

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
Mario Diaz-Balart for Congress

ADDRESS (number and street) 2801, Ponce de Leon Blvd. Ste 1000
 Check if different than previously reported. (ACC)
Coral Gables FL 33134

2. **FEC IDENTIFICATION NUMBER** C00376087
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
FL 25

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 11 07 2006 in the State of FL

5. Covering Period 10 19 2006 through 11 27 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 Jose A. Riesco, CPA

Signature of Treasurer Electronically Filed by Jose A. Riesco, CPA Date 12 07 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

Mario Diaz-Balart for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	37025.00	677036.22
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	37025.00	677036.22
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	173340.90	488803.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	173340.90	488803.85
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	328102.41	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Mario Diaz-Balart for Congress

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A) <div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">8450.00</div> (ii) Unitemized <div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">575.00</div> (iii) Total of contributions from individuals <div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">9025.00</div>	<div style="border: 1px solid black; width: 200px; margin: 0 auto; padding: 5px;"> <input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> (date of general election) </div>	<div style="border: 1px solid black; width: 200px; margin: 0 auto; padding: 5px;"> <input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> (date after general election) </div> <p style="text-align: center;">through</p> <div style="border: 1px solid black; width: 200px; margin: 0 auto; padding: 5px;"> <input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> (last day of reporting period) </div>
(b) Political Party Committees <div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">0.00</div>	<div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">375742.68</div>	<div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">0.00</div>
(c) Other Political Committees <div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">28000.00</div>	<div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">1112.80</div>	<div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">0.00</div>
<div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">28000.00</div>	<div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">300180.74</div>	<div style="border: 1px solid black; width: 200px; float: right; text-align: right; padding: 2px;">0.00</div>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
37025.00	677036.22	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
1167.00	22314.53	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
38192.00	699350.75	0.00

**POST ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Mario Diaz-Balart for Congress

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
173340.90	488803.85	6790.00
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

6000.00	185500.00	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

179340.90	674303.85	6790.00
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

37025.00	677036.22	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

173340.90	488803.85	6790.00
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	469251.31
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	38192.00
25. SUBTOTAL(add Line 23 and Line 24)	507443.31
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	179340.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	328102.41

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 7 / 35
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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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Carla Alger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 17971 SW 284 Street		Transaction ID: 61026.C3076	
City State Zip Code Homestead FL 33030		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Alger Farms Inc.	Occupation Corporate Secretary		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Robert L. Epling		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6	
Mailing Address 14800 SW 238 Street		Transaction ID: 61028.C3087	
City State Zip Code Homestead FL 33032		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Community Bank of Florida	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Jose Fanjul		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 340 Royal Poinciana Way Suite 316		Transaction ID: 61101.C3099	
City State Zip Code Palm Beach FL 33480		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Florida Crystals Corporation	Occupation President/CEO		
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 8 / 35
	<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)
Mario Diaz-Balart for Congress

A. Full Name (Last, First, Middle Initial)
Jose F. Fanjul, Jr.

Mailing Address 220 El Dorado Lane

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
Florida Crystals Corporation Executive

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
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61101.C3098

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Pedro Gonzalez

Mailing Address 3301 NW 22nd Street

City State Zip Code
Miami FL 33142

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

Name of Employer Occupation
Information Requested Information Requested

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
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61104.C3105

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Carlos Gutierrez

Mailing Address 3150 South Street, NW
Apartment 1C

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
US Government Secretary of Commerce

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

2100.00

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

Transaction ID: 61021.C3006

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4100.00
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 / 35
	<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)
Mario Diaz-Balart for Congress

A. Full Name (Last, First, Middle Initial)
Jose Navarro

Mailing Address 10420 SW 87th Court

City Miami State FL Zip Code 33176

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

Name of Employer: Navarro Pharmacies Occupation: President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 10 / 30 / 2006

Transaction ID: 61030.C3092

Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Jose Navarro

Mailing Address 10420 SW 87th Court

City Miami State FL Zip Code 33176

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

Name of Employer: Navarro Pharmacies Occupation: President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 10 / 30 / 2006

Transaction ID: 61030.C3091

Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
David Peyton

Mailing Address 148 NE 18th Street

City Homestead State FL Zip Code 33030

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

Name of Employer: First National Bank of S.-FL Occupation: Treasurer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 28 / 2006

