

**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

MICA FOR CONGRESS

ADDRESS (number and street)

P. O. Box 181546

Check if different than previously reported. (ACC)

Casselberry

FL

32718

2. **FEC IDENTIFICATION NUMBER**

C00283051

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT  NEW OR  AMENDED (A)

FL 07

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 2003 through 06 30 2003

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

Type or Print Name of Treasurer W Edward Langdon

Signature of Treasurer Electronically Filed by W Edward Langdon Date 07 15 2003

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

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

**Write or Type Committee Name**

MICA FOR CONGRESS

Report Covering the Period: From: <sup>M</sup> 0 <sup>M</sup> 4 <sup>D</sup> 0 <sup>D</sup> 1 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 0 <sup>Y</sup> 3 To: <sup>V</sup> 0 <sup>M</sup> 6 <sup>D</sup> 3 <sup>D</sup> 0 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 0 <sup>Y</sup> 3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	28650.00	86150.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28650.00	84400.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	8817.01	90595.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2778.92
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8817.01	87816.78
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	258082.89	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
MICA FOR CONGRESS

Report Covering the Period: From: <sup>M M</sup> 0 4 <sup>D J</sup> 0 1 <sup>Y Y Y Y</sup> 2 0 0 3 To: <sup>V V</sup> 0 8 <sup>U J</sup> 3 0 <sup>Y Y Y Y</sup> 2 0 0 3

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3500.00	
(ii) Unitemized.....	650.00	
(iii) TOTAL of contributions	4150.00	13150.00
from individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	24500.00	73000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	28650.00	86150.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES</b> (Refunds, Rebates, etc.).....	0.00	2778.92
<b>15. OTHER RECEIPTS</b> (Dividends, Interest, etc.).....	702.82	1831.09
<b>16. TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	29352.82	90760.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8817.01	90595.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1750.00
21. OTHER DISBURSEMENTS.....	1000.00	1300.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	9817.01	90645.70

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	238547.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	29052.82
25. SUBTOTAL (add Line 23 and Line 24).....	267899.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9817.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	258082.89

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)  
(Millionaires' Amendment)**

