SA11A1.19688

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
 Ms Lori Kessler Sidman

Mailing Address **297 Commonwealth Avenue #6**

City **Boston** State **MA** Zip Code **02115**

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

Name of Employer **Self Employed** Occupation **Consultant**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 12 / 2006

Transaction ID: SA11A1.18998

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
 Mr. Yael Wohlberg Sobol

Mailing Address **4161 Parkview Drive**

City **Hollywood** State **FL** Zip Code **33021**

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

Name of Employer **Self Employed** Occupation **Real Estate**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 29 / 2006

Transaction ID: SA11A1.19267

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms Estelle M. Sotirhos		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1800 S. Ocean Boulevard Apartment 1310		Transaction ID: SA11A1.18898	
City State Zip Code Lauderdale by Sea FL 33062		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael P. Stavrinides		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 624 Curtiswood Drive		Transaction ID: SA11A1.18929	
City State Zip Code Key Biscayne FL 33149		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Banyan Mezzanine Fund, LP Occupation Principal			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Michael P. Stavrinides		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 624 Curtiswood Drive		Transaction ID: SA11A1.18931	
City State Zip Code Key Biscayne FL 33149		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Banyan Mezzanine Fund, LP Occupation Principal			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Jeffrey Stern		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006
Mailing Address 3861 N 40 Avenue		Transaction ID: SA11A1.19305
City State Zip Code Hollywood FL 33021	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Financial Services Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Joseph Szlavik		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2006
Mailing Address 2116 Kratz Station Road		Transaction ID: SA11A1.19077
City State Zip Code Upper Salford PA 19438	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Leaders Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Washington Rep. Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Mr. Philippe C. Tager		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006
Mailing Address 500 E 77 Street #1019		Transaction ID: SA11A1.19335
City State Zip Code New York NY 10162	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer DLI Company - Real Estate Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Charbel Tagher		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2006	
Mailing Address 14 E 4 Street #807		Transaction ID: SA11A1.19328	
City State Zip Code New York NY 10012		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Specified Technologies, Inc.	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Ms Shaalini Tandon		Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2006	
Mailing Address 6903 Sugarbush Drive		Transaction ID: SA11A1.18970	
City State Zip Code Orlando FL 32819		Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer TOC Productions	Occupation Merchandise Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

C. Full Name (Last, First, Middle Initial) Dr. Mark H. Tenenbaum		Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2006	
Mailing Address 1504 Bay Road # 3312		Transaction ID: SA11A1.18920	
City State Zip Code Miami Beach FL 33139		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer BArry J. Silverman, MD, FACS	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1950.00
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 75 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Enrique Tettamanti		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 9601 Collins Ave. Apt. 804		Transaction ID: SA11A1.19032
City Miami	State FL	Zip Code 33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tettamanti Millenium Inve- stmen	Occupation Self-employed	Self-employed
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	500.00	

Full Name (Last, First, Middle Initial) B. Mr. George Theodore		Date of Receipt MM / DD / YYYY 04 / 19 / 2006
Mailing Address 1330 West Avenue #1208		Transaction ID: SA11A1.18883
City Miami Beach	State FL	Zip Code 33139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Thauma Ent., Inc.	Occupation Real Estate Broker	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	350.00	

Full Name (Last, First, Middle Initial) C. Mr. William E. Timmons, Jr.		Date of Receipt MM / DD / YYYY 05 / 18 / 2006
Mailing Address 4840 Sedgwick Street, NW		Transaction ID: SA11A1.19061
City Washington	State DC	Zip Code 20016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Timmons & Company, Inc.	Occupation Self-employed	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
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 76 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
A. Tomadakis

Mailing Address 1121 South Military Trail

City State Zip Code
Deerfield Beach FL 33442

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

Name of Employer Occupation
Antonis SysAdmin, Inc. Businessowner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: SA11A1.19179

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert L. Tracy

Mailing Address 313 Margaret Street

City State Zip Code
Key West FL 33040

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

Name of Employer Occupation
Self-employed Real Estate Developer/Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: SA11A1.19153

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Yuan-Kai Tsao

Mailing Address 77 Cotton Street

City State Zip Code
Newton MA 02458

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

Name of Employer Occupation
Fish & Richardson, PC Principal, Attorney at law

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2006

Transaction ID: SA11A1.19004

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 141 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Dr. Andreas G. Tzakis Mailing Address 19 Samana Drive City State Zip Code Miami FL 33133-2609 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">500.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.18878 Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">500.00</div> Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	0	6												

B. Full Name (Last, First, Middle Initial) Dr. Patricia BC Tzakis Mailing Address PO Box 331005 City State Zip Code Miami FL 33233 FEC ID number of contributing federal political committee. C Name of Employer University of Miami Occupation Physician Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">500.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.18879 Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">500.00</div> Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	0	6												

C. Full Name (Last, First, Middle Initial) Mr. Ilio Ulivi Mailing Address 4400 Gate Lane City State Zip Code Miami FL 33137 FEC ID number of contributing federal political committee. C Name of Employer Cinema Investments, Inc. Occupation Businessman Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">2100.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.19372 Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">2100.00</div> Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	6												

SUBTOTAL of Receipts This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">3100.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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 78 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Ilio Ulivi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 4400 Gate Lane		Transaction ID: SA11A1.19374	
City State Zip Code Miami FL 33137		Amount of Each Receipt this Period 1900.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Cinema Investments, Inc. Businessman			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4000.00	