Transaction ID: 61028.C3083

Amount of Each Receipt this Period: 250.00

Receipt
 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:	PAGE 10 / 35
	(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)
Mario Diaz-Balart for Congress

A. Full Name (Last, First, Middle Initial)
Russell A. Priddy

Mailing Address P.O. Box 930

City State Zip Code
Immokalee FL 34143

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

Name of Employer Occupation
Sunniland Store Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt

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

Transaction ID: 61030.C3094

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	8450.00

**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 11 / 35
	<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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. American Bankers Association PAC		Date of Receipt MM / DD / YYYY 11 / 02 / 2006
Mailing Address 1120 Connecticut Avenue, NW		Transaction ID: 61103.C3101
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00004275	Amount of Each Receipt this Period 4000.00
Name of Employer PAC Occupation PAC	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) B. Anheuser-Busch PAC		Date of Receipt MM / DD / YYYY 11 / 02 / 2006
Mailing Address Republic Place 17761 Street NW, Ste 200		Transaction ID: 61103.C3100
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Assn of Floral Importers PAC		Date of Receipt MM / DD / YYYY 11 / 06 / 2006
Mailing Address 8725 NW 18th Terrace Suite 106		Transaction ID: 61206.C3106
City Miami State FL Zip Code 33172	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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 / 35
	<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)
Mario Diaz-Balart for Congress

A. Full Name (Last, First, Middle Initial)
Build Political Action Committee

Mailing Address 1201 15th Street, NW

City State Zip Code
Washington DC 20005-5242

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation
PAC PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

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

Transaction ID: 61020.C3003

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
ConocoPhillips Spirit PAC

Mailing Address 1400B Plaza Office Building

City State Zip Code
Bartlesville OK 74004

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

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
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61026.C3079

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Dade County Fire Fighters PAC

Mailing Address 8000 NW 21st Street Suite 222

City State Zip Code
Miami FL 33122-1605

FEC ID number of contributing federal political committee. **C** C00130187

Name of Employer Occupation
PAC PAC

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
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61026.C3078

Amount of Each Receipt this Period
1000.00

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

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: (check only one)	PAGE 13 / 35
	<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	

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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Electrical Construction PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 3 Bethesda Metro Center		Transaction ID: 61028.C3081	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00113811		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PAC Occupation PAC	Election Cycle-to-Date 3000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Financial Service Centers of America PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 899 NW 37 Avenue		Transaction ID: 61026.C3077	
City State Zip Code Miami FL 33144	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PAC Occupation PAC	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. General Electric Company PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 1401 New York Avenue, NW Suite 1010		Transaction ID: 61104.C3102	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <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 500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 14 / 35
	(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)
Mario Diaz-Balart for Congress

A. Full Name (Last, First, Middle Initial)
Harris FEPAC

Mailing Address 1025 West NASA Blvd.

City State Zip Code
Melbourne FL 32919

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation
PAC PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 61101.C3096

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Laborers Political League

Mailing Address 905 16th Street, NW
Second Floor

City State Zip Code
Washington DC 20006

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

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
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61021.C3004

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
NACDS PAC

Mailing Address 413 N Lee Street

City State Zip Code
Alexandria VA 22314

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

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61030.C3090

Amount of Each Receipt this Period
500.00

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

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 15 / 35
	(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)
Mario Diaz-Balart for Congress

A. Full Name (Last, First, Middle Initial)
National Association of Broadcasters

Mailing Address 1771 N Street, NW

City Washington State DC Zip Code 20036

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

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61030.C3089

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
PCIPAC

Mailing Address 2600 South River Road

City Des Plaines State IL Zip Code 60018

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

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
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C3082

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Realtors PAC

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation
PAC PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: 61025.C3007

Amount of Each Receipt this Period
3000.00

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

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 35
	(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)
Mario Diaz-Balart for Congress

A. Full Name (Last, First, Middle Initial)
Southeast Milk PAC

Mailing Address PO Box 3790

City State Zip Code
Bellevue FL 34421

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61206.C3107

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
The National Postal Mail Handlers

Mailing Address 905 16th Street, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2006

Transaction ID: 61021.C3005

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
United States Sugar Corp. PAC

Mailing Address P.O. Drawer 1207

City State Zip Code
Clewiston FL 33440-1207

FEC ID number of contributing federal political committee. **C** C00234120

Name of Employer Occupation
PAC PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: 61101.C3095

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	28000.00

**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	PAGE 17 / 35
	(check only one) <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)
Mario Diaz-Balart for Congress

A. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address P.O. Box 25118

City State Zip Code
Tampa FL 33622-5118

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: 61207.C3108

Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1167.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1167.00"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Capitol Gains, Corp.		Transaction ID: 61103.E1282 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 8770 Sunset Drive, #355		Amount of Each Disbursement this Period 1800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33173-	CAMPAIGN MANAGEMENT	
Purpose of Disbursement CAMPAIGN MANAGEMENT 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) ▼

Full Name (Last, First, Middle Initial) B. Capitol Gains, Corp.		Transaction ID: 61206.E1288 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 8770 Sunset Drive, #355		Amount of Each Disbursement this Period 3220.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33173-	FUNDRAISING FEE	
Purpose of Disbursement FUNDRAISING 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) ▼

Full Name (Last, First, Middle Initial) C. Citibank Mastercard		Transaction ID: 61025.E1223 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 6309		Amount of Each Disbursement this Period 312.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City The Lakes State NV Zip Code 88901-6309	CREDIT CARD PAYMENT (SEE BELOW)	
Purpose of Disbursement CREDIT CARD PAYMENT (SEE BELOW) 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) ▶	5332.00
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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 61025.E1224 Date of Disbursement
Mailing Address PO Box 619612 MD400		<input type="text" value="10"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Dallas	State TX	Zip Code 75261-9612
Purpose of Disbursement AIRFARE		Amount of Each Disbursement this Period <input type="text" value="210.00"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE
State: District:		

Full Name (Last, First, Middle Initial) B. Citibank Mastercard		Transaction ID: 61030.E1260 Date of Disbursement
Mailing Address PO Box 6309		<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City The Lakes	State NV	Zip Code 88901-6309
Purpose of Disbursement CREDIT CARD PAYMENT (SEE BELOW)		Amount of Each Disbursement this Period <input type="text" value="312.65"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PAYMENT (SEE BELOW)
State: District:		

Full Name (Last, First, Middle Initial) C. Godaddy.com		Transaction ID: 61030.E1263 Date of Disbursement
Mailing Address 14455 North Hayden Rd. Suite 219		<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Scottsdale	State AZ	Zip Code 85260-
Purpose of Disbursement DOMAIN NAME REGISTRATION		Amount of Each Disbursement this Period <input type="text" value="110.33"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: DOMAIN NAME REGISTR- ATION
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="312.65"/>
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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Citibank Mastercard		Transaction ID: 61030.E1266 Date of Disbursement 10 / 28 / 2006
Mailing Address PO Box 6309		Amount of Each Disbursement this Period 1835.92
City The Lakes State NV Zip Code 88901-6309	Purpose of Disbursement CREDIT CARD PAYMENT (SEE BELOW)	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PAYMENT (SEE BELOW)
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) ▼	

Full Name (Last, First, Middle Initial) B. Trias Flowers and Gifts		Transaction ID: 61030.E1270 Date of Disbursement 10 / 13 / 2006
Mailing Address 6520 SW 40th Street		Amount of Each Disbursement this Period 72.00
City Miami State FL Zip Code 33155-	Purpose of Disbursement FLOWERS	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FLOWERS
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) ▼	

Full Name (Last, First, Middle Initial) C. Casa Larios Restaurant		Transaction ID: 61030.E1271 Date of Disbursement 10 / 04 / 2006
Mailing Address 7705 West Flagler Street		Amount of Each Disbursement this Period 1532.00
City Miami State FL Zip Code 33126-	Purpose of Disbursement EVENT CATERING	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING
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) ▶	1835.92
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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 61030.E1269 Date of Disbursement 10 / 03 / 2006
Mailing Address P.O. Box 772349		Amount of Each Disbursement this Period 51.97
City Ocala State FL Zip Code 34477-2349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE SERVICE	Candidate Name	[MEMO ITEM] MEMO: CELLULAR PHONE SERVICE
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) ▼	

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: 61030.E1268 Date of Disbursement 10 / 28 / 2006
Mailing Address Miami GMF Main Office		Amount of Each Disbursement this Period 117.00
City Miami State FL Zip Code 33152-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
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) ▼	

