

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Robert Wexler for Congress Committee

ADDRESS (number and street) Post Office Box 810669  
 Check if different than previously reported. (ACC)  
Boca Raton FL 33431

2. **FEC IDENTIFICATION NUMBER** C00307694  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
FL 19

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Beverly Robinson

Signature of Treasurer Electronically Filed by Beverly Robinson Date 01 31 2011

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

Office Use Only **FEC FORM 3** (Revised 02/2003)

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Robert Wexler for Congress Committee

Report Covering the Period:

From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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)).....	0.00	250647.22
(b) Total Contribution Refunds (from Line 20(d)).....	19200.00	27921.44
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-19200.00	222725.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	40240.72	826918.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	6354.28	16298.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	33886.44	810620.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	438793.72	
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).....	8305.81	

**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  
Robert Wexler for Congress Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	0.00	113133.44
(i) Itemized (use Schedule A).....	0.00	42063.78
(ii) Unitemized.....	0.00	155197.22
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	95450.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	250647.22
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	6354.28	16298.58
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.52	6090.05
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	6354.80	273035.85

**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.....	40240.72	826918.73
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.....	19200.00	23421.44
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	19200.00	27921.44
21. OTHER DISBURSEMENTS.....	29695.00	149443.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	89135.72	1004283.17

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	521574.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	6354.80
25. SUBTOTAL (add Line 23 and Line 24).....	527929.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	89135.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	438793.72

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 5 / 30</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Robert Wexler for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress		Date of Receipt
	Mailing Address 1071 Twin Branch Lane		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Weston	FL	33326
	FEC ID number of contributing federal political committee.		<b>C</b> C00385773
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="800.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="800.00"/>	Excessive Contribution Re- fund
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) National Democratic Club		Date of Receipt
	Mailing Address 30 Ivy Street		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WASHINGTON	DC	20003
	FEC ID number of contributing federal political committee.		<b>C</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="480.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. Treasury		Date of Receipt
	Mailing Address 220		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Austin	TX	78701
	FEC ID number of contributing federal political committee.		<b>C</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="5074.28"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5074.28"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="6354.28"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="6354.28"/>

C. Form/Schedule : **SA14**

Refund of overpayment of 2007 1120 taxes

Transaction ID : **C21520**

# 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)  
Robert Wexler for Congress Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Daniella Acosta</p> <p>Mailing Address 3403 Barton Road</p> <p>City Pompano Beach State FL Zip Code 33061</p> <p>Purpose of Disbursement Gift Basket Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D7817</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="206.90"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 530001</p> <p>City Atlanta State GA Zip Code 30353</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D7807</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.95"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 530001</p> <p>City Atlanta State GA Zip Code 30353</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D7839</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.95"/></p>

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

**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)  
Robert Wexler for Congress Committee

A.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 530001 <hr/> City Atlanta State GA Zip Code 30353 <hr/> Purpose of Disbursement Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7835 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 7.95
B.	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P.O. BOX 24679 <hr/> City WEST PALM BEACH State FL Zip Code 33416-4679 <hr/> Purpose of Disbursement Wireless Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7795 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 482.82
C.	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P.O. BOX 24679 <hr/> City WEST PALM BEACH State FL Zip Code 33416-4679 <hr/> Purpose of Disbursement Wireless Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7832 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 228.16

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

718.93

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)  
Robert Wexler for Congress Committee

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D7850 Date of Disbursement 05 / 07 / 2010
	Mailing Address P.O. BOX 24679	Amount of Each Disbursement this Period 32.95
	City WEST PALM BEACH State FL Zip Code 33416-4679	
	Purpose of Disbursement Wireless Service Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D7824 Date of Disbursement 06 / 13 / 2010
	Mailing Address P.O. BOX 24679	Amount of Each Disbursement this Period 65.90
	City WEST PALM BEACH State FL Zip Code 33416-4679	
	Purpose of Disbursement Wireless Service Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chase Card Services	Transaction ID: D7819 Date of Disbursement 06 / 24 / 2010
	Mailing Address Post Office Box 15153	Amount of Each Disbursement this Period 9.95
	City Wilmington State DE Zip Code 19850	
	Purpose of Disbursement Epay Fee Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>108.80</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)

PAGE 10 / 30

<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)  
Robert Wexler for Congress Committee