<b>Name of Candidate</b> Mr. John L Mica		<b>Candidate ID Number</b> H2FL08055
<b>Name of Principal Campaign Committee</b> MICA FOR CONGRESS		<b>Committee ID Number</b> <b>C</b> C002B3051
<b>Committee Address</b> P. O. Box 181548		
<b>City</b> Casselberry	<b>State</b> FL	<b>ZIP</b> 32718
<b>Report Covering Period (check one)</b> <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	93921.66	1000.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	93921.66	1000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 25		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mr. Denis J. Dwyer, II</b>		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address 3803 Oval Drive		Transaction ID: 0017580
City Alexandria	State VA	Zip Code 22305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Williams & Jensen	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Larry P. Bamek</b>		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address AB Mgmt Associates, Inc 8123 Lundy Pl		Transaction ID: 0017602
City Burke	State VA	Zip Code 22015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer AB Mgmt Associates, Inc	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Malcolm I Glazer</b>		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 1482 S Ocean Blvd		Transaction ID: 0017644
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Tampa Bay Buccaneers	Occupation OWNER	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. James E. Cooling		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 1012 W. 81st Terrace		Transaction ID: 0017592
City	State	Zip Code
Kansas City	MO	64113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Cooling & Herbers, PC	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard Fain		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 700 Avida Parkway		Transaction ID: 0017609
City	State	Zip Code
Miami	FL	33156
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Royal Caribbean Cruise Lines	Occupation Chief Executive Officer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	1500.00
TOTAL This Period (last page this line number only) .....	▶	3500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 25	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Shaw Pittman - PAC</b>		Date of Receipt M / D / Y 04 / 17 / 2003
Mailing Address 2300 N St, NW		Transaction ID: 0017589
City	State	Zip Code
Washington	DC	20037-1128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Thelen Reid &amp; Priest LLP PAC</b>		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 701 Pennsylvania Ave NW Ste 800		Transaction ID: 0017588
City	State	Zip Code
Washington	DC	20004-2608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Norfolk Southern Corp. Good Government Fund</b>		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 1500 K St, NW, Ste 375		Transaction ID: 0017580
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>4500.00</b>
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 / 25	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Come on Letter Carriers Political Education</b>		Date of Receipt M / D / Y 05 / 01 / 2003	
Mailing Address 100 Indiana Ave., N.W.		Transaction ID: 0017591	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer	Occupation		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. General Aviation Manufacturers Asso PAC</b>		Date of Receipt M / D / Y 05 / 13 / 2003	
Mailing Address 1400 K St NW Ste 801		Transaction ID: 0017606	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer	Occupation		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Federal Express PAC</b>		Date of Receipt M / D / Y 05 / 23 / 2003	
Mailing Address 101 Constitution Ave, NW, Ste 801E		Transaction ID: 0017586	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer	Occupation		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) .....	<b>7000.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. <b>FAA Managers' PAC</b>		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 1400 16th St. NW		Transaction ID: 0017597
City	State	Zip Code
Washington	DC	20036-1198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. <b>National Air Transportation Assn PAC</b>		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 4226 King St		Transaction ID: 0017598
City	State	Zip Code
Alexandria	VA	22302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. <b>Nat Air Traffic Controllers Assn PAC</b>		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 1325 Massachusetts Ave NW		Transaction ID: 0017589
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3000.00</b>
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 / 25	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Professional Airways Systems Specialists PAC		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 115D 17th St NW Ste 702		Transaction ID: 0017600
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Asso. of Airport Executives Good Govt		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 801 Madison St, Ste 400		Transaction ID: 0017601
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Boeing Political Action Committee		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 1200 Wilson Blvd		Transaction ID: 0017605
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3000.00</b>
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 / 25		
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aircraft Owners & Pilots Association PAC		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 801 Pennsylvania Ave, Ste 875 So		Transaction ID: 0017593
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Aircraft Owners & Pilots Association PAC		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 801 Pennsylvania Ave, Ste 875 So		Transaction ID: 0017594
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. Old Castle Material Inc., PAC		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 101 Constitution Ave, NW, Ste 800W		Transaction ID: 0017595
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>6000.00</b>
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 13 / 25		
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Beer Wholesalers Association PAC		Date of Receipt M / D / Y 06 / 26 / 2008
Mailing Address 1100 So. Washington Street		Transaction ID: 0017608
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(B-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼  1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	24500.00

**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 / 25	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wachovia Bank, N.A.		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 1201 South Orlando Ave		Transaction ID: 0017629
City	State	Zip Code
Winter Park,	FL	32789
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 236.76
Name of Employer	Occupation	Interest Income/Money Market Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1365.03	

Full Name (Last, First, Middle Initial) B. Wachovia Bank, N.A.		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 1201 South Orlando Ave		Transaction ID: 0017630
City	State	Zip Code
Winter Park,	FL	32789
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.11
Name of Employer	Occupation	Interest Income/Money Market Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1805.14	

Full Name (Last, First, Middle Initial) C. Wachovia Bank, N.A.		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 1201 South Orlando Ave		Transaction ID: 0017631
City	State	Zip Code
Winter Park,	FL	32789
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.95
Name of Employer	Occupation	Interest Income/Money Market Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1831.09	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>702.82</b>
TOTAL This Period (last page this line number only) .....	▶	<b>702.82</b>

**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 15 / 25
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Florida Hospital Memorial Division</b>		Transaction ID: D017550 Date of Disbursement 04 / 04 / 2003	
Mailing Address 875 Sterthaus Ave			
City Ormond Beach State FL Zip Code 32174	Amount of Each Disbursement this Period  400.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Catering Services Candidate Name	003 Category/ Type		
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: D017585 Date of Disbursement 04 / 04 / 2003	
Mailing Address P. O. Box 181546			
City Casselberry State FL Zip Code 32718	Amount of Each Disbursement this Period  100.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Petty Cash Candidate Name	001 Category/ Type		
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Winter Park Racquet Club</b>		Transaction ID: 0017627 Date of Disbursement 04 / 07 / 2003	
Mailing Address 2111 Via Tuscany			
City Winter Park State FL Zip Code 32789	Amount of Each Disbursement this Period  84.54  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Meals with Constituents Candidate Name	001 Category/ Type		
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary      General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	<b>564.54</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 16 / 25
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D017626 Date of Disbursement 04 / 07 / 2003	
Mailing Address PO Box 0001			
City Chicago	State IL	Zip Code 60679	Amount of Each Disbursement this Period 1948.40
Purpose of Disbursement TRAVEL & MEAL EXPENSES		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	ITEMIZATION BELOW	
State: District			