Full Name (Last, First, Middle Initial) C. PR Concepts		Transaction ID: 61030.E1273 Date of Disbursement 10 / 28 / 2006
Mailing Address 14931 SW 70th Street		Amount of Each Disbursement this Period 1224.00
City Miami State FL Zip Code 33193-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILING	Candidate Name	MAILING
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) ▶	1224.00
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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. PR Concepts		Transaction ID: 61030.E1272 Date of Disbursement 10 / 28 / 2006	
Mailing Address 14931 SW 70th Street		Amount of Each Disbursement this Period 595.00	
City Miami State FL Zip Code 33193-	Purpose of Disbursement MAILING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	MAILING	

Full Name (Last, First, Middle Initial) B. Increase Strategies		Transaction ID: 61030.E1274 Date of Disbursement 10 / 28 / 2006	
Mailing Address PO Box 1605		Amount of Each Disbursement this Period 2211.90	
City Alexandria State VA Zip Code 22313-	Purpose of Disbursement FUNDRAISING EXPENSES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	FUNDRAISING EXPENSES	

Full Name (Last, First, Middle Initial) C. Bank of America Mastercard		Transaction ID: 61030.E1234 Date of Disbursement 10 / 28 / 2006	
Mailing Address PO Box 650260		Amount of Each Disbursement this Period 2313.12	
City Dallas State TX Zip Code 75265-	Purpose of Disbursement CREDIT CARD PAYMENT (SEE BELOW)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	CREDIT CARD PAYMENT (SEE BELOW)	

SUBTOTAL of Disbursements This Page (optional) ▶	5120.02
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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 61030.E1247 Date of Disbursement 10 / 02 / 2006
Mailing Address PO Box 619612 MD400		Amount of Each Disbursement this Period 149.29
City Dallas State TX Zip Code 75261-9612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRFARE
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) ▼	

Full Name (Last, First, Middle Initial) B. Biltmore Hotel		Transaction ID: 61030.E1246 Date of Disbursement 10 / 06 / 2006
Mailing Address 1200 Anastasia Avenue		Amount of Each Disbursement this Period 12.00
City Miami 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 PARKING Candidate Name	Category/Type	[MEMO ITEM] MEMO: PARKING
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) ▼	

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: 61030.E1248 Date of Disbursement 10 / 14 / 2006
Mailing Address 7751 Bird Road		Amount of Each Disbursement this Period 150.83
City Miami State FL Zip Code 33155-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER HARDWARE Candidate Name	Category/Type	[MEMO ITEM] MEMO: COMPUTER HARDWARE
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) ▶	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)

<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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Best Buy		Transaction ID: 61030.E1242 Date of Disbursement 10 / 04 / 2006
Mailing Address 7751 Bird Road		Amount of Each Disbursement this Period 1195.16
City Miami State FL Zip Code 33155-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NOTEBOOK COMPUTER	Candidate Name	[MEMO ITEM] MEMO: NOTEBOOK COMPUTER
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) ▼	

Full Name (Last, First, Middle Initial) B. Wireless Tech Group		Transaction ID: 61030.E1244 Date of Disbursement 10 / 03 / 2006
Mailing Address 7136 SW 40th Street		Amount of Each Disbursement this Period 374.49
City Miami State FL Zip Code 33155-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BLACKBERRY DEVICE	Candidate Name	[MEMO ITEM] MEMO: BLACKBERRY DEVICE
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) ▼	

Full Name (Last, First, Middle Initial) C. Shell Gasoline		Transaction ID: 61030.E1251 Date of Disbursement 10 / 13 / 2006
Mailing Address Shell Payment Center		Amount of Each Disbursement this Period 50.00
City Des Moines State IA Zip Code 50367-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE	Candidate Name	[MEMO ITEM] MEMO: GASOLINE
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) ▶	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)

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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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Shell Gasoline		Transaction ID: 61030.E1257 Date of Disbursement 10 / 23 / 2006
Mailing Address Shell Payment Center		Amount of Each Disbursement this Period 55.00
City Des Moines State IA Zip Code 50367-0001	Purpose of Disbursement GASOLINE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE

Full Name (Last, First, Middle Initial) B. Shell Gasoline		Transaction ID: 61030.E1252 Date of Disbursement 10 / 17 / 2006
Mailing Address Shell Payment Center		Amount of Each Disbursement this Period 50.00
City Des Moines State IA Zip Code 50367-0001	Purpose of Disbursement GASOLINE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE

Full Name (Last, First, Middle Initial) C. Shell Gasoline		Transaction ID: 61030.E1236 Date of Disbursement 10 / 11 / 2006
Mailing Address Shell Payment Center		Amount of Each Disbursement this Period 66.00
City Des Moines State IA Zip Code 50367-0001	Purpose of Disbursement GASOLINE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE

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)

<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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: 61030.E1255 Date of Disbursement 10 / 18 / 2006	
Mailing Address Miami GMF Main Office		Amount of Each Disbursement this Period 14.40	
City Miami State FL Zip Code 33152-9998	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) B. Renaissance Ballrooms		Transaction ID: 61206.E1284 Date of Disbursement 11 / 07 / 2006	
Mailing Address 5910 SW 8th Street		Amount of Each Disbursement this Period 2198.00	
City Miami State FL Zip Code 33155-	Purpose of Disbursement VICTORY CELEBRATION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	VICTORY CELEBRATION	

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 61207.E1291 Date of Disbursement 10 / 31 / 2006	
Mailing Address P.O. Box 25118		Amount of Each Disbursement this Period 42.78	
City Tampa State FL Zip Code 33622-5118	Purpose of Disbursement BANK FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	BANK FEES	

SUBTOTAL of Disbursements This Page (optional) ▶	2240.78
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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Board of Collier County Commissioners		Transaction ID: 61021.E1212 Date of Disbursement 10 / 21 / 2006
Mailing Address 3301 East Tamiami Trail 3rd Floor, Administration Building		Amount of Each Disbursement this Period 5.00
City Naples State FL Zip Code 34112-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SIGN PERMIT	Candidate Name	SIGN PERMIT
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) ▼	

Full Name (Last, First, Middle Initial) B. Caracol Broadcasting, Inc.		Transaction ID: 61030.E1276 Date of Disbursement 10 / 30 / 2006
Mailing Address 2100 SW 22 Street		Amount of Each Disbursement this Period 7956.00
City Miami State FL Zip Code 33145-2628	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RADIO ADVERTISEMENTS	Candidate Name	RADIO ADVERTISEMENTS
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) ▼	

Full Name (Last, First, Middle Initial) C. DRC Consulting, Inc.		Transaction ID: 61021.E1210 Date of Disbursement 10 / 21 / 2006
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 16700.00
City Miami State FL Zip Code 33173-1063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILER	Candidate Name	MAILER
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) ▶	24661.00
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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. DRC Consulting, Inc.		Transaction ID: 61021.E1211 Date of Disbursement 10 / 21 / 2006	
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 10700.00	
City Miami State FL Zip Code 33173-1063	Purpose of Disbursement MAILER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type MAILER	

Full Name (Last, First, Middle Initial) B. DRC Consulting, Inc.		Transaction ID: 61021.E1209 Date of Disbursement 10 / 21 / 2006	
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 3025.00	
City Miami State FL Zip Code 33173-1063	Purpose of Disbursement MAILER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type MAILER	

Full Name (Last, First, Middle Initial) C. DRC Consulting, Inc.		Transaction ID: 61025.E1218 Date of Disbursement 10 / 23 / 2006	
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 2204.00	
City Miami State FL Zip Code 33173-1063	Purpose of Disbursement MAILER PRINTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type MAILER PRINTING	

SUBTOTAL of Disbursements This Page (optional) ▶	15929.00
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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. DRC Consulting, Inc.		Transaction ID: 61025.E1217 Date of Disbursement 10 / 23 / 2006	
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 1712.00	
City Miami State FL Zip Code 33173-1063	Purpose of Disbursement MAILER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type MAILER	

Full Name (Last, First, Middle Initial) B. DRC Consulting, Inc.		Transaction ID: 61025.E1220 Date of Disbursement 10 / 23 / 2006	
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 1100.00	
City Miami State FL Zip Code 33173-1063	Purpose of Disbursement MAILER PRINTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type MAILER PRINTING	

Full Name (Last, First, Middle Initial) C. DRC Consulting, Inc.		Transaction ID: 61025.E1219 Date of Disbursement 10 / 23 / 2006	
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 42650.00	
City Miami State FL Zip Code 33173-1063	Purpose of Disbursement MAILER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type MAILER	

SUBTOTAL of Disbursements This Page (optional) ▶	45462.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. DRC Consulting, Inc.		Transaction ID: 61103.E1280 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 1712.00
City Miami State FL Zip Code 33173-1063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PALM CARDS	Candidate Name	PALM CARDS
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) ▼	

