



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Dave Weldon

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	50071.00	303727.65
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	50071.00	301427.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	38692.87	292792.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	626.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	38692.87	292166.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	475435.90	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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  
Friends of Dave Weldon

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

14660.00

155485.00

(ii) Unitemized.....

13161.00

44569.00

(iii) TOTAL of contributions

27821.00

200054.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

22250.00

103673.65

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

50071.00

303727.65

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

626.25

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

12708.83

27197.67

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

62779.83

331551.57

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	38692.87	292792.82
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	1300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2300.00
21. OTHER DISBURSEMENTS.....	3000.00	4425.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	41692.87	299517.82

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	454348.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	62779.83
25. SUBTOTAL (add Line 23 and Line 24).....	517128.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41692.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	475435.90

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

<b>Name of Candidate</b> Dr. David J. Weldon, Jr.		<b>Candidate ID Number</b> H4FL15114
<b>Name of Principal Campaign Committee</b> Friends of Dave Weldon		<b>Committee ID Number</b> C C00294280
<b>Committee Address</b> 2525 Aurora Road Suite 2		
<b>City</b> Melbourne	<b>State</b> FL	<b>ZIP</b> 32935-2833
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	314650.32	13735.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	314650.32	13735.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 79  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.**

Full Name (Last, First, Middle Initial) Anthony D. Razzini		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
Mailing Address 2534 Canterbury Circle		<b>Transaction ID:</b> A-C39310
City Viera	State FL	Zip Code 32955-6523
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer 3M	Occupation Retired	<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 ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Ms. Sandra Sopko		Date of Receipt MM / DD / YYYY 10 / 02 / 2007
Mailing Address 2732 Carlson Circle Apt. 204		<b>Transaction ID:</b> A-C39311
City Melbourne	State FL	Zip Code 32901-7636
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Disabled	Occupation Disabled	<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 ▼ 475.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Fritz Hess		Date of Receipt MM / DD / YYYY 10 / 03 / 2007
Mailing Address 1905 Atlantic Street Apt. 326		<b>Transaction ID:</b> A-C39339
City Melbourne Beach	State FL	Zip Code 32951-2457
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	<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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> 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 / 79

(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)  
Friends of Dave Weldon

**A.**

Full Name (Last, First, Middle Initial)  
Beverly J Mogensen

Mailing Address 4601 Highway A1a  
Apt. 403

City State Zip Code  
Vero Beach FL 32963-1353

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

**Transaction ID:** A-C39350

Amount of Each Receipt this Period 250.00

Contribution 950.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John M. Winters

Mailing Address 1020 Saint James Lane

City State Zip Code  
Vero Beach FL 32967-7335

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** A-C39365

Amount of Each Receipt this Period 100.00

Contribution 300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Julie A. Berke

Mailing Address 3891 Chardonnay Drive

City State Zip Code  
Rockledge FL 32955-5197

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Sales

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** A-C39400

Amount of Each Receipt this Period 250.00

contribution 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 600.00

**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 8 / 79  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Mr. Howard W. Pettengill, Jr.  
Mailing Address 2015 Canterbury Drive

City State Zip Code  
Indialantic FL 32903-4033

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

Name of Employer retired Occupation retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: A-C39408

Amount of Each Receipt this Period  
100.00

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

600.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John W. Simmons  
Mailing Address 4065 Alamanda Key Drive

City State Zip Code  
Melbourne FL 32901-6605

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

Name of Employer retired Occupation Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: A-C39405

Amount of Each Receipt this Period  
100.00

contribution

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

250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Hobson L. Wilson  
Mailing Address 4000 Old Settlement Road

City State Zip Code  
Merritt Island FL 32952-6210

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

Name of Employer Self Occupation Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: A-C39413

Amount of Each Receipt this Period  
250.00

contribution

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

525.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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 9 / 79  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Dr. Scott S. Gordon

Mailing Address 246 Oakhurst Circle

City State Zip Code  
Kissimmee FL 34744-4752

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Ortho Asso of Osceola Orthopedic Surgeon

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** A-C39465

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. James S Beckwith, III

Mailing Address 470 Coconut Palm Road

City State Zip Code  
Vero Beach FL 32963-3709

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** A-C39495

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Lois E. Jones

Mailing Address 451 King Street  
# A

City State Zip Code  
Hillsboro IL 62049-1238

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** A-C39492

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 700.00

**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 10 / 79  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Newcomb

Mailing Address 808 Nassau Road

City State Zip Code  
Cocoa Beach FL 32931-3073

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

Name of Employer Occupation  
None Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** A-C39496

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. John H. Roberts

Mailing Address 261 Riverway Drive

City State Zip Code  
Vero Beach FL 32963-2645

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

Name of Employer Occupation  
retired Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** A-C39493

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mary Sullivan

Mailing Address 3145 Hammock Way

City State Zip Code  
Vero Beach FL 32963-4769

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

Name of Employer Occupation  
retired retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** A-C39494

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 11 / 79  
(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)  
Friends of Dave Weldon

**A.**

Full Name (Last, First, Middle Initial)  
Joseph j Marcheso

Mailing Address 1422 Republic Place

City State Zip Code  
Melbourne FL 32940-6739

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

Name of Employer Occupation  
retired retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

**Transaction ID:** A-C39516

Amount of Each Receipt this Period  
250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
James J McConnell

Mailing Address 533 Dorado Way

City State Zip Code  
Indian Harbour Bea FL 32937-3616

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

Name of Employer Occupation  
3PSC Merchant Mariner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** A-C39547

Amount of Each Receipt this Period  
100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Beverley J Mogensen

Mailing Address 4601 Highway A1a Apt. 403

City State Zip Code  
Vero Beach FL 32963-1353

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** A-C39522

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 / 79  
(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)  
Friends of Dave Weldon

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Warren T. Olde

Mailing Address 1239 Silver Lake Drive

City State Zip Code  
Melbourne FL 32940-1951

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

Name of Employer Occupation  
retired Retired

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

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2007

**Transaction ID:** A-C39548

Amount of Each Receipt this Period  
100.00

contribution

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

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Hugh Rosaaen

Mailing Address 5725 Highway A1a

City State Zip Code  
Vero Beach FL 32963-1008

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2007

**Transaction ID:** A-C39541

Amount of Each Receipt this Period  
100.00

contribution

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

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Carl T. Smedberg

Mailing Address 144 Lansing Island Drive

City State Zip Code  
Indian Harbour Bea FL 32937-5353

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

Name of Employer Occupation  
Space Coast Pathologists Physician

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

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2007

**Transaction ID:** A-C39540

Amount of Each Receipt this Period  
500.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 13 / 79  
(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)  
Friends of Dave Weldon

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Orin R. Smith

Mailing Address 141 Stingaree Point

City State Zip Code  
Vero Beach FL 32963-3835

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

Name of Employer Occupation  
retired retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** A-C39527

Amount of Each Receipt this Period  
1000.00

contribution

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

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Coleman Goatley

Mailing Address PO Box 110001

City State Zip Code  
Palm Bay FL 32911-0001

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

Name of Employer Occupation  
Self Real Estate

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

**Transaction ID:** A-I39555

Amount of Each Receipt this Period  
460.00

Inkind: in-kind Contribution

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

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Alastair C. Kennedy

Mailing Address 637 Lake Drive

City State Zip Code  
Vero Beach FL 32963-2166

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

Name of Employer Occupation  
Self Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

**Transaction ID:** A-C39552

Amount of Each Receipt this Period  
500.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1960.00**

**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 14 / 79  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sandra Sopko