B. Full Name (Last, First, Middle Initial) Mrs. Irene Ulivi De Perez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 430 Grand bay Drive # 1401		Transaction ID: SA11A1.19656	
City State Zip Code Key Biscayne FL 33149		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		In-kind - Event Food <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Sazingg Company Designer			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Mr. Raul G. Valdes-Fauli		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1541 Brickell Avenue Suite 3603		Transaction ID: SA11A1.18900	
City State Zip Code Miami FL 33129		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Colonial Bank Banker			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	3650.00
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 79 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Mark Valente, III		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 7055 Leestone Street		Transaction ID: SA11A1.19079	
City State Zip Code Springfield VA 22151	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Valente and Associates	Occupation Self-employed		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Mr. H. Stewart Van Scoyoc		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 131 Yarnick Road		Transaction ID: SA11A1.19110	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 1100.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Van Scoyoc Associates	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

C. Full Name (Last, First, Middle Initial) Mr. H. Stewart Van Scoyoc		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 131 Yarnick Road		Transaction ID: SA11A1.19115	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 1400.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Van Scoyoc Associates	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Soledad Vivas		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 1901 Brickell Avenue #B1901		Transaction ID: SA11A1.19383	
City State Zip Code Miami FL 33129	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Home-maker Occupation Home-maker	Election Cycle-to-Date ▼ 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Paul E. Wakim		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006	
Mailing Address 6302 Princeville Circle		Transaction ID: SA11A1.18862	
City State Zip Code Huntington Beach CA 92648	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed Occupation Doctor	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms Evelyn I. Waterman		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address 2700 Neilson Way #1421		Transaction ID: SA11A1.18952	
City State Zip Code Santa Monica CA 90405	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Karen Weinstein		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 11 Anthony Avenue		Transaction ID: SA11A1.19243	
City Edison	State NJ	Zip Code 08820	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker	Occupation Homemaker	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) B. Mr. R. Brooks White		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address PO Box 2909		Transaction ID: SA11A1.19155	
City Key West	State FL	Zip Code 33045	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer National Campaign Supply	Occupation Political Consultant	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Mr. Raymond W. Wolowicz		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006	
Mailing Address 1620 Ocean Boulevard # 11-N		Transaction ID: SA11A1.18881	
City Lauderdale by the	State FL	Zip Code 33062	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Basil S. Yanakakis		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 13611 Deering Bay Drive Apartment 904		Transaction ID: SA11A1.18902	
City Coral Gables	State FL	Zip Code 33158	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Retired professor of Law	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Mr. Stephen Yates		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address 25 Tygart Court		Transaction ID: SA11A1.19063	
City Gaithersburg	State MD	Zip Code 20879	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution <input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Vice President	Occupation Barbour Griffith & Rogers, LLC	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Mr. Stephen G. Yeonas		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 6867 Elm Street, Suite 210		Transaction ID: SA11A1.18818	
City Mc Lean	State VA	Zip Code 22101	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Stephen G. Yeonas Company	Occupation Chairman of the Board	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 83 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. George Zaczac		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 777 NW 72 Avenue		Transaction ID: SA11A1.19118	
City Miami	State FL	Zip Code 33126	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sheraton Miami Mart	Occupation President	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) B. Ms Rosa A. Zamora		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 260 Palermo Avenue		Transaction ID: SA11A1.19133	
City Coaral Gables	State FL	Zip Code 33134	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Housewife	Occupation Housewife	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) C. Mr. Isaac Zelcer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1215 North Biscayne Point Road		Transaction ID: SA11A1.18834	
City Miami Beach	State FL	Zip Code 33141	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Isaco International Corporation	Occupation Owner/Executive	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
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 84 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. Lijuan Zhang, PhD		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 4949 Battery Lane, Apt 305		Transaction ID: SA11A1.19161	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed Occupation Computer Consultant	Election Cycle-to-Date 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		2000.00	

Full Name (Last, First, Middle Initial) B. Mr. Stan Zicklin		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2006	
Mailing Address 3503 Via Del Prado		Transaction ID: SA11A1.19091	
City State Zip Code Calabasas CA 91302	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		500.00	

Full Name (Last, First, Middle Initial) C. Mr. Haleem Zihenni		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 675 Wilmot Road		Transaction ID: SA11A1.19330	
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Omni Contracting Occupation President	Election Cycle-to-Date 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 141
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Irene Zingg		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 4400 Gate Lane		Transaction ID: SA11A1.19375	
City State Zip Code Miami FL 33137	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Sazingg Jewellery Occupation Business Owner	Election Cycle-to-Date ▼ 2100.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ms. Irene Zingg		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 4400 Gate Lane		Transaction ID: SA11A1.19377	
City State Zip Code Miami FL 33137	Amount of Each Receipt this Period 1900.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Sazingg Jewellery Occupation Business Owner	Election Cycle-to-Date ▼ 4000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	186512.29

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

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

FOR LINE NUMBER: PAGE 86 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. AMERICAN AIRLINES POLITICAL ACTION COMMITTEE

Mailing Address 1101 17 Street N.W. Suite 600

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: SA11C.19105

Amount of Each Receipt this Period
2500.00

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

Full Name (Last, First, Middle Initial)
B. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: SA11C.19093

Amount of Each Receipt this Period
2000.00

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

Full Name (Last, First, Middle Initial)
C. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: SA11C.19094