Full Name (Last, First, Middle Initial) B. House Members Dining Room		Transaction ID: D017626-001 Date of Disbursement 04 / 07 / 2003	
Mailing Address The Capitol			
City Washington	State DC	Zip Code 20515	Amount of Each Disbursement this Period 592.60
Purpose of Disbursement Meals with Constituents		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	[MEMO ITEM] MEMO	
State: District			

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: D017626-002 Date of Disbursement 04 / 07 / 2003	
Mailing Address 60 Mass Avenue NE			
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 216.00
Purpose of Disbursement Transportation Expenses		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	[MEMO ITEM] MEMO	
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>1948.40</b>
TOTAL This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 17 / 25
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. USAIRWAYS</b>		Transaction ID: D017626-009 Date of Disbursement 04 / 07 / 2003	
Mailing Address 2345 Crystal Drive			
City Arlington	State VA	Zip Code 22223	Amount of Each Disbursement this Period  679.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
Purpose of Disbursement Air Transportation		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. U. S. Postal Service</b>		Transaction ID: D017612 Date of Disbursement 04 / 14 / 2003	
Mailing Address 109 Live Oak Blvd.			
City Casselberry	State FL	Zip Code 32707	Amount of Each Disbursement this Period  111.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement POSTAGE, NON-BULK MAIL		008 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. Mr. Russell L. Roberts</b>		Transaction ID: D017611 Date of Disbursement 04 / 14 / 2003	
Mailing Address 511 Oak Lane			
City Maitland	State FL	Zip Code 32751	Amount of Each Disbursement this Period  231.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL & MEAL EXPENSES		002 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>342.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 18 / 25
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sprint Telephone Co.		Transaction ID: D017634 Date of Disbursement 04 / 21 / 2003	
Mailing Address P. O. Box 30784			
City Tampa	State FL	Zip Code 33630	Amount of Each Disbursement this Period  148.38 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE EXPENSES		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D017621 Date of Disbursement 05 / 08 / 2003	
Mailing Address PO Box 0001			
City Chicago	State IL	Zip Code 60670	Amount of Each Disbursement this Period  1581.03 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL & MEAL EXPENSES		002 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		ITEMIZATION BELOW
State: District			

Full Name (Last, First, Middle Initial) C. House Members Dining Room		Transaction ID: D017621-001 Date of Disbursement 05 / 08 / 2003	
Mailing Address The Capitol			
City Washington	State DC	Zip Code 20515	Amount of Each Disbursement this Period  421.75 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Meals with Constituents		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		[MEMO ITEM] MEMO
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>1729.41</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 25
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Travini Restr		Transaction ID: D017621-003 Date of Disbursement 05 / 08 / 2003	
Mailing Address 216 Ponte Vedra Park Dr		Amount of Each Disbursement this Period 431.14	
City Ponte Vedra Beach	State FL	Zip Code 32082	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Purpose of Disbursement Meals with Constituents		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. USAIRWAYS		Transaction ID: D017621-007 Date of Disbursement 05 / 08 / 2003	
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 387.00	
City Arlington	State VA	Zip Code 22203	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Purpose of Disbursement Air Transportation		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Sprint Telephone Co.		Transaction ID: 0017635 Date of Disbursement 05 / 20 / 2003	
Mailing Address P. O. Box 307B4		Amount of Each Disbursement this Period 180.62	
City Tampa	State FL	Zip Code 33630	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE EXPENSES		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>160.62</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 20 / 25
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Blue Water Manor		Transaction ID: D017625 Date of Disbursement 05 / 22 / 2003	
Mailing Address 4430 Lake Shore Drive			
City Diamond Point	State NY	Zip Code 12824	Amount of Each Disbursement this Period  612.04  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Lodging Expenses		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

B. Full Name (Last, First, Middle Initial) Flagler County Republican Club		Transaction ID: D017622 Date of Disbursement 05 / 28 / 2003	
Mailing Address P.O. Box 351815			
City Palm Coast	State FL	Zip Code 32138	Amount of Each Disbursement this Period  200.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement EVENT FEE		003 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