Mailing Address 2732 Carlson Circle  
Apt. 204

City Melbourne State FL Zip Code 32901-7636

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

Name of Employer Disabled Occupation Disabled

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 475.00

Date of Receipt 10 / 18 / 2007  
**Transaction ID: A-C39561**  
 Amount of Each Receipt this Period 100.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eula Anderson

Mailing Address 4461 Stack Boulevard  
Apt. E122

City Melbourne State FL Zip Code 32901-8842

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

Name of Employer retired Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2007  
**Transaction ID: A-C39592**  
 Amount of Each Receipt this Period 500.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert G. Bowman

Mailing Address 720 Lagoon Road

City Vero Beach State FL Zip Code 32963-2259

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 21 / 2007  
**Transaction ID: A-C39579**  
 Amount of Each Receipt this Period 200.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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 / 79  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Ms. Gloria M. Gibbons  
 Mailing Address PO Box 250  
 City State Zip Code  
 Vero Beach FL 32961-0250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 retired Retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 7  
**Transaction ID:** A-C39574  
 Amount of Each Receipt this Period  
 50.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert A White  
 Mailing Address 1020 Saint Annes Lane  
 City State Zip Code  
 Vero Beach FL 32967-7351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 7  
**Transaction ID:** A-C39591  
 Amount of Each Receipt this Period  
 100.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bradford Burnham  
 Mailing Address 1776 Mooringline Drive  
 Apt. PHC  
 City State Zip Code  
 Vero Beach FL 32963-2958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 retired retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 7  
**Transaction ID:** A-C39599  
 Amount of Each Receipt this Period  
 1000.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00  
**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 / 79  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jack A. Sturgis

Mailing Address 995 33rd Avenue

City State Zip Code  
Vero Beach FL 32960-4090

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sturgis Lumber & Plywood Co. Lumber Dealer

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	7

**Transaction ID:** A-C39609

Amount of Each Receipt this Period  
500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rosemarie B. Wilson

Mailing Address 1490 5th Avenue

City State Zip Code  
Vero Beach FL 32960-5822

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

**Transaction ID:** A-I39921

Amount of Each Receipt this Period  
600.00

Inkind: Contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Fred L. Marion

Mailing Address 1101 Indian Mound Trail

City State Zip Code  
Vero Beach FL 32963-2408

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
DRS Technologies President

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

**Transaction ID:** A-C39624

Amount of Each Receipt this Period  
1000.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2100.00

**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 17 / 79  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Mr. John H. Roberts

Mailing Address 261 Riverway Drive

City State Zip Code  
Vero Beach FL 32963-2645

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

Name of Employer retired Occupation Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** A-C39630

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Roy Rowley

Mailing Address 630 Marbrisa River Lane

City State Zip Code  
Indian River Shore FL 32963-4285

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

Name of Employer retired Occupation retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** A-C39650

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Angela M. Weathersbee

Mailing Address 280 Joy Haven Drive

City State Zip Code  
Sebastian FL 32958-6204

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

Name of Employer self Occupation housewife

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** A-C39659

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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 18 / 79  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Ralph W. Sexton</p> <p>Mailing Address PO Box 2187</p> <p>City State Zip Code Vero Beach FL 32961-2187</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Ranch Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 3 1 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> A-C39666</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>contribution</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>B.</b> Full Name (Last, First, Middle Initial) Dr. Charles N. Celano</p> <p>Mailing Address 9 Starfish Drive</p> <p>City State Zip Code Vero Beach FL 32960-5232</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Physician</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 0 4 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> A-C39680</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>contribution</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Bernard F. Grall, Jr.</p> <p>Mailing Address 7575 20th Street</p> <p>City State Zip Code Vero Beach FL 32966-5147</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 1 0 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> A-C39709</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>contribution</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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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
<b>TOTAL</b> 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 19 / 79  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Mr. Julius Lewis

Mailing Address 3600 38th Street NW  
Apt. A271

City Washington State DC Zip Code 20016-2915

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2007  
**Transaction ID: A-C39723**  
 Amount of Each Receipt this Period 250.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Pat Corrigan

Mailing Address PO Box 690068

City Vero Beach State FL Zip Code 32969-0068

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3250.00

Date of Receipt 11 / 14 / 2007  
**Transaction ID: A-C39728**  
 Amount of Each Receipt this Period 250.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth Vilardebo

Mailing Address 292 Lanternback Island Drive

City Satellite Beach State FL Zip Code 32937-4705

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

Name of Employer V-Systems Occupation CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1450.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID: A-C39737**  
 Amount of Each Receipt this Period 100.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 20 / 79

(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)  
Friends of Dave Weldon

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Joseph S Gabriel, III

Mailing Address 5417 Buggy Whip Drive

City State Zip Code  
Centreville VA 20120-1684

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt MM / DD / YYYY  
11 / 27 / 2007

**Transaction ID:** A-C39744

Amount of Each Receipt this Period 500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth Vilardebo

Mailing Address 292 Lanternback Island Drive

City State Zip Code  
Satellite Beach FL 32937-4705

FEC ID number of contributing federal political committee. C

Name of Employer V-Systems Occupation CEO

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt MM / DD / YYYY  
11 / 27 / 2007

**Transaction ID:** A-C39743

Amount of Each Receipt this Period 100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Carol Kizirian

Mailing Address 2300 Front Street Apt. 300

City State Zip Code  
Melbourne FL 32901-7510

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt MM / DD / YYYY  
12 / 04 / 2007

**Transaction ID:** A-C39787

Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 700.00

**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 21 / 79  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Donna Scott

Mailing Address 365 Nieuport Drive

City State Zip Code  
Vero Beach FL 32968-9216

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

Name of Employer self Occupation  
ranch and groves

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

**Transaction ID:** A-C39789

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Sidney Banack

Mailing Address PO Box 1266

City State Zip Code  
Vero Beach FL 32961-1266

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

Name of Employer self Occupation  
citrus

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** A-C39839

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
James J McConnell

Mailing Address 533 Dorado Way

City State Zip Code  
Indian Harbour Bea FL 32937-3616

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

Name of Employer self Occupation  
3PSC Merchant Mariner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** A-C39837

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **14660.00**

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

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

FOR LINE NUMBER: PAGE 22 / 79  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Florida Municipal Electric Association PAC

Mailing Address PO Box 10114

City Tallahassee State FL Zip Code 32302-2114

FEC ID number of contributing federal political committee. **C** C00377754

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2007  
**Transaction ID:** A-C39321  
 Amount of Each Receipt this Period 250.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Build Pac

Mailing Address National Association of Home Builders  
1201 15th Street NW

City Washington State DC Zip Code 20005-2800

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 18 / 2007  
**Transaction ID:** A-C39551  
 Amount of Each Receipt this Period 5000.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Rockwell Collins Good Government Committee

Mailing Address 1300 Wilson Boulevard  
Suite 200

City Arlington State VA Zip Code 22209-2307

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2007  
**Transaction ID:** A-C39550  
 Amount of Each Receipt this Period 500.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5750.00**

**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 23 / 79  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
UPS P.A.C.  
Mailing Address 55 Glenlake Parkway NE  
City Atlanta State GA Zip Code 30328-3474  
FEC ID number of contributing federal political committee. **C** C00064766  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 10 / 18 / 2007  
Transaction ID: A-C39549  
Amount of Each Receipt this Period 500.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMPAC  
Mailing Address 25 Massachusetts Avenue NW Suite 600  
City Washington State DC Zip Code 20001-7400  
FEC ID number of contributing federal political committee. **C** C00000422  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 11 / 13 / 2007  
Transaction ID: A-C39724  
Amount of Each Receipt this Period 500.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Hupac  
Mailing Address PO Box 20865  
City Indianapolis State IN Zip Code 46220-0865  
FEC ID number of contributing federal political committee. **C** C00283135  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 11 / 13 / 2007  
Transaction ID: A-C39722  
Amount of Each Receipt this Period 1000.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 79  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Medimmune PAC