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

5500.00

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 87 / 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)
 Mailing Address **1120 Connecticut Avenue NW**
 City **Washington** State **DC** Zip Code **20036**
 FEC ID number of contributing federal political committee. **C C00004275**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ **6500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 25 / 2006
Transaction ID: SA11C.19095
 Amount of Each Receipt this Period
1500.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND
 Mailing Address **2 West Dixie Highway**
 City **Dania Beach** State **FL** Zip Code **33004**
 FEC ID number of contributing federal political committee. **C C00027532**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 18 / 2006
Transaction ID: SA11C.18855
 Amount of Each Receipt this Period
1000.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND
 Mailing Address **2 West Dixie Highway**
 City **Dania Beach** State **FL** Zip Code **33004**
 FEC ID number of contributing federal political committee. **C C00027532**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 15 / 2006
Transaction ID: SA11C.19040
 Amount of Each Receipt this Period
1000.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 1505 Prince Street Suite 300		Transaction ID: SA11C.18837
City State Zip Code Alexandria VA 22314	FEC ID number of contributing federal political committee. C C00024968	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 1505 Prince Street Suite 300		Transaction ID: SA11C.19181
City State Zip Code Alexandria VA 22314	FEC ID number of contributing federal political committee. C C00024968	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN SUGAR CANE LEAGUE POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address P O BOX 938		Transaction ID: SA11C.18839
City State Zip Code THIBODAUX LA 70302	FEC ID number of contributing federal political committee. C C00081414	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)		Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2006
Mailing Address 175 E. Houston Street Room 7-A-50		Transaction ID: SA11C.19034
City San Antonio	State TX	Zip Code 78205
FEC ID number of contributing federal political committee. C C00109017		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. BARBOUR GRIFFITH AND ROGERS INC PAC		Date of Receipt M M / D D / Y Y Y Y Y 05 / 10 / 2006
Mailing Address 1275 PENNSYLVANIA AVE NW 10TH FLR		Transaction ID: SA11C.19666
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00355230		Amount of Each Receipt this Period 1740.00
Name of Employer	Occupation	In-kind - Event Food - Drink <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1740.00	

Full Name (Last, First, Middle Initial) C. BELLSOUTH CORPORATION EMPLOYEES' FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2006
Mailing Address 1155 Peachtree St. NE 14D03		Transaction ID: SA11C.19223
City Atlanta	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. C C00174060		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional)	5240.00
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 90 / 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BELLSOUTH CORPORATION EMPLOYEES' FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1155 Peachtree St. NE
14D03

City State Zip Code
Atlanta GA 30309

FEC ID number of contributing federal political committee. **C** C00174060

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11C.19224

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
BIPARTISAN POLITICAL ACTION COMMITTEE/MELLON FINANCIAL CORPORATION (BIPAC/MFC)

Mailing Address ONE MELLON BANK CENTER

City State Zip Code
PITTSBURGH PA 15258

FEC ID number of contributing federal political committee. **C** C00017558

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11C.19096

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Boeing Political Action Committee

Mailing Address 1200 Wilson Blvd.

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	6

Transaction ID: SA11C.19127

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 4101 Winfield Road - 106D Mail Code 5N		Transaction ID: SA11C.19128
City Warrenville State IL Zip Code 60555	FEC ID number of contributing federal political committee. C C00060103	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 1201 15TH STREET NW		Transaction ID: SA11C.19222
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00000901	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 101 Constitution Ave NW		Transaction ID: SA11C.18840
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. C C00001016	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
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 92 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS

Mailing Address 101 Constitution Ave NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11C.19132

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
CHEVRONTXACO EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 6001 Bollinger Canyon Road Building A2108

City San Ramon State CA Zip Code 94583

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.19098

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
CITIZENS ORGANIZED POLITICAL ACTION COMMITTEE

Mailing Address 1800 AVE OF THE STARS #900

City LOS ANGELES State CA Zip Code 90067

FEC ID number of contributing federal political committee. **C** C00110585

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: SA11C.19088

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address 8400 WESTPARK DRIVE		Transaction ID: SA11C.19108
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C C00040998		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1125 17TH Street NW		Transaction ID: SA11C.19134
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00029504		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. FAA MANAGERS ASSOCIATION INC. PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address 888 16th Street NW Suite 333		Transaction ID: SA11C.19120
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C C00366070		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
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 94 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)

Mailing Address One Enterprise Drive

City State Zip Code
Aliso Viejo CA 92656

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2006

Transaction ID: SA11C.18844

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 2099 Pennsylvania Avenue N.W.
Suite 100

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2006

Transaction ID: SA11C.19082

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
HUMAN RIGHTS CAMPAIGN PAC

Mailing Address 1640 Rhode Island Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7475.00

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

Transaction ID: SA11C.19690

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INTERNATIONAL COUNCIL OF CRUISE LINES POLITICAL ACTION COMM (ICCL-PAC)		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 2111 Wilson Boulevard 8th Floor		Transaction ID: SA11C.18926
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C C00303073		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 1550 Crystal Drive Suite 300		Transaction ID: SA11C.18934
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C C00303024		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1550 Crystal Drive Suite 300		Transaction ID: SA11C.19443
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C C00303024		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 16011 NE 36TH WAY BOX 97017		Transaction ID: SA11C.18845
City REDMOND	State WA	Zip Code 98073
FEC ID number of contributing federal political committee. C C00227546		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION FOR POSTMASTERS)		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 8 Herbert Street		Transaction ID: SA11C.19359
City Alexandria	State VA	Zip Code 22305
FEC ID number of contributing federal political committee. C C00100404		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL GRID USA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 25 Research Drive		Transaction ID: SA11C.18935
City Westborough	State MA	Zip Code 01582
FEC ID number of contributing federal political committee. C C00048702		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 97 / 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1630 Duke Street
4th floor**

City **Alexandria** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00072025**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2006

Transaction ID: SA11C.18949

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
NORTEL POLITICAL ACTION COMMITTEE

Mailing Address **2325 Dulles Corner Blvd 10th Floor
200 ATHENS WAY**

City **Herndon** State **VA** Zip Code **20171**

FEC ID number of contributing federal political committee. **C C00167627**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

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

Transaction ID: SA11C.19445

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **100 West Walnut Street
T-1110**