Full Name (Last, First, Middle Initial) B. DRC Consulting, Inc.		Transaction ID: 61103.E1278 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 5180.70
City Miami State FL Zip Code 33173-1063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILER	Candidate Name	MAILER
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) ▼	

Full Name (Last, First, Middle Initial) C. DRC Consulting, Inc.		Transaction ID: 61103.E1277 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 500.00
City Miami State FL Zip Code 33173-1063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOTER DATA FILE PROCESSING	Candidate Name	VOTER DATA FILE PROCESSING
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) ▶	7392.70
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)

<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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. DRC Consulting, Inc.		Transaction ID: 61103.E1279 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 4644.47
City Miami State FL Zip Code 33173-1063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILER	Candidate Name	MAILER
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) ▼	

Full Name (Last, First, Middle Initial) B. DRC Consulting, Inc.		Transaction ID: 61206.E1283 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 26744.00
City Miami State FL Zip Code 33173-1063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILERS AUTOMATED CALLS	Candidate Name	MAILERS AUTOMATED CALLS
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) ▼	

Full Name (Last, First, Middle Initial) C. DRC Consulting, Inc.		Transaction ID: 61206.E1289 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 6401 SW 113 Place		Amount of Each Disbursement this Period 3020.00
City Miami State FL Zip Code 33173-1063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTOMATED CALLS	Candidate Name	AUTOMATED CALLS
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) ▶	34408.47
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Ramses Garcia		Transaction ID: 61206.E1285 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 9131 Fountainbleau Blvd. Apt. 11		Amount of Each Disbursement this Period 550.00
City Miami State FL Zip Code 33172-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEB DESIGN	Category/ Type	WEB DESIGN
Candidate Name	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:		

Full Name (Last, First, Middle Initial) B. Miguel Mendoza		Transaction ID: 61025.E1221 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1289 Quail Avenue		Amount of Each Disbursement this Period 5000.00
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 CAMPAIGN MANAGEMENT	Category/ Type	CAMPAIGN MANAGEMENT
Candidate Name	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:		

Full Name (Last, First, Middle Initial) C. Jose A. Riesco		Transaction ID: 61030.E1275 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 8501 SW 89 Court		Amount of Each Disbursement this Period 3240.00
City Miami State FL Zip Code 33173-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING SERVICES	Category/ Type	ACCOUNTING SERVICES
Candidate Name	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) ▶	8790.00
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)
Mario Diaz-Balart for Congress

A. Full Name (Last, First, Middle Initial)
Royal Rent-a-Car

Mailing Address 1406 NW 42 Avenue

City Miami State FL Zip Code 33126-

Purpose of Disbursement
CAR RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 61207.E1295

Date of Disbursement

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

Amount of Each Disbursement this Period

1107.36

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

CAR RENTAL

B. Full Name (Last, First, Middle Initial)
The Victory Group, Inc.

Mailing Address 1220 Hillshire Road

City Dundalk State MD Zip Code 21222-

Purpose of Disbursement
MEDIA BUY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 61103.E1281

Date of Disbursement

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

Amount of Each Disbursement this Period

19500.00

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

MEDIA BUY

SUBTOTAL of Disbursements This Page (optional)

20607.36

TOTAL This Period (last page this line number only)

173315.90

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 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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Chris Chocola For Congress		Transaction ID: 61026.E1232 Date of Disbursement 10 / 26 / 2006
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Bend State IN Zip Code 46660-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name J CHRISTOPHER CHOCOLA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Mike Sodrel		Transaction ID: 61021.E1208 Date of Disbursement 10 / 21 / 2006
Mailing Address 702 North Shore Drive Suite 500		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jeffersonville State IN Zip Code 47130-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL E SODREL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Joe Negron for Congress		Transaction ID: 61025.E1230 Date of Disbursement 10 / 25 / 2006
Mailing Address PO BOX 1816		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stuart State FL Zip Code 34995-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JOE NEGRON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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 35 / 35

<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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Richard Pombo for Congress		Transaction ID: 61026.E1231 Date of Disbursement 10 / 26 / 2006
Mailing Address 2150 RIVER PLAZA DR. #150 SUITE 1560		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95833-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD POMBO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

Full Name (Last, First, Middle Initial) B. Ron Lewis for Congress		Transaction ID: 61207.E1294 Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 307		Amount of Each Disbursement this Period 1000.00
City Elizabethtown State KY Zip Code 42702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name RON LEWIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

6000.00