

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Congressman Bill Young Campaign Committee

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	8

D	D
0	6

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	48670.00	603928.41
(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)).....	48670.00	603928.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	9734.19	325703.47
(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)).....	9734.19	325703.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	739015.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 Congressman Bill Young Campaign Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
0	6

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

33950.00

333250.00

(ii) Unitemized.....

420.00

10291.00

(iii) TOTAL of contributions

34370.00

343541.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

14300.00

260387.41

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

48670.00

603928.41

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

0.00

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

0.00

7932.97

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

48670.00

611861.38

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9734.19	325703.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	82250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	9734.19	407953.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	700079.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	48670.00
25. SUBTOTAL (add Line 23 and Line 24).....	748749.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9734.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	739015.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Congressman Bill Young Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Mr. Lawrence Babbio</p> <p>Mailing Address 140 West Street</p> <p>City State Zip Code New York NY 10007</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer none Occupation retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 08 / 05 / 2008</p> <p>Transaction ID: SA11AI.8955</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Alex Burns</p> <p>Mailing Address 2900 72nd Street North</p> <p>City State Zip Code St. Petersburg FL 33710</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Life Sciences Occupation General Manage</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 08 / 05 / 2008</p> <p>Transaction ID: SA11AI.8981</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Thomas A. Corcoran</p> <p>Mailing Address 9913 Kendale Road</p> <p>City State Zip Code Potomac MD 20854</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Corcoran Enterprises Occupation President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 08 / 05 / 2008</p> <p>Transaction ID: SA11AI.8957</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<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)
Congressman Bill Young Campaign Committee

A.	Full Name (Last, First, Middle Initial) Mr. Philip P. Crowley		Date of Receipt MM / DD / YYYY 08 / 05 / 2008		
	Mailing Address 25 Club Road		Transaction ID: SA11AI.8959		
	City Upper Montclair	State NJ	Zip Code 07043	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Johnson & Johnson	Occupation Assistant General Counsel			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00				

B.	Full Name (Last, First, Middle Initial) Ms Anita Estell		Date of Receipt MM / DD / YYYY 08 / 05 / 2008		
	Mailing Address 1651 North Portal Drive N.W.		Transaction ID: SA11AI.8928		
	City Washington	State DC	Zip Code 20012	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Polsinelli Shalton Flanigan	Occupation partner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00				

C.	Full Name (Last, First, Middle Initial) Mr. Arnold Fisher		Date of Receipt MM / DD / YYYY 08 / 05 / 2008		
	Mailing Address 87 Dusty Lane		Transaction ID: SA11AI.8913		
	City Pine Plains	State NY	Zip Code 12567	Amount of Each Receipt this Period 2300.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Fisher House - Fisher Brothers	Occupation Vice Chairman - Senior Partner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00				

SUBTOTAL of Receipts This Page (optional)	▶	3550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bill Young Campaign Committee

A. Full Name (Last, First, Middle Initial)
Mr. Arnold Fisher

Mailing Address 87 Dusty Lane

City State Zip Code
Pine Plains NY 12567

FEC ID number of contributing federal political committee. C

Name of Employer: Fisher House - Fisher Brothers Occupation: Vice Chairman - Senior Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11AI.8915

Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Audrey Fisher

Mailing Address 87 Dusty Lane

City State Zip Code
Pine Plains NY 12567

FEC ID number of contributing federal political committee. C

Name of Employer: Fisher House Occupation: Vice Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11AI.8916

Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Audrey Fisher

Mailing Address 87 Dusty Lane

City State Zip Code
Pine Plains NY 12567

FEC ID number of contributing federal political committee. C

Name of Employer: Fisher House Occupation: Vice Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11AI.8918

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) 6900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<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)
Congressman Bill Young Campaign Committee

A.	Full Name (Last, First, Middle Initial) Mr. Kenneth Fisher	Date of Receipt MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 530 East 76th Street Apartment 29-G	Transaction ID: SA11AI.8919
	City State Zip Code New York NY 10021	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Chairman & CEO - Partner Occupation Fisher House - Fisher Brothers Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

