

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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
Florida Congressional Committee

ADDRESS (number and street) 5821 Hollywood Blvd
Suite 200
 Check if different than previously reported. (ACC)
Hollywood FL 33021

2. **FEC IDENTIFICATION NUMBER** C00127811
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

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

Signature of Treasurer Electronically Filed by Stephen Fiske Date 12 02 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Florida Congressional Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		50641.95
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	57633.40									
(c) Total Receipts (from Line 19)	14750.00	88710.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	72383.40	139351.95								
7. Total Disbursements (from Line 31)	8907.05	75875.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63476.35	63476.35								
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									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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
Florida Congressional Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14750.00	88410.00
(i) Itemized (use Schedule A)	0.00	300.00
(ii) Unitemized	14750.00	88710.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14750.00	88710.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14750.00	88710.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14750.00	88710.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	907.05	2575.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	907.05	2575.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	8000.00	73300.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8907.05	75875.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8907.05	75875.60

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14750.00	88710.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14750.00	88710.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	907.05	2575.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	907.05	2575.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Florida Congressional Committee

<p>A. Full Name (Last, First, Middle Initial) Max Benoiel</p> <p>Mailing Address 1801 NE 149 Street</p> <p>City State Zip Code North Miami FL 33181</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer M & R Distributors Intern- ation Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 08 / 22 / 2008</p> <p>Transaction ID: SA11AI.4578</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p>
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<p>B. Full Name (Last, First, Middle Initial) Joel Eidelstein</p> <p>Mailing Address 1961 S Oak Haven Circle</p> <p>City State Zip Code North Miami Beach FL 33179</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Alerica Inc Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>	<p>Date of Receipt 07 / 17 / 2008</p> <p>Transaction ID: SA11AI.4570</p> <p>Amount of Each Receipt this Period 1250.00</p> <p>contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Jerome Falic</p> <p>Mailing Address 6100 Hollywood Blvd</p> <p>City State Zip Code Hollywood FL 33024</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Duty Free America Occupation Import/Export Business Owner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 4500.00</p>	<p>Date of Receipt 09 / 23 / 2008</p> <p>Transaction ID: SA11AI.4567</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>contribution</p>
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SUBTOTAL of Receipts This Page (optional)	4250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A.	Full Name (Last, First, Middle Initial) Leon Falic	Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 6100 Hollywood Blvd	Transaction ID: SA11AI.4566
	City State Zip Code Hollywood FL 33024	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Self Occupation Import/Export Business Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Andy Fiske	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 5821 Hollywood Blvd	Transaction ID: SA11AI.4571
	City State Zip Code Hollywood FL 33021	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer City First Mortgage Occupation Mortgage Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Eytan Laor	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 2121 NE 211th Street	Transaction ID: SA11AI.4565
	City State Zip Code Miami FL 33179	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Eytan Laor Occupation Investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A.

Full Name (Last, First, Middle Initial)
Glenn Moses

Mailing Address 3201 NE 183rd
Apt. 607

City State Zip Code
Aventura FL 33160

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

Name of Employer Occupation
Genovese Joblove and Battista Lawyer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2008

Transaction ID: SA11AI.4573

Amount of Each Receipt this Period

1000.00

contribution

B.

Full Name (Last, First, Middle Initial)
Amy Rader

Mailing Address 23173 Boca Club Colony Circle

City State Zip Code
Boca Raton FL 33433

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

Name of Employer Occupation
self homemaker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: SA11AI.4562

Amount of Each Receipt this Period

1000.00

contribution

C.