Mailing Address 1 Medimmune Way

City Gaithersburg State MD Zip Code 20878-2204

FEC ID number of contributing federal political committee. **C** C00399725

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2007  
**Transaction ID:** A-C39725  
 Amount of Each Receipt this Period 1000.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Society For Vascular Surg PAC

Mailing Address 633 N Saint Clair Street  
Floor 24

City Chicago State IL Zip Code 60611-6554

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2007  
**Transaction ID:** A-C39726  
 Amount of Each Receipt this Period 1000.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Chiropractic Association PAC

Mailing Address 1701 Clarendon Boulevard

City Arlington State VA Zip Code 22209-2799

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007  
**Transaction ID:** A-C39727  
 Amount of Each Receipt this Period 1000.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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: PAGE 25 / 79  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
American Optometric Association

Mailing Address 1505 Prince Street

City State Zip Code  
Alexandria VA 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

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  
1 1 / 1 9 / 2 0 0 7

**Transaction ID:** A-C39740

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AMO Voluntary Political Action Fund

Mailing Address 2 W Dixie Highway

City State Zip Code  
Dania FL 33004-4312

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 7

**Transaction ID:** A-C39739

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Brunswick Good Government Fund

Mailing Address 1 N Field Court

City State Zip Code  
Lake Forest IL 60045-4810

FEC ID number of contributing federal political committee. **C** C00110262

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  
1 1 / 2 7 / 2 0 0 7

**Transaction ID:** A-C39748

Amount of Each Receipt this Period  
1000.00

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

**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: PAGE 26 / 79  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Employees of Northrop Grumman Corporation PAC

Mailing Address 520 S Grand Avenue  
Suite 700

City State Zip Code  
Los Angeles CA 90071-2665

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 7

**Transaction ID:** A-C39747

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
ENT PAC

Mailing Address 1 Prince Street

City State Zip Code  
Alexandria VA 22314-3318

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 7

**Transaction ID:** A-C39745

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wexler & Walker Public Policy Associates

Mailing Address Political Action Committee  
1317 F. Street N. W. Ste 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00248195

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  
 1 1 / 2 7 / 2 0 0 7

**Transaction ID:** A-C39746

Amount of Each Receipt this Period  
1000.00

Contribution  
 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) ..... ▶

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

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

FOR LINE NUMBER: PAGE 27 / 79  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
US Oncology Inc Good Government Committee

Mailing Address 16825 Northchase Drive  
Suite 1300

City State Zip Code  
Houston TX 77060-6012

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 6 / 2 0 0 7

**Transaction ID:** A-C39797

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Academy of Dermatology Association PAC

Mailing Address 1350 I Street NW  
Suite 870

City State Zip Code  
Washington DC 20005-3305

FEC ID number of contributing federal political committee. **C** C00359539

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  
 1 2 / 3 0 / 2 0 0 7

**Transaction ID:** A-C39846

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dealers Election Action Committee

Mailing Address 8400 Westpark Drive

City State Zip Code  
Mc Lean VA 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

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  
 1 2 / 3 0 / 2 0 0 7

**Transaction ID:** A-C39845

Amount of Each Receipt this Period  
1000.00

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

**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:	PAGE 28 / 79
	(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)  
Friends of Dave Weldon

**A.**

Full Name (Last, First, Middle Initial)  
College of American Pathologists PAC

Mailing Address 1350 I Street NW

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 12 / 31 / 2007

**Transaction ID: A-C39840**

Amount of Each Receipt this Period 1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Lockheed Martin Employees P. A. C.

Mailing Address Political Action Committee  
1550 Crystal Drive, Suite 300

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 31 / 2007

**Transaction ID: A-C39852**

Amount of Each Receipt this Period 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	22250.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 79  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
Morgan Stanley  
Mailing Address 8150 N Wickham Road  
City Melbourne State FL Zip Code 32940-7921  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 19396.56  
Date of Receipt 10 / 01 / 2007  
Transaction ID: A-M39564  
Amount of Each Receipt this Period 6230.14  
Investment  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Suntrust Bank  
Mailing Address PO Box 620547  
City Orlando State FL Zip Code 32862-0547  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 714.15  
Date of Receipt 10 / 31 / 2007  
Transaction ID: A-M39732  
Amount of Each Receipt this Period 97.96  
Interest income  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Morgan Stanley P. A. C.  
Mailing Address 1300 1st Street NW Suite 1200W  
City Washington State DC Zip Code 20001-1201  
FEC ID number of contributing federal political committee. **C** C00067215  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4399.07  
Date of Receipt 11 / 01 / 2007  
Transaction ID: A-M39762  
Amount of Each Receipt this Period 4399.07  
investment  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10727.17  
**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 30 / 79  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

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

Mailing Address 8150 N Wickham Road

City State Zip Code  
Melbourne FL 32940-7921

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19396.56

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2007

**Transaction ID:** A-M39820

Amount of Each Receipt this Period  
964.93

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

**B.** Full Name (Last, First, Middle Initial)  
Suntrust Bank

Mailing Address PO Box 620547

City State Zip Code  
Orlando FL 32862-0547

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
714.15

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2007

**Transaction ID:** A-M39801

Amount of Each Receipt this Period  
94.97

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

**C.** Full Name (Last, First, Middle Initial)  
United States Treasury

Mailing Address PO Box 149195

City State Zip Code  
Austin TX 78714-9195

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1717.95

Date of Receipt  
MM / DD / YYYY  
12 / 06 / 2007

**Transaction ID:** A-M39842

Amount of Each Receipt this Period  
828.78

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1888.68**

**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 31 / 79	
	(check only one)			
<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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Dave Weldon

<b>A.</b>	Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt
	Mailing Address PO Box 620547		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Orlando	FL	32862-0547
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: A-M39879
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="714.15"/>	<input type="text" value="92.98"/>
<input type="checkbox"/> Other (specify) ▼			interest
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="92.98"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="12708.83"/>

# 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)  
Friends of Dave Weldon

A. Complete Campaign	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-39477																					
	Date of Disbursement	Date of Disbursement																					
Mailing Address	610 Gateway Center Way Suite K	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	1	/	2	0	0	7														
City	San Diego	State	CA																				
Zip Code	92102-4548	Amount of Each Disbursement this Period																					
Purpose of Disbursement	Advertising	<table border="1"> <tr> <td>20.00</td> </tr> </table>		20.00																			
20.00																							
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:	2008																				
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type																				
			004																				

B. Complete Campaign	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-39891																					
	Date of Disbursement	Date of Disbursement																					
Mailing Address	610 Gateway Center Way Suite K	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	1	/	2	0	0	7														
City	San Diego	State	CA																				
Zip Code	92102-4548	Amount of Each Disbursement this Period																					
Purpose of Disbursement	Advertising	<table border="1"> <tr> <td>8.50</td> </tr> </table>		8.50																			
8.50																							
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:	2008																				
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type																				
			004																				

C. Florida Power & Light	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-39885																					
	Date of Disbursement	Date of Disbursement																					
Mailing Address	PO Box 25576	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	1	/	2	0	0	7														
City	Miami	State	FL																				
Zip Code	33102	Amount of Each Disbursement this Period																					
Purpose of Disbursement	utilities	<table border="1"> <tr> <td>85.37</td> </tr> </table>		85.37																			
85.37																							
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:	2008																				
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type																				
			001																				

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**113.87**

**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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
Dr. Dave J Weldon

Mailing Address 365 Newport Drive

City Indialantic State FL Zip Code 32903-4031

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39295  
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

322.41

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

B.