City **Pasadena** State **CA** Zip Code **91124**

FEC ID number of contributing federal political committee. **C C00103549**

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2006

Transaction ID: SA11C.18846

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PROGRESS ENERGY EMPLOYEES' FEDERAL PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address PO Box 1551 PEB 15B		Transaction ID: SA11C.19202
City Raleigh	State NC	Amount of Each Receipt this Period 1000.00
Zip Code 27602	FEC ID number of contributing federal political committee. C C00091884	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. REPUBLICAN NATIONAL COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 310 FIRST STREET SE		Transaction ID: SA11C.19679
City WASHINGTON	State DC	Amount of Each Receipt this Period 110.00
Zip Code 20003	FEC ID number of contributing federal political committee. C C00003418	In-kind - Media Production / Satellite <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1105.00	

Full Name (Last, First, Middle Initial) C. SMITHKLINE BEECHAM CORPORATION POLITICAL ACTION COMMITTEE (GLAXOSMITHKLINE PAC)		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address Five Moore Drive P.O. Box 13358		Transaction ID: SA11C.18824
City Res. Triangle Park	State NC	Amount of Each Receipt this Period 1000.00
Zip Code 27709	FEC ID number of contributing federal political committee. C C00199703	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2110.00
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 99 / 141
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUNTRUST BANK GOOD GOVERNMENT GROUP FLORIDA		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 215 SOUTH MONROE STREET SUITE 125		Transaction ID: SA11C.19099
City TALLAHASSEE	State FL	Zip Code 32301
FEC ID number of contributing federal political committee.	C C00111567	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. SUSAN B ANTHONY LIST CANDIDATE FUND		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 1800 Diagonal Road Suite 285		Transaction ID: SA11C.19660
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee.	C C00332296	Amount of Each Receipt this Period 1230.10
Name of Employer	Occupation	In-kind - Mailing <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1265.10	

Full Name (Last, First, Middle Initial) C. SUSAN B ANTHONY LIST CANDIDATE FUND		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 1800 Diagonal Road Suite 285		Transaction ID: SA11C.19662
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee.	C C00332296	Amount of Each Receipt this Period 23.34
Name of Employer	Occupation	In-kind - <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1288.44	

SUBTOTAL of Receipts This Page (optional)	▶	2253.44
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 100 / 141
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TECO ENERGY INC EMPLOYEES' PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 702 N FRANKLIN STREET		Transaction ID: SA11C.18945
City State Zip Code TAMPA FL 33602	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00161422		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 901 Massachusetts Avenue NW		Transaction ID: SA11C.19135
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00012476		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 55 Glenlake Parkway N.E.		Transaction ID: SA11C.18950
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00064766		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VEN-PAC

Mailing Address PO BOX 70002

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00369660

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA11C.19176

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION)

Mailing Address 1717 ARCH STREET 47TH FL S

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.19444

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 24 / 2006

Transaction ID: SA11C.18927

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address **702 S.W. 8th Street**

City **Bentonville** State **AR** Zip Code **72716**

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	0	6

Transaction ID: SA11C.19177

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	62603.44

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

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

FOR LINE NUMBER: PAGE 103 / 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 BankFirst

Mailing Address P.O. Box 89810

City State Zip Code
 Sioux Falls SD 57105-9058

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3705.24

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: SA15.18937

Amount of Each Receipt this Period
 209.99

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

B. Full Name (Last, First, Middle Initial)
 BankFirst

Mailing Address P.O. Box 89810

City State Zip Code
 Sioux Falls SD 57105-9058

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3908.45

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA15.19126

Amount of Each Receipt this Period
 203.21

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

C. Full Name (Last, First, Middle Initial)
 BankFirst

Mailing Address P.O. Box 89810

City State Zip Code
 Sioux Falls SD 57105-9058

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 4118.44

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

Transaction ID: SA15.19229

Amount of Each Receipt this Period
 209.99

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

SUBTOTAL of Receipts This Page (optional) ▶ **623.19**

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 104 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Beal Bank		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2006
Mailing Address 15770 N. Dallas Parkway		Transaction ID: SA15.18814
City State Zip Code Dallas TX 75248	Amount of Each Receipt this Period 243.93	
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3824.18	

Full Name (Last, First, Middle Initial) B. Beal Bank		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006
Mailing Address 15770 N. Dallas Parkway		Transaction ID: SA15.18946
City State Zip Code Dallas TX 75248	Amount of Each Receipt this Period 236.06	
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4060.24	

Full Name (Last, First, Middle Initial) C. Beal Bank		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006
Mailing Address 15770 N. Dallas Parkway		Transaction ID: SA15.19171
City State Zip Code Dallas TX 75248	Amount of Each Receipt this Period 228.19	
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4288.43	

SUBTOTAL of Receipts This Page (optional) ▶	708.18
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 105 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Beal Bank

Mailing Address 15770 N. Dallas Parkway

City State Zip Code
Dallas TX 75248

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4684.99

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

Transaction ID: SA15.19497

Amount of Each Receipt this Period
396.56

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

B. Full Name (Last, First, Middle Initial)
Capital One

Mailing Address P.O. Box 5038

City State Zip Code
Glen Allen VA 23058-5038

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4830.02

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 18 / 2006

Transaction ID: SA15.18848

Amount of Each Receipt this Period
321.54

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

C. Full Name (Last, First, Middle Initial)
Capital One

Mailing Address P.O. Box 5038

City State Zip Code
Glen Allen VA 23058-5038

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5141.18

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 25 / 2006

Transaction ID: SA15.19086

Amount of Each Receipt this Period
311.16

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

SUBTOTAL of Receipts This Page (optional)	1029.26
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 106 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Capital One Mailing Address P.O. Box 5038 City State Zip Code Glen Allen VA 23058-5038 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA15.19203 Amount of Each Receipt this Period <table border="1"> <tr> <td>321.54</td> </tr> </table> Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	6	321.54
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	0	6														
321.54																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>5462.72</td> </tr> </table>		5462.72																					
5462.72																							

