

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 460 OF 466
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

Full Name (Last, First, Middle Initial) A. Florida Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 214 S Bronough St		Amount of Each Disbursement this Period 4075.00
City Tallahassee	State FL	
Zip Code 32301-1705	Purpose of Disbursement Unlimited Contribution to State Party	Transaction ID : D422381
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Florida Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 214 S Bronough St		Amount of Each Disbursement this Period 23948.87
City Tallahassee	State FL	
Zip Code 32301-1705	Purpose of Disbursement Unlimited Contribution to State Party	Transaction ID : D422382
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	28023.87
TOTAL This Period (last page this line number only).....	28023.87