Full Name (Last, First, Middle Initial)
Judy Silverman

Mailing Address 19553 NE 37th Ave

City State Zip Code
Aventura FL 33180

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

Name of Employer Occupation
none Housewife

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2008

Transaction ID: SA11AI.4564

Amount of Each Receipt this Period

2500.00

contribution

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Full Name (Last, First, Middle Initial)
Stanley Tate

Mailing Address 1175 NE 125th Street

City State Zip Code
North Miami FL 33161

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

Name of Employer Occupation
Stanley Tate Builders Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2008

Transaction ID: SA11AI.4563

Amount of Each Receipt this Period
1000.00

contribution

B. Full Name (Last, First, Middle Initial)
George Temel

Mailing Address 9581 NE 11th St

City State Zip Code
Plantation FL 33322

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

Name of Employer Occupation
Clarity Financial Planning Financial Planner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2008

Transaction ID: SA11AI.4579

Amount of Each Receipt this Period
1000.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ► 14750.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

<p>A. Full Name (Last, First, Middle Initial) Asaf Ben-David</p> <p>Mailing Address 4212 Grant Street</p> <p>City Hollywood State FL Zip Code 33021</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4587</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Victoria Garrett</p> <p>Mailing Address 5821 Hollywood Blvd</p> <p>City Hollywood State FL Zip Code 33021</p> <p>Purpose of Disbursement filing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4585</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) MTG Web</p> <p>Mailing Address 3810 Legner Street</p> <p>City Plano State IL Zip Code 60545</p> <p>Purpose of Disbursement website hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4586</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="359.40"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="684.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.4580 Date of Disbursement 07 / 17 / 2008
	Mailing Address paypal.com	
	City San Jose State CA Zip Code 95113	Amount of Each Disbursement this Period 36.55
	Purpose of Disbursement fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.4581 Date of Disbursement 08 / 13 / 2008
	Mailing Address paypal.com	
	City San Jose State CA Zip Code 95113	Amount of Each Disbursement this Period 29.30
	Purpose of Disbursement fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.4582 Date of Disbursement 08 / 22 / 2008
	Mailing Address paypal.com	
	City San Jose State CA Zip Code 95113	Amount of Each Disbursement this Period 29.30
	Purpose of Disbursement fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► **95.15**

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 12 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Full Name (Last, First, Middle Initial) PayPal Mailing Address paypal.com City San Jose State CA Zip Code 95113 Purpose of Disbursement fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4583 Date of Disbursement 09 / 01 / 2008
	Amount of Each Disbursement this Period 29.30
B. Full Name (Last, First, Middle Initial) PayPal Mailing Address paypal.com City San Jose State CA Zip Code 95113 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4584 Date of Disbursement 09 / 25 / 2008
	Amount of Each Disbursement this Period 29.30

SUBTOTAL of Disbursements This Page (optional) ▶

58.60

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

838.15

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A.

Full Name (Last, First, Middle Initial)
BERMAN FOR CONGRESS

Transaction ID: SB23.4597
Date of Disbursement

Mailing Address 6380 Wilshire Blvd. #1612

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

City State Zip Code
Los Angeles CA 90048

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
campaign contribution

Category/
Type

Candidate Name
BERMAN FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 28

B.

Full Name (Last, First, Middle Initial)
BOB SCHAFFER FOR US SENATE

Transaction ID: SB23.4604
Date of Disbursement

Mailing Address PO BOX 102135

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

City State Zip Code
DENVER CO 80250

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
campaign contribution

Category/
Type

Candidate Name
ROBERT W SCHAFFER

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CO District: 00

C.

Full Name (Last, First, Middle Initial)
PUTNAM FOR CONGRESS

Transaction ID: SB23.4593
Date of Disbursement

Mailing Address Post Office Box 2257

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

City State Zip Code
Bartow FL 33831

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
general campaign contribution

Category/
Type

Candidate Name
PUTNAM FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 12

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A.

Full Name (Last, First, Middle Initial)
PUTNAM FOR CONGRESS

Mailing Address Post Office Box 2257

City Bartow State FL Zip Code 33831

Purpose of Disbursement contribution

Candidate Name ADAM HUGHES PUTNAM

Office Sought: House Senate President
State: FL District: 12

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4605
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

B.

Full Name (Last, First, Middle Initial)
TIM MAHONEY FOR FLORIDA

Mailing Address 4114 Northlake Blvd Ste 300

City Palm Beach Gardens State FL Zip Code 33410

Purpose of Disbursement campaign contribution

Candidate Name MAHONEY, TIM

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2008
 Primary General
 Other (specify) ▼
Special-General

Transaction ID: SB23.4600
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)