B. Full Name (Last, First, Middle Initial) E*Tradebank Mailing Address Ballston Tower 671 N. Glebe Road City State Zip Code Arlington VA 22203 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA15.18815 Amount of Each Receipt this Period <table border="1"> <tr> <td>212.55</td> </tr> </table> Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	6	212.55
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	3		2	0	0	6														
212.55																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>6810.16</td> </tr> </table>		6810.16																					
6810.16																							

C. Full Name (Last, First, Middle Initial) E*Tradebank Mailing Address Ballston Tower 671 N. Glebe Road City State Zip Code Arlington VA 22203 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA15.18816 Amount of Each Receipt this Period <table border="1"> <tr> <td>210.30</td> </tr> </table> Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	6	210.30
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	3		2	0	0	6														
210.30																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>7020.46</td> </tr> </table>		7020.46																					
7020.46																							

SUBTOTAL of Receipts This Page (optional)	744.39
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 107 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) E*Tradebank		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address Ballston Tower 671 N. Glebe Road		Transaction ID: SA15.18947	
City Arlington State VA Zip Code 22203	Amount of Each Receipt this Period 205.69		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date ▼ 7226.15	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) E*Tradebank		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address Ballston Tower 671 N. Glebe Road		Transaction ID: SA15.18948	
City Arlington State VA Zip Code 22203	Amount of Each Receipt this Period 203.50		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date ▼ 7429.65	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) E*Tradebank		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address Ballston Tower 671 N. Glebe Road		Transaction ID: SA15.19047	
City Arlington State VA Zip Code 22203	Amount of Each Receipt this Period 27.11		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date ▼ 7456.76	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	436.30
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 108 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) E*Tradebank		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address Ballston Tower 671 N. Glebe Road		Transaction ID: SA15.19172	
City Arlington	State VA	Zip Code 22203	Amount of Each Receipt this Period 382.95
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 7839.71			

Full Name (Last, First, Middle Initial) E*Tradebank		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address Ballston Tower 671 N. Glebe Road		Transaction ID: SA15.19174	
City Arlington	State VA	Zip Code 22203	Amount of Each Receipt this Period 212.54
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 8052.25			

Full Name (Last, First, Middle Initial) E*Tradebank		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address Ballston Tower 671 N. Glebe Road		Transaction ID: SA15.19230	
City Arlington	State VA	Zip Code 22203	Amount of Each Receipt this Period 89.08
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 8141.33			

SUBTOTAL of Receipts This Page (optional) ▶	684.57
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 109 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Israel Discount Bank		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2006
Mailing Address 1000 Brickell Avenue		Transaction ID: SA15.18813
City State Zip Code Miami FL 33131	Amount of Each Receipt this Period 739.73	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9317.32	

Full Name (Last, First, Middle Initial) B. Israel Discount Bank		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006
Mailing Address 1000 Brickell Avenue		Transaction ID: SA15.19227
City State Zip Code Miami FL 33131	Amount of Each Receipt this Period 764.38	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10081.70	

Full Name (Last, First, Middle Initial) C. KeyBank National Association		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2006
Mailing Address P. O. Box 9950		Transaction ID: SA15.18849
City State Zip Code Canton OH 44711-0950	Amount of Each Receipt this Period 272.14	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4801.81	

SUBTOTAL of Receipts This Page (optional) ▶	1776.25
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 110 / 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 KeyBank National Association

Mailing Address P. O. Box 9950

City State Zip Code
 Canton OH 44711-0950

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5065.16

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 6 / 2 0 0 6

Transaction ID: SA15.19046

Amount of Each Receipt this Period
 263.35

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

B. Full Name (Last, First, Middle Initial)
 KeyBank National Association

Mailing Address P. O. Box 9950

City State Zip Code
 Canton OH 44711-0950

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5328.51

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

Transaction ID: SA15.19175

Amount of Each Receipt this Period
 263.35

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

C. Full Name (Last, First, Middle Initial)
 M&T Bank, N.A.

Mailing Address 48 Main Street

City State Zip Code
 Oakfield NY 14125

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3658.15

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

Transaction ID: SA15.18812

Amount of Each Receipt this Period
 211.18

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

SUBTOTAL of Receipts This Page (optional) ► **737.88**

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 111 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) M&T Bank, N.A.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2006
Mailing Address 48 Main Street		Transaction ID: SA15.18933
City State Zip Code Oakfield NY 14125	Amount of Each Receipt this Period 233.82	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3891.97	

B. Full Name (Last, First, Middle Initial) M&T Bank, N.A.		Date of Receipt M M / D D / Y Y Y Y Y 05 / 27 / 2006
Mailing Address 48 Main Street		Transaction ID: SA15.19102
City State Zip Code Oakfield NY 14125	Amount of Each Receipt this Period 226.28	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4118.25	

C. Full Name (Last, First, Middle Initial) M&T Bank, N.A.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2006
Mailing Address 48 Main Street		Transaction ID: SA15.19228
City State Zip Code Oakfield NY 14125	Amount of Each Receipt this Period 233.82	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4352.07	

SUBTOTAL of Receipts This Page (optional) ▶	693.92
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 112 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MBNA America Bank, N.A. Mailing Address P.O. Box 15103 City State Zip Code Wilmington DE 19850-5103 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: SA15.18852 Amount of Each Receipt this Period 260.22 Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4591.47	