B.	Full Name (Last, First, Middle Initial) Mr. Kenneth Fisher	Date of Receipt MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 530 East 76th Street Apartment 29-G	Transaction ID: SA11AI.8921
	City State Zip Code New York NY 10021	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Chairman & CEO - Partner Occupation Fisher House - Fisher Brothers Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00	

C.	Full Name (Last, First, Middle Initial) Mr. Matt Hay	Date of Receipt MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 6214 Loch Raven Drive	Transaction ID: SA11AI.8934
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Plans, Programs & Policy Cons Occupation consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	5100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<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)
Congressman Bill Young Campaign Committee

A.	Full Name (Last, First, Middle Initial) Mr. Edwin J. Hess		Date of Receipt
	Mailing Address 215 Heritage Oaks		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2008
	City	State	Zip Code
	Houston	TX	77024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8961
Name of Employer none		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Mr. Phillip A. Johnson		Date of Receipt
	Mailing Address 401 North Lincoln Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2008
	City	State	Zip Code
	Clearwater	FL	33755
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8975
Name of Employer The Micro Stamping Group		Occupation Director of Operations & Engineering	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Mr. Kevin J. Kraushaar		Date of Receipt
	Mailing Address 16230 Bellingham Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2008
	City	State	Zip Code
	Germantown	MD	20874
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8940
Name of Employer Triadvocates		Occupation Managing Principal	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 27

(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)
Congressman Bill Young Campaign Committee

A.	Full Name (Last, First, Middle Initial) Ms Kathleen A. Leonard		Date of Receipt MM / DD / YYYY 08 / 05 / 2008		
	Mailing Address 560 N Street S.W., #N-814		Transaction ID: SA11AI.8942		
	City Washington	State DC	Zip Code 20037	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer The Leonard Group	Occupation Lobbyist			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00				

B.	Full Name (Last, First, Middle Initial) Mr. Terry McHugh		Date of Receipt MM / DD / YYYY 08 / 05 / 2008		
	Mailing Address 3475 Cherokee Circle		Transaction ID: SA11AI.8979		
	City Syracuse	State NY	Zip Code 13215	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Sutton Investing Corp.	Occupation Property Manager			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00				

C.	Full Name (Last, First, Middle Initial) Mr. Shawn L. McNary		Date of Receipt MM / DD / YYYY 08 / 05 / 2008		
	Mailing Address 14820 Hidden Oaks Circle		Transaction ID: SA11AI.8977		
	City Clearwater	State FL	Zip Code 33764	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Micro Star Innovations	Occupation Operations Manager			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00				

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bill Young Campaign Committee

A. Full Name (Last, First, Middle Initial)
Ted Morgan

Mailing Address 613 Saxony Boulevard

City State Zip Code
St. Petersburg FL 33716

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

Name of Employer Occupation
STS International president

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.8929

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Harold J. Raveche

Mailing Address Hoxie House

City State Zip Code
Hoboken NJ 07030

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

Name of Employer Occupation
Stevens Institute Technol- ggy President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.8963

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Ms Deborah Rose

Mailing Address 12908 Royal George Avenue

City State Zip Code
Odessa FL 33556

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

Name of Employer Occupation
Concurrent Technologies Corp. Program Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.8922

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **3550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bill Young Campaign Committee

A. Full Name (Last, First, Middle Initial)
Mr. John A. Schepisi

Mailing Address 473 Sylvan Avenue

City State Zip Code
Englewood Cliffs NJ 07632

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

Name of Employer Occupation
Schepisi & McLaughlin Founder

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11AI.8965

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Karen W. Seel

Mailing Address 2980 Eagle Estates Circle East

City State Zip Code
Clearwater FL 33761

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

Name of Employer Occupation
Pinellas County Government County Commissioner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11AI.8925