C. Full Name (Last, First, Middle Initial) American Express		Transaction ID: D017623 Date of Disbursement 06 / 02 / 2003	
Mailing Address PO Box 0001			
City Chicago	State IL	Zip Code 60679	Amount of Each Disbursement this Period  2028.01  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ITEMIZATION BELOW
Purpose of Disbursement TRAVEL & MEAL EXPENSES		002 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	2840.05
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 21 / 25
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. House Members Dining Room		Transaction ID: D017623-001 Date of Disbursement 06 / 02 / 2003	
Mailing Address The Capitol			
City Washington	State DC	Zip Code 20515	Amount of Each Disbursement this Period 217.55
Purpose of Disbursement Meals with Constituents		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	[MEMO ITEM] MEMO	
State: District			

Full Name (Last, First, Middle Initial) B. USAIRWAYS		Transaction ID: D017623-003 Date of Disbursement 06 / 02 / 2003	
Mailing Address 2345 Crystal Drive			
City Arlington	State VA	Zip Code 22203	Amount of Each Disbursement this Period 1488.00
Purpose of Disbursement Air Transportation		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	[MEMO ITEM] MEMO	
State: District			

Full Name (Last, First, Middle Initial) C. Costco		Transaction ID: D017623-004 Date of Disbursement 06 / 02 / 2003	
Mailing Address 1200 S. Fern Street			
City Arlington	State VA	Zip Code 22202	Amount of Each Disbursement this Period 301.56
Purpose of Disbursement Food and Refreshments f		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	[MEMO ITEM] MEMO	
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	0.00
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 22 / 25
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Congressional Club		Transaction ID: D017632 Date of Disbursement 06 / 04 / 2003	
Mailing Address 2001 New Hampshire Ave., NW		Amount of Each Disbursement this Period 253.80	
City Washington	State DC	Zip Code 20009	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement EVENT FEE		003 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Winter Park Racquet Club		Transaction ID: D017617 Date of Disbursement 06 / 10 / 2003	
Mailing Address 2111 Via Tuscany		Amount of Each Disbursement this Period 45.43	
City Winter Park	State FL	Zip Code 32780	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Meals with Constituents		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESS. COMMITT.		Transaction ID: D017618 Date of Disbursement 06 / 17 / 2003	
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 350.00	
City Washington	State DC	Zip Code 20003	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement EVENT FEE		003 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional) .....	▶	649.23
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 25

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

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NAME OF COMMITTEE (In Full)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sprint Telephone Co.		Transaction ID: D017638 Date of Disbursement 06 / 19 / 2003		
Mailing Address P. O. Box 30784		Amount of Each Disbursement this Period  148.69 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Tampa	State FL			Zip Code 33630
Purpose of Disbursement PHONE EXPENSES				001 Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	148.69
TOTAL This Period (last page this line number only) .....	▶	8383.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 24 / 25
	<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)  
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Boy Scouts of America Cen.Fla.Council		Transaction ID: D0175B4 Date of Disbursement 04 / 04 / 2003	
Mailing Address PO Box 952436		Amount of Each Disbursement this Period  500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Lake Mary	State FL		Zip Code 32746
Purpose of Disbursement Charitable Contribution			011 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lee Conlee House		Transaction ID: D017614 Date of Disbursement 04 / 30 / 2003	
Mailing Address PO Box 2558		Amount of Each Disbursement this Period  250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Palatka	State FL		Zip Code 32136
Purpose of Disbursement Charitable Contribution			011 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Barbour for Governor		Transaction ID: D017615 Date of Disbursement 06 / 09 / 2003	
Mailing Address PO Box 1489		Amount of Each Disbursement this Period  200.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Yazoo City	State MS		Zip Code 39194
Purpose of Disbursement CAMPAIGN CONTRIBUTION			011 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	950.00
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER:  
 (check only one)

PAGE 25 / 25

<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)  
 MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)  
 A. Muscular Dystrophy Asso.

Transaction ID: D017616

Date of Disbursement

06 / 12 / 2003

Mailing Address 258 Southhall Ln, Ste 300

City Maitland State FL Zip Code 32751

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement  
 Charitable Contribution

011  
 Category/  
 Type

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶ 50.00

TOTAL This Period (last page this line number only) ▶ 1000.00