B. Full Name (Last, First, Middle Initial) MBNA America Bank, N.A. Mailing Address P.O. Box 15103 City State Zip Code Wilmington DE 19850-5103 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6 Transaction ID: SA15.19087 Amount of Each Receipt this Period 251.81 Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4843.28	

C. Full Name (Last, First, Middle Initial) Ritz Carlton Phoenix Hotel Mailing Address 2401 East Camelback Road City State Zip Code Phoenix AZ 85016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: SA15.19635 Amount of Each Receipt this Period 532.34 Refund on travel expense <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 532.34	

SUBTOTAL of Receipts This Page (optional)	1044.37
TOTAL This Period (last page this line number only)	8478.31

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AOL Billing Operations & Services		Transaction ID: SB17.19624 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 17200		Amount of Each Disbursement this Period 30.90
City Jacksonville State FL Zip Code 32295	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AOL Billing Operations & Services		Transaction ID: SB17.19622 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 17200		Amount of Each Disbursement this Period 30.90
City Jacksonville State FL Zip Code 32295	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AOL Billing Operations & Services		Transaction ID: SB17.19615 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 17200		Amount of Each Disbursement this Period 30.90
City Jacksonville State FL Zip Code 32295	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	92.70
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Banana Cafe		Transaction ID: SB17.19572 Date of Disbursement 06 / 21 / 2006
Mailing Address 500 Eighth Street SE		Amount of Each Disbursement this Period 235.95
City Washington State DC Zip Code 20000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Mark Barauck		Transaction ID: SB17.19685 Date of Disbursement 06 / 12 / 2006
Mailing Address 1218 Varela Street		Amount of Each Disbursement this Period 475.00
City Key West State FL Zip Code 33040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Event Food	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BARBOUR GRIFFITH AND ROGERS INC PAC		Transaction ID: SB17.19668 Date of Disbursement 05 / 10 / 2006
Mailing Address 1275 PENNSYLVANIA AVE NW 10TH FLR		Amount of Each Disbursement this Period 1740.00
City WASHINGTON State DC Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Event Food - Drink	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2450.95
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: SB17.19577 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address P.O. Box 70807		Amount of Each Disbursement this Period 69.21	
City Charlotte State NC Zip Code 28272-0807	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. BellSouth		Transaction ID: SB17.19591 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 70807		Amount of Each Disbursement this Period 39.55	
City Charlotte State NC Zip Code 28272-0807	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. BellSouth		Transaction ID: SB17.19595 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6	
Mailing Address P.O. Box 70807		Amount of Each Disbursement this Period 36.38	
City Charlotte State NC Zip Code 28272-0807	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	145.14
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: SB17.19605 Date of Disbursement 05 / 16 / 2006	
Mailing Address P.O. Box 70807		Amount of Each Disbursement this Period 57.03	
City Charlotte State NC Zip Code 28272-0807	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Board of County Commissioners		Transaction ID: SB17.19552 Date of Disbursement 04 / 01 / 2006	
Mailing Address 111 NW 1st Street		Amount of Each Disbursement this Period 312.60	
City Miami State FL Zip Code 33128	Purpose of Disbursement Petition Verification Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Mr. Justin Brown		Transaction ID: SB17.19637 Date of Disbursement 06 / 27 / 2006	
Mailing Address 3841 Chesterbrook Road		Amount of Each Disbursement this Period 372.65	
City Arlington State VA Zip Code 22207	Purpose of Disbursement Event Expenses Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

742.28

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. William S. Burlew		Transaction ID: SB17.19675 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 1200 G Street NW Suite 800		Amount of Each Disbursement this Period 582.85
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Event Food	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: SB17.19607 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 200.10
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Harriet Carter		Transaction ID: SB17.19597 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 9357 Fontainebleau Boulevard #202		Amount of Each Disbursement this Period 161.33
City Miami State FL Zip Code 33712	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	944.28
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