Full Name (Last, First, Middle Initial)  
ADT Security System

Mailing Address PO Box 650485

City Dallas State TX Zip Code 75265-0485

Purpose of Disbursement  
security system

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39572  
Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

38.15

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

C.

Full Name (Last, First, Middle Initial)  
Brevard Business Telephone Systems

Mailing Address 5125 Us Highway 1 Suite 1

City Rockledge State FL Zip Code 32955-5442

Purpose of Disbursement  
Utilities

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39571  
Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

84.80

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

445.36

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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
T.A. Altman Rentals

Mailing Address PO Box 360911

City Melbourne State FL Zip Code 32936-0911

Purpose of Disbursement  
Administrative/Salary/Overhead: rent  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39573  
Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

765.78

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

B.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement  
Administrative/Salary/Overhead: phones  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39880  
Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

50.00

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

C.

Full Name (Last, First, Middle Initial)  
Comcast

Mailing Address PO Box 3005

City Southeastern State PA Zip Code 19398-3005

Purpose of Disbursement  
utilities  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39324  
Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

77.42

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

893.20

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)  
Friends of Dave Weldon

<p><b>A.</b> Full Name (Last, First, Middle Initial) Apple Computers</p> <p>Mailing Address 1 Infinite Loop</p> <p>City Cupertino State CA Zip Code 95014-2083</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-39886</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="152.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) National Space Club Florida Committee</p> <p>Mailing Address P. O. Box 21243</p> <p>City Kennedy Space Cent State FL Zip Code 32815-0243</p> <p>Purpose of Disbursement travel/food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-39359</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address PO Box 66100</p> <p>City Chicago State IL Zip Code 60666-0100</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-39437</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="198.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="410.90"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
United Airlines

Transaction ID: B-E-39438

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	7	

Mailing Address PO Box 66100

Amount of Each Disbursement this Period

198.00
--------

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement  
Travel

002  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
United Airlines

Transaction ID: B-E-39881

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	7	

Mailing Address PO Box 66100

Amount of Each Disbursement this Period

30.00
-------

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement  
Travel

002  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
USPS

Transaction ID: B-E-39781

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	7	

Mailing Address Eau Gallie Station

Amount of Each Disbursement this Period

288.82
--------

City Melbourne State FL Zip Code 32935

Purpose of Disbursement  
Fundraising

003  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

516.82
--------

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

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# 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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) USPS Mailing Address Eau Gallie Station City Melbourne State FL Zip Code 32935 Purpose of Disbursement Administrative/Salary/Overhead: 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) ▼	Transaction ID: B-E-39782 Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 11.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Complete Campaign Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Advertising 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: B-E-39478 Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297-0513 Purpose of Disbursement Utilities 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: B-E-39296 Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 57.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

99.03

**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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement travel/food 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: B-E-39444 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 133.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Data Management Services Mailing Address 3225 Jordan Boulevard City Malabar State FL Zip Code 32950-4524 Purpose of Disbursement Fundraising 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: B-E-39783 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 1896.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Complete Campaign Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Advertising 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: B-E-39490 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 11.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2041.54

**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)  
Friends of Dave Weldon

**A.**

Full Name (Last, First, Middle Initial)  
Bright House Networks

Mailing Address PO Box 628071

City Orlando State FL Zip Code 32862-8071

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: B-E-39486  
Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

126.80

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

**B.**

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
Fundraising

Candidate Name

003  
Category/  
Type

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

State: District:

Transaction ID: B-E-39488  
Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

1172.48

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

**C.**

Full Name (Last, First, Middle Initial)  
FedEx

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-4515

Purpose of Disbursement  
Administrative/Salary/Overhead: postage

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: B-E-39485  
Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

33.15

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

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

1332.43

**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 40 / 79

<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)  
Friends of Dave Weldon

<b>A.</b>	Full Name (Last, First, Middle Initial) Hammond & Associates  Mailing Address PO Box 16021  City Alexandria State VA Zip Code 22302-8021  Purpose of Disbursement Fundraising 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: B-E-39491 Date of Disbursement 10 / 12 / 2007  Amount of Each Disbursement this Period 1500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Complete Campaign  Mailing Address 610 Gateway Center Way Suite K  City San Diego State CA Zip Code 92102-4548  Purpose of Disbursement Advertising 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: B-E-39563 Date of Disbursement 10 / 14 / 2007  Amount of Each Disbursement this Period 20.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address PO Box 660108  City Dallas State TX Zip Code 75266-0108  Purpose of Disbursement utilities 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: B-E-39647 Date of Disbursement 10 / 15 / 2007  Amount of Each Disbursement this Period 664.45  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2184.45

**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)  
Friends of Dave Weldon

A. Complete Campaign	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-39646																					
	Date of Disbursement	Date of Disbursement																					
Mailing Address	610 Gateway Center Way Suite K	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	6	/	2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	6	/	2	0	7	7														
City	San Diego	State	CA																				
Zip Code	92102-4548	Amount of Each Disbursement this Period																					
Purpose of Disbursement	Advertising	<table border="1"> <tr> <td colspan="10">57.50</td> </tr> </table>		57.50																			
57.50																							
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:	2008																				
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General																				
		Category/Type																					
		004																					

B. Suntrust Bank	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-39889																					
	Date of Disbursement	Date of Disbursement																					
Mailing Address	PO Box 620547	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	7	/	2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	7	/	2	0	7	7														
City	Orlando	State	FL																				
Zip Code	32862-0547	Amount of Each Disbursement this Period																					
Purpose of Disbursement	Administrative/Salary/Overhead: Bank fee	<table border="1"> <tr> <td colspan="10">12.00</td> </tr> </table>		12.00																			
12.00																							
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:	2008																				
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General																				
		Category/Type																					
		001																					

C. Mr. Coleman Goatley	Full Name (Last, First, Middle Initial)	Transaction ID: B-I-39555																					
	Date of Disbursement	Date of Disbursement																					
Mailing Address	PO Box 110001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	8	/	2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	8	/	2	0	7	7														
City	Palm Bay	State	FL																				
Zip Code	32911-0001	Amount of Each Disbursement this Period																					
Purpose of Disbursement	Inkind: in-kind Contribution	<table border="1"> <tr> <td colspan="10">460.00</td> </tr> </table>		460.00																			
460.00																							
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:	2008																				
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General																				
		Category/Type																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>529.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) USPS Mailing Address Eau Gallie Station City Melbourne State FL Zip Code 32935 Purpose of Disbursement Administrative/Salary/Overhead: postage 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: B-E-39775 Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 60.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Complete Campaign Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Advertising 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: B-E-39602 Date of Disbursement 10 / 21 / 2007 Amount of Each Disbursement this Period 8.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Complete Campaign Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Advertising 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: B-E-39623 Date of Disbursement 10 / 21 / 2007 Amount of Each Disbursement this Period 8.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	78.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Friends of Dave Weldon

**A.**

Full Name (Last, First, Middle Initial)  
FDN Communications

**Transaction ID:** B-E-39566  
Date of Disbursement

Mailing Address 2301 Lucien Way Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	7	7