A.	Full Name (Last, First, Middle Initial) Johnson Campaigns  Mailing Address 100 S Birch Road Suite 2305  City Fort Lauderdale State FL Zip Code 33316  Purpose of Disbursement Political Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D7851 Date of Disbursement 05 / 20 / 2010  Amount of Each Disbursement this Period 2500.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) NGP Software  Mailing Address 5440 Nevada Avenue NW  City Washington State DC Zip Code 20013  Purpose of Disbursement Computer Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D7829 Date of Disbursement 05 / 12 / 2010  Amount of Each Disbursement this Period 3000.00  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 604 Banyan Trail  City Boca Raton State FL Zip Code 33431  Purpose of Disbursement Box Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D7818 Date of Disbursement 06 / 17 / 2010  Amount of Each Disbursement this Period 250.00  001 Category/ Type

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

5750.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Robert Wexler for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc. <hr/> Mailing Address 140 Conference Center Drive <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Payroll - Rogin Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D7803 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 645.15
<b>B.</b>	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc. <hr/> Mailing Address 140 Conference Center Drive <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Tax Fund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D7804 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 2657.40
<b>C.</b>	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc. <hr/> Mailing Address 140 Conference Center Drive <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Payroll - Acosta Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D7802 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 3310.67

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

6613.22

**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)  
Robert Wexler for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc. <hr/> Mailing Address 140 Conference Center Drive <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Payroll - Johnson Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D7801 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 3837.81
<b>B.</b>	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc. <hr/> Mailing Address 140 Conference Center Drive <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Payroll Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D7805 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 78.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc. <hr/> Mailing Address 140 Conference Center Drive <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Tax Fund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D7806 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 30.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3945.81
<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)  
Robert Wexler for Congress Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc.</p> <p>Mailing Address 140 Conference Center Drive</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Payroll - Johnson</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7836</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 3837.81</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc.</p> <p>Mailing Address 140 Conference Center Drive</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Payroll - Acosta</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7837</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 3310.67</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc.</p> <p>Mailing Address 140 Conference Center Drive</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Payroll - Rogin</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7838</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 645.15</p> <p>001 Category/ Type</p>

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

**7793.63**

**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 14 / 30

<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)  
Robert Wexler for Congress Committee

A.	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc. <hr/> Mailing Address 140 Conference Center Drive <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Tax Fund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7840 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2657.40
B.	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc. <hr/> Mailing Address 140 Conference Center Drive <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Payroll Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7841 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 78.00
C.	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc. <hr/> Mailing Address 140 Conference Center Drive <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Payroll - Acosta Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7846 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 3310.67

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

**6046.07**

**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)  
Robert Wexler for Congress Committee

A.	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc.	Transaction ID: D7845 Date of Disbursement
	Mailing Address 140 Conference Center Drive	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Chantilly State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll - Johnson	<input type="text" value="3837.81"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc.	Transaction ID: D7847 Date of Disbursement
	Mailing Address 140 Conference Center Drive	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Chantilly State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement Tax Fund	<input type="text" value="2540.02"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Prime Pay Mid-Atlantic Inc.	Transaction ID: D7848 Date of Disbursement
	Mailing Address 140 Conference Center Drive	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Chantilly State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Services	<input type="text" value="78.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6455.83"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Robert Wexler for Congress Committee

A.	Full Name (Last, First, Middle Initial) Josh Rogin <hr/> Mailing Address 1539 Roxanna Road NW <hr/> City Washington State DC Zip Code 20012 <hr/> Purpose of Disbursement Financial Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7798 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 350.00
B.	Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address BOX 405100 <hr/> City FT. LAUDERDALE State FL Zip Code 33340-5100 <hr/> Purpose of Disbursement Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7808 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 54.95
C.	Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address BOX 405100 <hr/> City FT. LAUDERDALE State FL Zip Code 33340-5100 <hr/> Purpose of Disbursement Maintenance Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7799 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 15.00

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

**419.95**

**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)  
Robert Wexler for Congress Committee

A.	Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address BOX 405100 City FT. LAUDERDALE State FL Zip Code 33340-5100 Purpose of Disbursement Maintenance Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7834 Date of Disbursement 05 / 30 / 2010 Amount of Each Disbursement this Period 15.00 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address BOX 405100 City FT. LAUDERDALE State FL Zip Code 33340-5100 Purpose of Disbursement Maintenance Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7800 Date of Disbursement 06 / 30 / 2010 Amount of Each Disbursement this Period 15.00 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 25768 City Boca Raton State FL Zip Code 33439 Purpose of Disbursement Wireless Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7833 Date of Disbursement 04 / 27 / 2010 Amount of Each Disbursement this Period 358.22 001 Category/ Type