A. Cash Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 52-2784 City Miami State FL Zip Code 33152-2784 Purpose of Disbursement Petty Cash Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.19526 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Cash Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 52-2784 City Miami State FL Zip Code 33152-2784 Purpose of Disbursement Petty Cash Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.19528 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 772349 City Ocala State FL Zip Code 34477 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.19551 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 106.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	306.99
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.19579 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address P. O. Box 772349		Amount of Each Disbursement this Period 71.80
City Ocala State FL Zip Code 34477	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.19580 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address P. O. Box 772349		Amount of Each Disbursement this Period 106.79
City Ocala State FL Zip Code 34477	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17.19582 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address P. O. Box 772349		Amount of Each Disbursement this Period 215.01
City Ocala State FL Zip Code 34477	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	393.60
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)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.19603 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address P. O. Box 772349		Amount of Each Disbursement this Period 53.37
City Ocala State FL Zip Code 34477	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.19604 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address P. O. Box 772349		Amount of Each Disbursement this Period 58.35
City Ocala State FL Zip Code 34477	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17.19606 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 772349		Amount of Each Disbursement this Period 100.79
City Ocala State FL Zip Code 34477	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	212.51
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Conch Color Magazine		Transaction ID: SB17.19559 Date of Disbursement 05 / 10 / 2006	
Mailing Address 314 Simonton Street		Amount of Each Disbursement this Period 1200.00	
City Key West State FL Zip Code 33040	Purpose of Disbursement Advertisement Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Maria C. Del Portillo		Transaction ID: SB17.19563 Date of Disbursement 05 / 11 / 2006	
Mailing Address 7654 SW 106 Avenue		Amount of Each Disbursement this Period 63.76	
City Miami State FL Zip Code 33173	Purpose of Disbursement Event Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Maria C. Del Portillo		Transaction ID: SB17.19571 Date of Disbursement 06 / 22 / 2006	
Mailing Address 7654 SW 106 Avenue		Amount of Each Disbursement this Period 20.91	
City Miami State FL Zip Code 33173	Purpose of Disbursement Event Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1284.67
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Michael Dominguez		Transaction ID: SB17.19652 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 8356 NW 30 Terrace		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Doral State FL Zip Code 33122	Purpose of Disbursement In-kind - Event Wine Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dr. Maribel Santa Cruz Fondation		Transaction ID: SB17.19642 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 3860 West Flagler Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33134	Purpose of Disbursement Donation Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ms Emilia Estopinan		Transaction ID: SB17.19568 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 5849 NW 7 Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33126	Purpose of Disbursement Event Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms Emilia Estopinan		Transaction ID: SB17.19569 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 5849 NW 7 Street		Amount of Each Disbursement this Period 21.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33126	Purpose of Disbursement Event Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Ms Maria Cristina Estopinan		Transaction ID: SB17.19641 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 1099 NW 27 Court #18		Amount of Each Disbursement this Period 185.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33125	Purpose of Disbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Express Travel		Transaction ID: SB17.19619 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 395 Alhambra #301		Amount of Each Disbursement this Period 2845.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coral Gables State FL Zip Code 33134	Purpose of Disbursement Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3053.13
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Express Travel		Transaction ID: SB17.19627 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 395 Alhambra #301		Amount of Each Disbursement this Period 1624.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coral Gables	State FL	
Zip Code 33134		
Purpose of Disbursement Travel		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Fed Ex Corporation		Transaction ID: SB17.19583 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 11.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis	State TN	
Zip Code 38101-1140		
Purpose of Disbursement Delivery		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Fed Ex Corporation		Transaction ID: SB17.19585 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 25.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis	State TN	
Zip Code 38101-1140		
Purpose of Disbursement Delivery		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1661.11
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fed Ex Corporation		Transaction ID: SB17.19592 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 7.58
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fed Ex Corporation		Transaction ID: SB17.19593 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 31.00
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fed Ex Corporation		Transaction ID: SB17.19598 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 31.24
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	69.82
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fed Ex Corporation		Transaction ID: SB17.19601 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 54.87
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fed Ex Corporation		Transaction ID: SB17.19602 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 10.04
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Delivery Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mrs. Andy Fotini		Transaction ID: SB17.19678 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 3531 W. Fairview Street		Amount of Each Disbursement this Period 1800.00
City Miami State FL Zip Code 33133	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Event Food Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1864.91
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Frame Art of Kendall, Inc.		Transaction ID: SB17.19536 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address 11758 SW 88 Street		Amount of Each Disbursement this Period 246.10	
City Miami State FL Zip Code 33186	Purpose of Disbursement Event Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hilton Hotels		Transaction ID: SB17.19628 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6	
Mailing Address 9876 Wilshire Boulevard		Amount of Each Disbursement this Period 754.43	
City Beverly Hills State CA Zip Code 90210	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hunan Dynasty Restaurant		Transaction ID: SB17.19570 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6	
Mailing Address 215 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 242.10	
City Washington State DC Zip Code 20003	Purpose of Disbursement Event Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1242.63
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Juan Juig		Transaction ID: SB17.19543 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 1010 SW 62 Avenue		Amount of Each Disbursement this Period 200.00
City West Miami State GA Zip Code 33144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Photography		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. John Kolbe		Transaction ID: SB17.19632 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 6205 Quarles Road		Amount of Each Disbursement this Period 275.00
City St Leonard State MD Zip Code 20685	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. La Politica Comica		Transaction ID: SB17.19538 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 137 SW 57 Avenue		Amount of Each Disbursement this Period 200.00
City Miami State FL Zip Code 33144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	675.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. La Politica Comica		Transaction ID: SB17.19541 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 137 SW 57 Avenue		Amount of Each Disbursement this Period 200.00
City Miami State FL Zip Code 33144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Miguel De Grandy PA		Transaction ID: SB17.19589 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 800 Douglas Road		Amount of Each Disbursement this Period 7000.00
City Coral Gables State FL Zip Code 33134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Legal Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Morgan, Meredith & Associates		Transaction ID: SB17.19588 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 4451 Brookfield Corporation Drive Suite 200		Amount of Each Disbursement this Period 2426.15
City Chantilly State VA Zip Code 20151	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expenses	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9626.15
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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: SB17.19590 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 8601 SW 40th Street		Amount of Each Disbursement this Period 41.85
City Miami State FL Zip Code 33186	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Old Cutler Federated Republican Women's Club		Transaction ID: SB17.19612 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 16360 SW 87 Place		Amount of Each Disbursement this Period 40.00
City Palmetto Bay State FL Zip Code 33157	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Radio Paz		Transaction ID: SB17.19525 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 1779 NW 28 Street		Amount of Each Disbursement this Period 400.00
City Miami State FL Zip Code 33142	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	481.85
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. REPUBLICAN NATIONAL COMMITTEE		Transaction ID: SB17.19680 Date of Disbursement
Mailing Address 310 FIRST STREET SE		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement In-kind - Media Production / Satellite	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="110.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Republican Party of Miami-Dade County		Transaction ID: SB17.19534 Date of Disbursement
Mailing Address 1790 Coral Way, Suite 200		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Miami	State FL	Zip Code 33145
Purpose of Disbursement Event Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Republican Party of Miami-Dade County		Transaction ID: SB17.19535 Date of Disbursement
Mailing Address 1790 Coral Way, Suite 200		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Miami	State FL	Zip Code 33145
Purpose of Disbursement Advertisement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="250.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="860.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ileana Ros-Lehtinen		Transaction ID: SB17.19587 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address Post Office Box 52-2784		Amount of Each Disbursement this Period 139.00
City Miami State FL Zip Code 33152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Events Expense Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ileana Ros-Lehtinen		Transaction ID: SB17.19565 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address Post Office Box 52-2784		Amount of Each Disbursement this Period 1279.01
City Miami State FL Zip Code 33152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Events Expense Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Juan Carlos Santiesteban		Transaction ID: SB17.19539 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 8541 NW 7 Street		Amount of Each Disbursement this Period 98.61
City Miami State FL Zip Code 33126	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1516.62
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)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Juan Carlos Santiesteban		Transaction ID: SB17.19540 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 8541 NW 7 Street		Amount of Each Disbursement this Period 21.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33126	Purpose of Disbursement Auto Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Steven Sawitz		Transaction ID: SB17.19647 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 11 Washington Avenue		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami Beach State FL Zip Code 33139	Purpose of Disbursement In-kind - Event Food Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Segway Communications		Transaction ID: SB17.19608 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 2310 S. Sepulveda Blvd.		Amount of Each Disbursement this Period 135.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90064	Purpose of Disbursement Answering Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1656.84
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)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Betsy Su Shuling		Transaction ID: SB17.19689 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 77 Cotton Street		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Newton MA 02458	Purpose of Disbursement In-kind - Event Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Transaction ID: SB17.19625 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 8699 NW 36 Street		Amount of Each Disbursement this Period 68.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Miami FL 33166	Purpose of Disbursement Office Expense - Check Order Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Transaction ID: SB17.19621 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 8699 NW 36 Street		Amount of Each Disbursement this Period 50.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Miami FL 33166	Purpose of Disbursement Office Expense - Check Order Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1618.66
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Transaction ID: SB17.19623 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 8699 NW 36 Street		Amount of Each Disbursement this Period 19.50
City Miami State FL Zip Code 33166	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charge	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SUSAN B ANTHONY LIST CANDIDATE FUND		Transaction ID: SB17.19661 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 1800 Diagonal Road Suite 285		Amount of Each Disbursement this Period 1230.10
City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Mailing	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SUSAN B ANTHONY LIST CANDIDATE FUND		Transaction ID: SB17.19663 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 1800 Diagonal Road Suite 285		Amount of Each Disbursement this Period 23.34
City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind -	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1272.94
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tamiami Canal Co. LLC		Transaction ID: SB17.19594 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 12134 SW 117 Court		Amount of Each Disbursement this Period 692.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33186	Purpose of Disbursement Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tamiami Canal Co. LLC		Transaction ID: SB17.19609 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 12134 SW 117 Court		Amount of Each Disbursement this Period 652.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33186	Purpose of Disbursement Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tamiami Canal Co. LLC		Transaction ID: SB17.19610 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 12134 SW 117 Court		Amount of Each Disbursement this Period 802.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33186	Purpose of Disbursement Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2147.08
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Miami Herald		Transaction ID: SB17.19578 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 1 Herald Plaza		Amount of Each Disbursement this Period 220.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33132	Purpose of Disbursement Advertisement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Monocle Restaurant		Transaction ID: SB17.19630 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 107 D Street NE		Amount of Each Disbursement this Period 320.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002	Purpose of Disbursement Event Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Shore Club		Transaction ID: SB17.19507 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 1901 Collins Avenue		Amount of Each Disbursement this Period 4613.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami Beach State FL Zip Code 33139	Purpose of Disbursement Dep. RLC Event Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5154.18
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