City Maitland State FL Zip Code 32751-7010

Amount of Each Disbursement this Period

Purpose of Disbursement  
Utilities

001  
Category/  
Type

181.15
--------

Candidate Name

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

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

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
Staples

**Transaction ID:** B-E-39567  
Date of Disbursement

Mailing Address 1270 N Wickham Road  
Suite 13

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	7	7

City Melbourne State FL Zip Code 32935-8300

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising

003  
Category/  
Type

71.22
-------

Candidate Name

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

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

State: District:

**C.**

Full Name (Last, First, Middle Initial)  
Complete Campaign

**Transaction ID:** B-E-39691  
Date of Disbursement

Mailing Address 610 Gateway Center Way  
Suite K

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	7	7

City San Diego State CA Zip Code 92102-4548

Amount of Each Disbursement this Period

Purpose of Disbursement  
Advertising

004  
Category/  
Type

58.75
-------

Candidate Name

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

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

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

311.12

**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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) FDN Communications  Mailing Address 2301 Lucien Way Suite 200  City Maitland State FL Zip Code 32751-7010 Purpose of Disbursement utilities 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: B-E-39779 Date of Disbursement 10 / 23 / 2007  Amount of Each Disbursement this Period 184.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Starbucks  Mailing Address Broaddale  City Falls Church State VA Zip Code 22046 Purpose of Disbursement staff gift/gift card 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: B-E-39639 Date of Disbursement 10 / 23 / 2007  Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 17577  City Baltimore State MD Zip Code 21297-0513 Purpose of Disbursement Administrative/Salary/Overhead: phone 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: B-E-39606 Date of Disbursement 10 / 23 / 2007  Amount of Each Disbursement this Period 220.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

455.13

**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)  
Friends of Dave Weldon

<b>A.</b>	Full Name (Last, First, Middle Initial) Complete Campaign <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <hr/> Purpose of Disbursement Advertising Candidate Name <hr/> 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: B-E-39690 Date of Disbursement 10 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 1.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 1131 W New Haven Avenue <hr/> City Melbourne State FL Zip Code 32904-4055 <hr/> Purpose of Disbursement Administrative/Salary/Overhead: supplies Candidate Name <hr/> 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: B-E-39778 Date of Disbursement 10 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 33.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Republican Women's Network of South Brevard <hr/> Mailing Address c/o Shirley Baccus 300 South Atlantic Street <hr/> City Melbourne Beach State FL Zip Code 32951 <hr/> Purpose of Disbursement membership Candidate Name <hr/> 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: B-E-39620 Date of Disbursement 10 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

59.64

**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)  
Friends of Dave Weldon

<b>A.</b> Full Name (Last, First, Middle Initial) Republican Women's Network of South Brevard Mailing Address c/o Shirley Baccus 300 South Atlantic Street City Melbourne Beach State FL Zip Code 32951 Purpose of Disbursement Administrative/Salary/Overhead: luncheon Candidate Name	Transaction ID: B-E-39621 Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) U. S. Postal Service, Manassas Mailing Address 9108 Church Street City Manassas State VA Zip Code 20110-5436 Purpose of Disbursement Administrative/Salary/Overhead: postage Candidate Name	Transaction ID: B-E-39622 Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 41.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address PO Box 66100 City Chicago State IL Zip Code 60666-0100 Purpose of Disbursement Travel Candidate Name	Transaction ID: B-E-39640 Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 293.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	349.80
<b>TOTAL</b> 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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: B-E-39641 Date of Disbursement 10 / 25 / 2007
	Mailing Address PO Box 66100	Amount of Each Disbursement this Period 293.80
	City Chicago State IL Zip Code 60666-0100	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 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: B-E-39642 Date of Disbursement 10 / 25 / 2007
	Mailing Address PO Box 100	Amount of Each Disbursement this Period 10.00
	City Winston Salem State NC Zip Code 27102-0100	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 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) US Airways	Transaction ID: B-E-39643 Date of Disbursement 10 / 25 / 2007
	Mailing Address PO Box 100	Amount of Each Disbursement this Period 10.00
	City Winston Salem State NC Zip Code 27102-0100	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>313.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Friends of Dave Weldon

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address PO Box 100</p> <p>City Winston Salem State NC Zip Code 27102-0100</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-39644</p> <p>Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 408.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address PO Box 100</p> <p>City Winston Salem State NC Zip Code 27102-0100</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-39645</p> <p>Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 408.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Rosemarie B. Wilson</p> <p>Mailing Address 1490 5th Avenue</p> <p>City Vero Beach State FL Zip Code 32960-5822</p> <p>Purpose of Disbursement Inkind: Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-I-39921</p> <p>Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 600.00</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) ..... ▶

1417.60

**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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B-E-39776 Date of Disbursement 10 / 26 / 2007
	Mailing Address 1270 N Wickham Road Suite 13	Amount of Each Disbursement this Period 69.95
	City Melbourne State FL Zip Code 32935-8300	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B-E-39777 Date of Disbursement 10 / 26 / 2007
	Mailing Address 1270 N Wickham Road Suite 13	Amount of Each Disbursement this Period 54.48
	City Melbourne State FL Zip Code 32935-8300	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Event Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 007
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B-E-39638 Date of Disbursement 10 / 28 / 2007
	Mailing Address 9890 Liberia Avenue	Amount of Each Disbursement this Period 14.44
	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 Administrative/Salary/Overhead: supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ..... ▶

138.87

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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
Comcast

Transaction ID: B-E-39649  
Date of Disbursement

Mailing Address PO Box 3005

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	7	7

City State Zip Code  
Southeastern PA 19398-3005

Amount of Each Disbursement this Period

83.38
-------

Purpose of Disbursement  
utilities

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Transaction ID: B-E-39648  
Date of Disbursement

Mailing Address PO Box 16021

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	7	7

City State Zip Code  
Alexandria VA 22302-8021

Amount of Each Disbursement this Period

1709.61
---------

Purpose of Disbursement  
Fundraising

003  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
United Airlines

Transaction ID: B-E-39884  
Date of Disbursement

Mailing Address PO Box 66100

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	7	7

City State Zip Code  
Chicago IL 60666-0100

Amount of Each Disbursement this Period

30.00
-------

Purpose of Disbursement  
Travel

002  
Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1822.99
---------

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

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**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)  
Friends of Dave Weldon

<p><b>A.</b> Full Name (Last, First, Middle Initial) Florida Power &amp; Light</p> <p>Mailing Address PO Box 25576</p> <p>City Miami State FL Zip Code 33102</p> <p>Purpose of Disbursement Utilities 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><b>Transaction ID:</b> B-E-39882 <b>Date of Disbursement</b> 10 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 104.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Complete Campaign</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Advertising 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><b>Transaction ID:</b> B-E-39689 <b>Date of Disbursement</b> 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 2.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Florida Department of Revenue</p> <p>Mailing Address 5050 W Tennessee Street</p> <p>City Tallahassee State FL Zip Code 32399-6586</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: tax 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><b>Transaction ID:</b> B-E-39883 <b>Date of Disbursement</b> 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 29.37</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) ..... ▶

136.42

**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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
Suntrust Bank

Mailing Address PO Box 620547

City Orlando State FL Zip Code 32862-0547

Purpose of Disbursement  
payroll taxes  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39665  
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

1024.44

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

B.

Full Name (Last, First, Middle Initial)  
Mrs. Pamela D Gillespie

Mailing Address 4204 Fenrose Circle

City Melbourne State FL Zip Code 32940-1256

Purpose of Disbursement  
Administrative/Salary/Overhead: salary  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39662  
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

957.11

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

C.