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

**388.22**

**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)  
Robert Wexler for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 25768</p> <p>City Boca Raton State FL Zip Code 33439</p> <p>Purpose of Disbursement Wireless Service</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7830</p> <p>Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 734.20</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address Military Trail</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement Service Fee</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7813</p> <p>Date of Disbursement 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 16.97</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address Military Trail</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement Service Fees</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7815</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 17.09</p> <p>001 Category/ Type</p>

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

768.26

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 30

<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)  
Robert Wexler for Congress Committee

A.	Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address Military Trail City Boca Raton State FL Zip Code 33431 Purpose of Disbursement Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7816 Date of Disbursement 06 / 09 / 2010 Amount of Each Disbursement this Period 16.97 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Wendi Lipsich Mailing Address 2805 NW 45th Street City Boca Raton State FL Zip Code 33496 Purpose of Disbursement Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7794 Date of Disbursement 04 / 19 / 2010 Amount of Each Disbursement this Period 500.00 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 530001 City Atlanta State GA Zip Code 30353 Purpose of Disbursement Federal Express - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7809 Date of Disbursement 04 / 29 / 2010 Amount of Each Disbursement this Period 82.20 001 Category/ Type

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

599.17

**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)  
Robert Wexler for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Federal Express/Kinkos  Mailing Address Post Office Box 1140  City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D7810 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 82.20
<b>B.</b>	Full Name (Last, First, Middle Initial) Cardmember Service/United Mileage Plus/Chase  Mailing Address P.O. Box 15153  City Wilmington State DE Zip Code 19886 Purpose of Disbursement Food Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D7811 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 116.25
<b>C.</b>	Full Name (Last, First, Middle Initial) American Express  Mailing Address P.O. Box 530001  City Atlanta State GA Zip Code 30353 Purpose of Disbursement Food Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D7820 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 1 0	Amount of Each Disbursement this Period 180.00

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>296.25</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 21 / 30

<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)  
Robert Wexler for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Cardmember Service/United Mileage Plus/Chase

Mailing Address P.O. Box 15153

City Wilmington State DE Zip Code 19886

Purpose of Disbursement  
Federal Express

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D7821

Date of Disbursement

05 / 29 / 2010

Amount of Each Disbursement this Period

113.78

**B.** Full Name (Last, First, Middle Initial)  
Federal Express/Kinkos

Mailing Address Post Office Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D7822

Date of Disbursement

05 / 29 / 2010

Amount of Each Disbursement this Period

103.83

[MEMO ITEM]

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

113.78

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

40240.72

**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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Rocco Abessinio

Mailing Address PO Box 15774

City Wilmington State DE Zip Code 19850

Purpose of Disbursement  
General Election Contribution Refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D7791  
Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

2400.00

B.

Full Name (Last, First, Middle Initial)  
Michael Adler

Mailing Address 1400 NW 107th Ave Ste 500

City Doral State FL Zip Code 33172-2746

Purpose of Disbursement  
General Election Contribution Refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D7790  
Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

2400.00

C.

Full Name (Last, First, Middle Initial)  
Stephen Bittel

Mailing Address 801 Arthur Godfrey Rd

City Miami Beach State FL Zip Code 33140-3323

Purpose of Disbursement  
General Election Contribution Refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D7789  
Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

1200.00

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

6000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Robert Wexler for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stephen Bittel</p> <p>Mailing Address 801 Arthur Godfrey Rd</p> <p>City Miami Beach State FL Zip Code 33140-3323</p> <p>Purpose of Disbursement Primary Election Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7940 <b>Date of Disbursement</b> 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p>010 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Barbara Lipman</p> <p>Mailing Address 3309 Devon Court</p> <p>City Miami State FL Zip Code 33133</p> <p>Purpose of Disbursement General Election Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7788 <b>Date of Disbursement</b> 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>010 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Lipman</p> <p>Mailing Address 3309 Devon Court</p> <p>City Miami State FL Zip Code 33133</p> <p>Purpose of Disbursement General Election Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D7787 <b>Date of Disbursement</b> 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>010 Category/ Type</p>

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

6000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
Robert Wexler for Congress Committee

