

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

|                              |                              |                              |                              |                             |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ros-Lehtinen for Congress

Date of Disbursement

10 / 18 / 2006

Mailing Address

P.O. Box 52-2784

City

Miami

State

FL

Zip Code

33152-2784

Purpose of Disbursement

Support

Amount of Each Disbursement this Period

100,000

Candidate Name

Ileana Ros-Lehtinen

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Friends of Clay Shaw

Date of Disbursement

10 / 02 / 2006

Mailing Address

P.O. Box 2188

City

Ft. Lauderdale

State

FL

Zip Code

33303

Purpose of Disbursement

Support

Amount of Each Disbursement this Period

1,000.00

Candidate Name

E. Clay Shaw, Jr.

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. \_\_\_\_\_

Date of Disbursement

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

\_\_\_\_\_

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

200,000

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

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