Full Name (Last, First, Middle Initial)  
Mr. Fred K Kirschstein

Mailing Address 2280 Ohio Street

City Melbourne State FL Zip Code 32904-6145

Purpose of Disbursement  
Administrative/Salary/Overhead: salary  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39663  
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

615.97

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

SUBTOTAL of Disbursements This Page (optional) .....

2597.52

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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
Mrs. Nancy J Weldon

Mailing Address 365 Newport Drive

City Indialantic State FL Zip Code 32903-4031

Purpose of Disbursement Administrative/Salary/Overhead: salary  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39664  
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

2600.90

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

B.

Full Name (Last, First, Middle Initial)  
Mr. Fred K Kirschstein

Mailing Address 2280 Ohio Street

City Melbourne State FL Zip Code 32904-6145

Purpose of Disbursement Travel  
Candidate Name

002  
Category/  
Type

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

Transaction ID: B-E-39669  
Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

85.68

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

C.

Full Name (Last, First, Middle Initial)  
ADT Security System

Mailing Address PO Box 650485

City Dallas State TX Zip Code 75265-0485

Purpose of Disbursement utilities  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39899  
Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

38.15

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

SUBTOTAL of Disbursements This Page (optional) .....

2724.73

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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
Djon's

Mailing Address 522 Ocean Avenue

City Melbourne State FL Zip Code 32951-2524

Purpose of Disbursement  
Campaign Event: on line

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39687

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

245.38

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

B.

Full Name (Last, First, Middle Initial)  
Complete Campaign

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39734

Date of Disbursement

11 / 04 / 2007

Amount of Each Disbursement this Period

9.50

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

C.

Full Name (Last, First, Middle Initial)  
Brevard Business Telephone Systems

Mailing Address 5125 Us Highway 1 Suite 1

City Rockledge State FL Zip Code 32955-5442

Purpose of Disbursement  
Administrative/Salary/Overhead: phones

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39896

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

84.80

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

339.68

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)  
Friends of Dave Weldon

<b>A.</b>	Full Name (Last, First, Middle Initial) T.A. Altman Rentals  Mailing Address PO Box 360911  City Melbourne State FL Zip Code 32936-0911  Purpose of Disbursement Administrative/Salary/Overhead: rent 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>Transaction ID:</b> B-E-39895 <b>Date of Disbursement</b> 11 / 05 / 2007  Amount of Each Disbursement this Period 765.78  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Pamela D Gillespie  Mailing Address 4204 Fenrose Circle  City Melbourne State FL Zip Code 32940-1256  Purpose of Disbursement 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) ▼	<b>Transaction ID:</b> B-E-39693 <b>Date of Disbursement</b> 11 / 05 / 2007  Amount of Each Disbursement this Period 158.08  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) B. Smith's Restaurant  Mailing Address 50 Massachusetts Avenue NE  City Washington State DC Zip Code 20002-4214  Purpose of Disbursement Fundraising 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>Transaction ID:</b> B-E-39715 <b>Date of Disbursement</b> 11 / 06 / 2007  Amount of Each Disbursement this Period 677.89  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	003 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1601.75

**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)  
Friends of Dave Weldon

<b>A.</b>	Full Name (Last, First, Middle Initial) Hyatt Regency Chesapeake Bay <hr/> Mailing Address 100 Heron Boulevard <hr/> City Cambridge State MD Zip Code 21613-3420 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> 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: B-E-39907 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 176.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) U S Postal Service <hr/> Mailing Address New Haven Avenue <hr/> City Melbourne State FL Zip Code 32901-9998 <hr/> Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name <hr/> 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: B-E-39908 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 22.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address PO Box 17577 <hr/> City Baltimore State MD Zip Code 21297-0513 <hr/> Purpose of Disbursement Administrative/Salary/Overhead: phones Candidate Name <hr/> 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: B-E-39906 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 190.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	388.62
<b>TOTAL</b> 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)  
Friends of Dave Weldon

<p><b>A.</b> Full Name (Last, First, Middle Initial) Complete Campaign</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Advertising 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><b>Transaction ID:</b> B-E-39733 <b>Date of Disbursement</b> 11 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 0.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 1262</p> <p>City Charlotte State NC Zip Code 28201-1262</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: phones 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><b>Transaction ID:</b> B-E-39717 <b>Date of Disbursement</b> 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 99.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) B. Smith's Restaurant</p> <p>Mailing Address 50 Massachusetts Avenue NE</p> <p>City Washington State DC Zip Code 20002-4214</p> <p>Purpose of Disbursement Campaign Event 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><b>Transaction ID:</b> B-E-39729 <b>Date of Disbursement</b> 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 362.31</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) ..... ▶

462.48

**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)  
Friends of Dave Weldon

<p><b>A.</b> Complete Campaign</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Advertising 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><b>Transaction ID:</b> B-E-39767 <b>Date of Disbursement</b> 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 1.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Internal Revenue Service</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 105017</p> <p>City Atlanta State GA Zip Code 30348-5017</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: tax 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><b>Transaction ID:</b> B-E-39718 <b>Date of Disbursement</b> 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 287.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Bright House Networks</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 628071</p> <p>City Orlando State FL Zip Code 32862-8071</p> <p>Purpose of Disbursement Utilities 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><b>Transaction ID:</b> B-E-39712 <b>Date of Disbursement</b> 11 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 5.00</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) ..... ▶

293.38

**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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: B-E-39713 Date of Disbursement 11 / 14 / 2007
	Mailing Address Memphis Airport	Amount of Each Disbursement this Period 61.79
	City Memphis	State TN
	Zip Code 99999	
	Purpose of Disbursement Administrative/Salary/Overhead: postage	001 Category/ Type
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: B-E-39731 Date of Disbursement 11 / 14 / 2007
	Mailing Address PO Box 66100	Amount of Each Disbursement this Period 387.00
	City Chicago	State IL
	Zip Code 60666-0100	
	Purpose of Disbursement Travel	002 Category/ Type
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: B-E-39716 Date of Disbursement 11 / 15 / 2007
	Mailing Address PO Box 660108	Amount of Each Disbursement this Period 633.77
	City Dallas	State TX
	Zip Code 75266-0108	
	Purpose of Disbursement Administrative/Salary/Overhead: phones	001 Category/ Type
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1082.56
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

<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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) Mrs. Pamela D Gillespie  Mailing Address 4204 Fenrose Circle  City Melbourne State FL Zip Code 32940-1256 Purpose of Disbursement 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: B-E-39808 Date of Disbursement 11 / 19 / 2007  Amount of Each Disbursement this Period 136.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Florida Department of Revenue  Mailing Address 5050 W Tennessee Street  City Tallahassee State FL Zip Code 32399-6586 Purpose of Disbursement Administrative/Salary/Overhead: Tax 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: B-E-39765 Date of Disbursement 11 / 20 / 2007  Amount of Each Disbursement this Period 590.42  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Republican Women's Network of South Brevard  Mailing Address c/o Shirley Baccus 300 South Atlantic Street  City Melbourne Beach State FL Zip Code 32951 Purpose of Disbursement ticket to luncheon 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: B-E-39741 Date of Disbursement 11 / 20 / 2007  Amount of Each Disbursement this Period 20.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	746.42
<b>TOTAL</b> 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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) CVS Pharmacy Mailing Address 9972 Liberia Avenue City Manassas State VA Zip Code 20110-7052 Purpose of Disbursement Administrative/Salary/Overhead: supplies 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: B-E-39756 Date of Disbursement 11 / 28 / 2007 Amount of Each Disbursement this Period 138.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Macy's Mailing Address 1700 W New Haven Avenue City Melbourne State FL Zip Code 32904-3916 Purpose of Disbursement Gifts/staff/donors 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: B-E-39802 Date of Disbursement 11 / 28 / 2007 Amount of Each Disbursement this Period 113.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Macy's Mailing Address 1700 W New Haven Avenue City Melbourne State FL Zip Code 32904-3916 Purpose of Disbursement gifts/staff/donors 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: B-E-39803 Date of Disbursement 11 / 28 / 2007 Amount of Each Disbursement this Period 89.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**341.16**

**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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
Macy's

Mailing Address 1700 W New Haven Avenue

City Melbourne State FL Zip Code 32904-3916

Purpose of Disbursement  
gifts/donors/staff

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39804  
Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

181.69

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

B.