A.	Full Name (Last, First, Middle Initial) Merry O'Donnell  Mailing Address 431 N Lyra Circle  City Juno Beach State FL Zip Code 33408  Purpose of Disbursement General Election Contribution Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D7786 Date of Disbursement 06 / 10 / 2010  Amount of Each Disbursement this Period 2400.00  010 Category/ Type
B.	Full Name (Last, First, Middle Initial) U.S. Dept. of the Treasury  Mailing Address Financial Management Services Credit Accounting Branch  City Hyattsville State MD Zip Code 20782  Purpose of Disbursement Gerald Vento General Election Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D7793 Date of Disbursement 06 / 16 / 2010  Amount of Each Disbursement this Period 2400.00  010 Category/ Type
C.	Full Name (Last, First, Middle Initial) U.S. Dept. of the Treasury  Mailing Address Financial Management Services Credit Accounting Branch  City Hyattsville State MD Zip Code 20782  Purpose of Disbursement Margaret Vento General Election Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D7792 Date of Disbursement 06 / 16 / 2010  Amount of Each Disbursement this Period 2400.00  010 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	19200.00



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)  
Robert Wexler for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Alex Sink For Governor <hr/> Mailing Address Post Office Box 75590 <hr/> City Tampa State FL Zip Code 33675 <hr/> Purpose of Disbursement Contribution Candidate Name Alex Sink For Governor Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D7826 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ASIRT <hr/> Mailing Address Assoc. of Safe International Road 11769 Gainsborough Road <hr/> City Potomac State MD Zip Code 20854 <hr/> Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D7828 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 375.00
	Category/Type 012
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Barbara Stern For State Hous <hr/> Mailing Address 2424 NE 9th Street <hr/> City Fort Lauderdale State FL Zip Code 33304 <hr/> Purpose of Disbursement Contribution Candidate Name Barbara Stern For State Hous Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D7831 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1375.00
<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 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)  
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
CASTOR FOR CONGRESS

Transaction ID: D7849  
Date of Disbursement

Mailing Address 301 W. Platt Street #385

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

City Tampa State FL Zip Code 33606

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

011
-----

Category/  
Type

Candidate Name  
Kathy Castor

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: FL District: 11

B.

Full Name (Last, First, Middle Initial)  
Committee To Improve Florida's Economy

Transaction ID: D7844  
Date of Disbursement

Mailing Address 100 South Birch Road

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

City Fort Lauderdale State FL Zip Code 33316

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Donation

012
-----

Category/  
Type

Candidate Name  
Committee To Improve Florida's Economy

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Fair Districts Florida

Transaction ID: D7797  
Date of Disbursement

Mailing Address 2665 South Bayshore Drive

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

City Miami State FL Zip Code 33133

Amount of Each Disbursement this Period

15000.00
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Purpose of Disbursement  
Contribution

011
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

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

18500.00
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TOTAL This Period (last page this line number only) ..... ▶

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**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Robert Wexler for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Erikson & Company	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 216 7th Street SE	
City Washington State DC ZIP Code 20003	

Outstanding Balance Beginning This Period 1787.89	<b>Transaction ID: D2343</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1787.89

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Joe Slade	Nature of Debt (Purpose): Television Media Consult
Mailing Address 130 West 88th Street	
City New York State NY ZIP Code 10024	

Outstanding Balance Beginning This Period 196.25	<b>Transaction ID: D2344</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 196.25

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Rhona Kirsner	Nature of Debt (Purpose): Financial Consulting
Mailing Address 5868 Hamilton Way	
City Boca Raton State FL ZIP Code 33496	

Outstanding Balance Beginning This Period 1500.00	<b>Transaction ID: D2346</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>3484.14</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Robert Wexler for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ridder/Branden	Nature of Debt (Purpose): Ballot Information
Mailing Address Union Station, Suite 239	
City State ZIP Code Denver CO 80202	

Outstanding Balance Beginning This Period 2148.67	<b>Transaction ID: D2345</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2148.67

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ted Den Dooven	Nature of Debt (Purpose): Computer Consulting
Mailing Address 2307 Linton Ridge Circle A	
City State ZIP Code Delray Beach FL 33444	

Outstanding Balance Beginning This Period 1673.00	<b>Transaction ID: D2347</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1673.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Tony Baudimann	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 1222 SE 1st Avenue	
City State ZIP Code Fort Lauderdale FL 33316	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID: D2348</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	4821.67
2) <b>TOTALS</b> This Period (last page this line number only).....	8305.81
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	8305.81