<p>A. Tortilla Coast</p> <p>Full Name (Last, First, Middle Initial) Tortilla Coast</p> <p>Mailing Address 700 Fist Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Event Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.19549</p> <p>Date of Disbursement 04 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 275.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. Trias Flowers</p> <p>Full Name (Last, First, Middle Initial) Trias Flowers</p> <p>Mailing Address 6520 SW 40 Street</p> <p>City Miami State FL Zip Code 33155</p> <p>Purpose of Disbursement Event Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.19586</p> <p>Date of Disbursement 04 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 60.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Trias Flowers</p> <p>Full Name (Last, First, Middle Initial) Trias Flowers</p> <p>Mailing Address 6520 SW 40 Street</p> <p>City Miami State FL Zip Code 33155</p> <p>Purpose of Disbursement Event Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.19599</p> <p>Date of Disbursement 05 / 13 / 2006</p> <p>Amount of Each Disbursement this Period 147.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>483.06</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: SB17.19506 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 6
Mailing Address 2200 NW 72 Avenue		Amount of Each Disbursement this Period 390.00
City Miami State FL Zip Code 33152-9651	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Transaction ID: SB17.19505 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 2200 NW 72 Avenue		Amount of Each Disbursement this Period 390.00
City Miami State FL Zip Code 33152-9651	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: SB17.19527 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 2200 NW 72 Avenue		Amount of Each Disbursement this Period 392.00
City Miami State FL Zip Code 33152-9651	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

1172.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Irene Ulivi De Perez		Transaction ID: SB17.19658 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 430 Grand bay Drive # 1401		Amount of Each Disbursement this Period 1500.00	
City Key Biscayne	State FL	Zip Code 33149	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement In-kind - Event Food		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	43629.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROS-LEHTINEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. FRIENDS OF JOHN HOSTETTLER COMMITTEE

Transaction ID: SB21.19555

Date of Disbursement

Mailing Address P.O. Box 3676

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	4		2	1		2	0	0	6

City State Zip Code
Evansville IN 47735

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

--

Category/
Type

Candidate Name

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

Office Sought: House
 Senate
 President
State: IN District: 08

Disbursement For: 2006
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00