Full Name (Last, First, Middle Initial)  
Starbucks

Mailing Address Broaddale

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
gifts/staff/donors

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39755  
Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

203.35

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

C.

Full Name (Last, First, Middle Initial)  
Suntrust Bank

Mailing Address PO Box 620547

City Orlando State FL Zip Code 32862-0547

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39752  
Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

730.66

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

SUBTOTAL of Disbursements This Page (optional) .....

1115.70

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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) Mr. Fred K Kirschstein	Transaction ID: B-E-39750 Date of Disbursement 11 / 28 / 2007
	Mailing Address 2280 Ohio Street	Amount of Each Disbursement this Period 615.97
	City Melbourne State FL Zip Code 32904-6145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Mrs. Nancy J Weldon	Transaction ID: B-E-39751 Date of Disbursement 11 / 28 / 2007
	Mailing Address 365 Newport Drive	Amount of Each Disbursement this Period 2600.90
	City Indialantic State FL Zip Code 32903-4031	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ADT Security System	Transaction ID: B-E-39900 Date of Disbursement 11 / 30 / 2007
	Mailing Address PO Box 650485	Amount of Each Disbursement this Period 38.15
	City Dallas State TX Zip Code 75265-0485	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement utilities Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3255.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 79

<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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) Brevard Business Telephone Systems <hr/> Mailing Address 5125 Us Highway 1 Suite 1 <hr/> City Rockledge State FL Zip Code 32955-5442 <hr/> Purpose of Disbursement utilities Candidate Name <hr/> 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: B-E-39858 Date of Disbursement 11 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 84.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) CVS Pharmacy <hr/> Mailing Address 9972 Liberia Avenue <hr/> City Manassas State VA Zip Code 20110-7052 <hr/> Purpose of Disbursement Administrative/Salary/Overhead: supplies Candidate Name <hr/> 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: B-E-39770 Date of Disbursement 11 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 9.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Famous Dave's <hr/> Mailing Address 2430 Prince William Parkway <hr/> City Woodbridge State VA Zip Code 22192-4150 <hr/> Purpose of Disbursement Campaign Event Candidate Name <hr/> 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: B-E-39759 Date of Disbursement 11 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 571.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**666.16**

**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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
Comcast

Mailing Address PO Box 3005

City State Zip Code  
Southeastern PA 19398-3005

Purpose of Disbursement  
Utilities

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: B-E-39758  
Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

143.46

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

B.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 1st Street SE

City State Zip Code  
Washington DC 20003-1801

Purpose of Disbursement  
Campaign Event

Candidate Name

007  
Category/  
Type

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

State: District:

Transaction ID: B-E-39764  
Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

124.97

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

C.

Full Name (Last, First, Middle Initial)  
Florida Department of Revenue

Mailing Address 5050 W Tennessee Street

City State Zip Code  
Tallahassee FL 32399-6586

Purpose of Disbursement  
Administrative/Salary/Overhead: tax

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: B-E-39766  
Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

6.10

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

274.53

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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B-E-39773 Date of Disbursement 12 / 03 / 2007
	Mailing Address 1270 N Wickham Road Suite 13	Amount of Each Disbursement this Period 9.29
	City Melbourne State FL Zip Code 32935-8300	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: supplies 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

B.	Full Name (Last, First, Middle Initial) Complete Campaign	Transaction ID: B-E-39831 Date of Disbursement 12 / 04 / 2007
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 1.00
	City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising 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) ▼
		003 Category/ Type

C.	Full Name (Last, First, Middle Initial) Dr. Dave J Weldon	Transaction ID: B-E-39791 Date of Disbursement 12 / 04 / 2007
	Mailing Address 365 Newport Drive	Amount of Each Disbursement this Period 70.28
	City Indialantic State FL Zip Code 32903-4031	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

80.57

**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)  
Friends of Dave Weldon

A. Complete Campaign	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-39901	
	Mailing Address	Date of Disbursement	
	610 Gateway Center Way Suite K	12 / 05 / 2007	
	City State Zip Code	Amount of Each Disbursement this Period	
	San Diego CA 92102-4548	1000.00	
	Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Advertising	004	
	Candidate Name	Category/Type	
	Office Sought:	Disbursement For:	
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

B. U S Postal Service	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-39902	
	Mailing Address	Date of Disbursement	
	New Haven Avenue	12 / 05 / 2007	
	City State Zip Code	Amount of Each Disbursement this Period	
	Melbourne FL 32901-9998	83.20	
	Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Administrative/Salary/Overhead: postage	001	
	Candidate Name	Category/Type	
	Office Sought:	Disbursement For:	
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

C. Verizon	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-39760	
	Mailing Address	Date of Disbursement	
	PO Box 17577	12 / 05 / 2007	
	City State Zip Code	Amount of Each Disbursement this Period	
	Baltimore MD 21297-0513	57.91	
	Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	utilities	001	
	Candidate Name	Category/Type	
	Office Sought:	Disbursement For:	
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1141.11
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Friends of Dave Weldon

**A.** Full Name (Last, First, Middle Initial)  
National Space Club Florida Committee

Mailing Address P. O. Box 21243

City Kennedy Space Cent State FL Zip Code 32815-0243

Purpose of Disbursement Administrative/Salary/Overhead: food

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: B-E-39795

Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

17.00

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

**B.** Full Name (Last, First, Middle Initial)  
The Congressional Club

Mailing Address 2001 New Hampshire Avenue NW

City Washington State DC Zip Code 20009-3414

Purpose of Disbursement membership

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: B-E-39796

Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rebecca Goode

Mailing Address 720 Ora Dell Avenue

City Titusville State FL Zip Code 32796-2247

Purpose of Disbursement Travel

Candidate Name

002  
Category/  
Type

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

State: District:

Transaction ID: B-E-39793

Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

208.98

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

375.98

**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)  
Friends of Dave Weldon

<b>A.</b>	Full Name (Last, First, Middle Initial) AT&T  Mailing Address PO Box 1262  City Charlotte State NC Zip Code 28201-1262  Purpose of Disbursement utilities 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:	<b>Transaction ID:</b> B-E-39810 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7  Amount of Each Disbursement this Period 99.73  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Kathryn Weldon  Mailing Address 7667 N Wickham Road  City Melbourne State FL Zip Code 32940-8148  Purpose of Disbursement Administrative/Salary/Overhead: Salary 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:	<b>Transaction ID:</b> B-E-39800 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7  Amount of Each Disbursement this Period 475.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Staples  Mailing Address 9890 Liberia Avenue  City Manassas State VA Zip Code 20110  Purpose of Disbursement Administrative/Salary/Overhead: supplies 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:	<b>Transaction ID:</b> B-E-39822 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7  Amount of Each Disbursement this Period 30.94  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**605.67**

**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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 9890 Liberia Avenue

City Manassas State VA Zip Code 20110

Purpose of Disbursement  
Administrative/Salary/Overhead: supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39823  
Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

10.50

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

B.