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Frank J. Semcer

Mailing Address 360 Lake Road

City State Zip Code
Far Hills NJ 07931

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

Name of Employer Occupation
Micro Star Innovations President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11AI.8969

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 27
	<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)
Congressman Bill Young Campaign Committee

A.	Full Name (Last, First, Middle Initial) Mr. Steven Shulman		Date of Receipt
	Mailing Address Liberty Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Hampton	NY	03842
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8967
Name of Employer The Hampton Group		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Mr. Simon Srybnik		Date of Receipt
	Mailing Address 140 53rd Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Brooklyn	NY	11232
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8971
Name of Employer Life Sciences, Inc.		Occupation Chairman	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Mr. Ronald L. Stephenson		Date of Receipt
	Mailing Address 1121 Darlington Oak Drive N.E.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 5 / 2 0 0 8
	City	State	Zip Code
	St. Petersburg	FL	33703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8973
Name of Employer Life Sciences		Occupation attorney	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4300.00
TOTAL This Period (last page this line number only)	<input type="text"/> 33950.00

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

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

FOR LINE NUMBER: PAGE 14 / 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bill Young Campaign Committee

A. Full Name (Last, First, Middle Initial)
ARGON ST PAC

Mailing Address 12701 FAIR LAKES CIRCLE

City State Zip Code
FAIRFAX VA 22033

FEC ID number of contributing federal political committee. **C** C00395988

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

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

Transaction ID: SA11C.8932

Amount of Each Receipt this Period
1300.00

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

B. Full Name (Last, First, Middle Initial)
ASSOCIATION FOR THE ADVANCEMENT OF PSYCHOLOGY INC PSYCHOLOGISTS FOR LEG ACTION

Mailing Address PO BOX 38129

City State Zip Code
COLORADO SPRINGS CO 80937

FEC ID number of contributing federal political committee. **C** C00002956

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: SA11C.8924

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
EMERGENT BIOSOLUTIONS INC EMPLOYEES PAC

Mailing Address 2273 RESEARCH BLVD SUITE 400

City State Zip Code
ROCKVILLE MD 20850

FEC ID number of contributing federal political committee. **C** C00380303

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.8936

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 27
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bill Young Campaign Committee

A.

Full Name (Last, First, Middle Initial) Harris Corporation Federal PAC		Date of Receipt MM / DD / YYYY 08 / 05 / 2008
Mailing Address 1025 West NASA Boulevard		Transaction ID: SA11C.8946
City Melbourne	State FL	Zip Code 32919
FEC ID number of contributing federal political committee. C C00100321		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Harris Corporation Federal PAC		Date of Receipt MM / DD / YYYY 08 / 05 / 2008
Mailing Address 1025 West NASA Boulevard		Transaction ID: SA11C.8947
City Melbourne	State FL	Zip Code 32919
FEC ID number of contributing federal political committee. C C00100321		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9000.00	

C.

Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 08 / 05 / 2008
Mailing Address 3138 North 10th Street		Transaction ID: SA11C.8944
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C C00040659		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 27
	(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)
Congressman Bill Young Campaign Committee

A.

Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Receipt
MM / DD / YYYY
08 / 05 / 2008

Mailing Address 1101 King Street
Suite 600

Transaction ID: SA11C.8931

City Alexandria State VA Zip Code 22314

Amount of Each Receipt this Period
2500.00

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

B.

Full Name (Last, First, Middle Initial)
ROLLS-ROYCE NORTH AMERICA HOLDINGS INC. PAC (ROLLS-ROYCE NORTH AMERICA PAC)

Date of Receipt
MM / DD / YYYY
08 / 05 / 2008

Mailing Address 14850 Conference Center Drive
Suite 100

Transaction ID: SA11C.8930

City Chantilly State VA Zip Code 20151

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

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

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	14300.00

**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)

<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)
Congressman Bill Young Campaign Committee

A. Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 17322 City Baltimore State MD Zip Code 21297 Purpose of Disbursement credit card payment over \$200-see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8873 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2930.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Zed's Restaurant Mailing Address 1201 28th Street NW City Washington State DC Zip Code 20007 Purpose of Disbursement constituent meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8873.0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 157.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Drive City Arlington State VA Zip Code 22224 Purpose of Disbursement air travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8873.1 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 350.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	2930.20
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)
Congressman Bill Young Campaign Committee

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17.8873.2 Date of Disbursement 06 / 03 / 2008
	Mailing Address 2345 Crystal Drive	Amount of Each Disbursement this Period 247.50
	City Arlington State VA Zip Code 22224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement air travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17.8873.3 Date of Disbursement 06 / 03 / 2008
	Mailing Address 2345 Crystal Drive	Amount of Each Disbursement this Period 247.50
	City Arlington State VA Zip Code 22224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement air travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

C.	Full Name (Last, First, Middle Initial) Chili's	Transaction ID: SB17.8873.4 Date of Disbursement 06 / 07 / 2008
	Mailing Address 13359 Seminole Boulevard	Amount of Each Disbursement this Period 185.13
	City Largo State FL Zip Code 33778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement meals for workers/volunteers Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

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 19 / 27

<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)
Congressman Bill Young Campaign Committee

A.	Full Name (Last, First, Middle Initial) Cracker Barrel	Transaction ID: SB17.8873.5 Date of Disbursement 06 / 07 / 2008
	Mailing Address 4011 Ulmerton Road	Amount of Each Disbursement this Period 101.07
	City Clearwater State FL Zip Code 33762	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement meals for workers/volunteers Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17.8873.6 Date of Disbursement 06 / 10 / 2008
	Mailing Address 2345 Crystal Drive	Amount of Each Disbursement this Period 1050.00
	City Arlington State VA Zip Code 22224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement air travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Texas Cattle Company	Transaction ID: SB17.8873.7 Date of Disbursement 06 / 15 / 2008
	Mailing Address 2600 34th Street North	Amount of Each Disbursement this Period 482.33
	City St. Petersburg State FL Zip Code 33713	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement meals for workers/volunteers Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" 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)
Congressman Bill Young Campaign Committee

A.	Full Name (Last, First, Middle Initial) Logan's Roadhouse	Transaction ID: SB17.8873.8 Date of Disbursement 06 / 22 / 2008
	Mailing Address 7731 Donegan Drive	Amount of Each Disbursement this Period 109.06
	City Manassas State VA Zip Code 20110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement constituent meals	[MEMO ITEM]
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB17.8884 Date of Disbursement 07 / 11 / 2008
	Mailing Address P.O. Box 15731	Amount of Each Disbursement this Period 4230.85
	City Wilmington State DE Zip Code 19886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card payment over \$200-see below	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bonfish Grill	Transaction ID: SB17.8884.0 Date of Disbursement 05 / 25 / 2008
	Mailing Address 2939 West Bay Drive	Amount of Each Disbursement this Period 206.91
	City Belleair Bluffs State FL Zip Code 33770	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement meals for workers/volunteers	[MEMO ITEM]
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

4230.85

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)
Congressman Bill Young Campaign Committee

A.

Full Name (Last, First, Middle Initial)
U.S. House of Representatives

Mailing Address B-217 Longworth Building

City Washington State DC Zip Code 20515

Purpose of Disbursement
souvenirs/gifts for visitors/volunteers
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.8884.1
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

450.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Texas Cattle Company

Mailing Address 2600 34th Street North

City St. Petersburg State FL Zip Code 33713

Purpose of Disbursement
meals for workers/volunteers
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.8884.4
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

640.03

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Fruit Flowers

Mailing Address 1152 94th Avenue North

City St. Petersburg State FL Zip Code 33702

Purpose of Disbursement
flowers for volunteers
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.8884.5
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

108.28

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

[MEMO ITEM]

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)
Congressman Bill Young Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Fed Ex Kinkos