Full Name (Last, First, Middle Initial)  
Bright House Networks

Mailing Address PO Box 628071

City Orlando State FL Zip Code 32862-8071

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39811  
Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

131.80

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

C.

Full Name (Last, First, Middle Initial)  
FedEx

Mailing Address Memphis Airport

City Memphis State TN Zip Code 99999

Purpose of Disbursement  
Administrative/Salary/Overhead: postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39812  
Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

58.47

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

200.77

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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
U S Postal Service

Transaction ID: B-E-39830  
Date of Disbursement

Mailing Address New Haven Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	7	7

City Melbourne State FL Zip Code 32901-9998

Amount of Each Disbursement this Period

246.00
--------

Purpose of Disbursement  
Administrative/Salary/Overhead: postage

001  
Category/  
Type

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

Candidate Name

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

State: District:

B.

Full Name (Last, First, Middle Initial)  
United Airlines

Transaction ID: B-E-39816  
Date of Disbursement

Mailing Address PO Box 66100

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	7	7

City Chicago State IL Zip Code 60666-0100

Amount of Each Disbursement this Period

153.81
--------

Purpose of Disbursement  
Travel

002  
Category/  
Type

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

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
United Airlines

Transaction ID: B-E-39817  
Date of Disbursement

Mailing Address PO Box 66100

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	7	7

City Chicago State IL Zip Code 60666-0100

Amount of Each Disbursement this Period

153.81
--------

Purpose of Disbursement  
Travel

002  
Category/  
Type

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

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

553.62

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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement Administrative/Salary/Overhead: phones  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39815  
Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

639.63

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

B.

Full Name (Last, First, Middle Initial)  
Civilian Military Community Foundation

Mailing Address 817 Dixon Boulevard Suite 6B

City Cocoa State FL Zip Code 32922-6885

Purpose of Disbursement membership  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39814  
Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

375.00

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

C.

Full Name (Last, First, Middle Initial)  
U S Postal Service

Mailing Address New Haven Avenue

City Melbourne State FL Zip Code 32901-9998

Purpose of Disbursement Administrative/Salary/Overhead: postage  
Candidate Name

001  
Category/  
Type

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

Transaction ID: B-E-39826  
Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

3.49

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

SUBTOTAL of Disbursements This Page (optional) .....

1018.12

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)  
Friends of Dave Weldon

<p><b>A.</b> Full Name (Last, First, Middle Initial) U S Postal Service</p> <p>Mailing Address New Haven Avenue</p> <p>City Melbourne State FL Zip Code 32901-9998</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-39827</p> <p>Date of Disbursement 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 22.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US House Of Representatives Bookstore</p> <p>Mailing Address B217 Longworth Building</p> <p>City Washington State FL Zip Code 20515</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-39828</p> <p>Date of Disbursement 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 10.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) US House Of Representatives Bookstore</p> <p>Mailing Address B217 Longworth Building</p> <p>City Washington State FL Zip Code 20515</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-39829</p> <p>Date of Disbursement 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 56.80</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) ..... ▶

89.92

**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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) Harris Teeter  Mailing Address 10438 Bristow Center Drive  City Bristow State VA Zip Code 20136-2202  Purpose of Disbursement Gifts/donors 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: B-E-39818 Date of Disbursement 12 / 22 / 2007  Amount of Each Disbursement this Period 191.09  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Harris Teeter  Mailing Address 10438 Bristow Center Drive  City Bristow State VA Zip Code 20136-2202  Purpose of Disbursement gifts/donors 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: B-E-39819 Date of Disbursement 12 / 22 / 2007  Amount of Each Disbursement this Period 60.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Comcast  Mailing Address PO Box 3005  City Southeastern State PA Zip Code 19398-3005  Purpose of Disbursement utilities 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: B-E-39832 Date of Disbursement 12 / 23 / 2007  Amount of Each Disbursement this Period 87.76  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

338.85

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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
The Congressional Institute

Mailing Address 401 Wythe Street  
Suite 103

City Alexandria State VA Zip Code 22314-1927

Purpose of Disbursement  
Campaign Event

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39892  
Date of Disbursement

12 / 24 / 2007

Amount of Each Disbursement this Period

2123.00

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

B.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39894  
Date of Disbursement

12 / 24 / 2007

Amount of Each Disbursement this Period

30.00

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

C.

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address PO Box 100

City Winston Salem State NC Zip Code 27102-0100

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39893  
Date of Disbursement

12 / 24 / 2007

Amount of Each Disbursement this Period

368.80

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2521.80

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)  
Friends of Dave Weldon

A.

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address PO Box 100

City Winston Salem State NC Zip Code 27102-0100

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39903  
Date of Disbursement

12 / 24 / 2007

Amount of Each Disbursement this Period

20.00

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

B.

Full Name (Last, First, Middle Initial)  
FDN Communications

Mailing Address 2301 Lucien Way Suite 200

City Maitland State FL Zip Code 32751-7010

Purpose of Disbursement  
Administrative/Salary/Overhead: phones

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39869  
Date of Disbursement

12 / 26 / 2007

Amount of Each Disbursement this Period

182.74

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

C.

Full Name (Last, First, Middle Initial)  
Macy's

Mailing Address 1700 W New Haven Avenue

City Melbourne State FL Zip Code 32904-3916

Purpose of Disbursement  
gifts staff

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39871  
Date of Disbursement

12 / 26 / 2007

Amount of Each Disbursement this Period

75.41

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

278.15

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)  
Friends of Dave Weldon

**A.**

Full Name (Last, First, Middle Initial)  
Complete Campaign

Mailing Address 610 Gateway Center Way  
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39878  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

Amount of Each Disbursement this Period

5.00
------

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

**B.**

Full Name (Last, First, Middle Initial)  
Florida Power & Light

Mailing Address PO Box 25576

City Miami State FL Zip Code 33102

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-39904  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

Amount of Each Disbursement this Period

36.24
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

41.24

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

36786.42

**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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) Taste Of India	Transaction ID: B-E-39325 Date of Disbursement 10 / 03 / 2007
	Mailing Address 1430 Pine Street	Amount of Each Disbursement this Period 250.00
	City Melbourne State FL Zip Code 32901-3119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Charitable Donation Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 012
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Space Coast Marine Institute	Transaction ID: B-E-39619 Date of Disbursement 10 / 25 / 2007
	Mailing Address 1000 Inspiration Lane	Amount of Each Disbursement this Period 250.00
	City Melbourne State FL Zip Code 32934-9140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Charitable Donation Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 012
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Tom Feeny for Congress	Transaction ID: B-E-39730 Date of Disbursement 11 / 12 / 2007
	Mailing Address 1420 Alafaya Trail Suite 103	Amount of Each Disbursement this Period 1000.00
	City Oviedo State FL Zip Code 32765-4506	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1500.00

**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 79 / 79

<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)  
Friends of Dave Weldon

A.	Full Name (Last, First, Middle Initial) The Center for Bioethics and Culture Missouri	Transaction ID: B-E-39753 Date of Disbursement 11 / 28 / 2007
	Mailing Address PO Box 6134	Amount of Each Disbursement this Period 500.00
	City Chesterfield State MO Zip Code 63006-6134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Charitable Donation Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 012
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paul Broun Committee	Transaction ID: B-E-39833 Date of Disbursement 12 / 23 / 2007
	Mailing Address PO Box 7165	Amount of Each Disbursement this Period 1000.00
	City Athens State GA Zip Code 30604-7165	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	1500.00
TOTAL This Period (last page this line number only) .....	3000.00