Mailing Address 7985 113th Street

City State Zip Code
Seminole FL 33772

Purpose of Disbursement
postage

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.8884.6

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

2.87

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address P. O. Box 660108

City State Zip Code
Dallas TX 75266

Purpose of Disbursement
telephone services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.8884.7

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

296.15

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Broadway Florist

Mailing Address 1010 Broadway

City State Zip Code
Rockford IL 61104

Purpose of Disbursement
flowers for volunteers

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.8884.8

Date of Disbursement

06 / 01 / 2008

Amount of Each Disbursement this Period

168.95

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

[MEMO ITEM]

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)
Congressman Bill Young Campaign Committee

A.	Full Name (Last, First, Middle Initial) Amtrak Mailing Address 50 Massachusetts Avenue NE City Washington State DC Zip Code 20002 Purpose of Disbursement travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.8884.9 Date of Disbursement 06 / 01 / 2008 Amount of Each Disbursement this Period 549.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	003 Category/ Type
B.	Full Name (Last, First, Middle Initial) The Lombardy Mailing Address 111 East 56th Street City New York State NY Zip Code 10022 Purpose of Disbursement hotel expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.8884.10 Date of Disbursement 06 / 02 / 2008 Amount of Each Disbursement this Period 680.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	002 Category/ Type
C.	Full Name (Last, First, Middle Initial) Villa Gallace Mailing Address 109 Gulf Boulevard City Indian Rocks Beach State FL Zip Code 33785 Purpose of Disbursement meals for workers/volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.8884.11 Date of Disbursement 06 / 06 / 2008 Amount of Each Disbursement this Period 324.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	001 Category/ Type

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)
Congressman Bill Young Campaign Committee

A.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB17.8884.12 Date of Disbursement 06 / 11 / 2008
	Mailing Address B-202 Longworth Building	Amount of Each Disbursement this Period 86.00
	City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Carlyle Grand Cafe	Transaction ID: SB17.8884.13 Date of Disbursement 06 / 12 / 2008
	Mailing Address 4000 28th Street South	Amount of Each Disbursement this Period 108.47
	City Arlington State VA Zip Code 22206	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement constituent meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Moto Photo	Transaction ID: SB17.8884.15 Date of Disbursement 06 / 12 / 2008
	Mailing Address 660 Pennsylvania Avenue SE	Amount of Each Disbursement this Period 67.60
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement photo supplies and reprints Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" 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)
Congressman Bill Young Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Antonio's Restaurant

Mailing Address 2755 Ulmerton Road

City Clearwater State FL Zip Code 33762

Purpose of Disbursement meals for workers/volunteers
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.8884.16
Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

137.20

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
UPS Store - Belleair Bluffs

Mailing Address 2840 West Bay Drive

City Belleair Bluffs State FL Zip Code 33770

Purpose of Disbursement postage
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.8884.17
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

109.63

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
U.S. House of Representatives

Mailing Address B-217 Longworth Building

City Washington State DC Zip Code 20515

Purpose of Disbursement souvenirs/gifts for workers/volunteers
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.8884.19
Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

162.00

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

[MEMO ITEM]

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)
Congressman Bill Young Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Ford Motor Credit</p> <p>Mailing Address P. O. Box 105697</p> <p>City Atlanta State GA Zip Code 30348</p> <p>Purpose of Disbursement campaign vehicle Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.8883 Date of Disbursement 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 674.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Ford Motor Credit</p> <p>Mailing Address P. O. Box 105697</p> <p>City Atlanta State GA Zip Code 30348</p> <p>Purpose of Disbursement campaign vehicle Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.8910 Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 674.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Ivory Club</p> <p>Mailing Address 4707 140th Avenue North, #208</p> <p>City Clearwater State FL Zip Code 33762</p> <p>Purpose of Disbursement dinner tickets Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.8911 Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 225.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

1573.14

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bill Young Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Pinellas County Republican Executive Committee

Mailing Address 4707 140th Avenue North, #208

City State Zip Code
Clearwater FL 33762

Purpose of Disbursement
picnic tickets

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.8912

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

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