

**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 08 12 2004 through 09 30 2004

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 07 21 2008

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 02/2009)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Robert Wexler for Congress Committee

Report Covering the Period: From: ^M0 ^M0 ^Y12 ^Y2004 To: ^Y09 ^M30 ^Y2004

	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(a)).....	8045.00	544331.25
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8045.00	544331.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	106923.94	693806.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	12585.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	106923.94	681220.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	541333.05	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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)

Page 3

Write or Type Committee Name
Robert Wexler for Congress Committee

Report Covering the Period: From: ^{M M} 08 ^{Y Y} 12 ^{Y Y Y Y} 2004 To: ^{Y M} 09 ^{Y P} 30 ^{Y Y Y Y} 2004

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).....	0.00	367360.00
(ii) Unitemized.....	45.00	10162.00
(iii) TOTAL of contributions from Individuals..... ▶	45.00	377522.00
(b) Political Party Committees.....	0.00	59.25
(c) Other Political Committees (such as PACS).....	8000.00	166750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	8045.00	544331.25
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	12585.82
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2905.53	100080.24
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10950.53	656997.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	106923.94	693806.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	99537.00	223189.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	206460.94	916995.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	736843.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	10950.53
25. SUBTOTAL (add Line 23 and Line 24).....	747793.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	206460.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	541333.05

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 47

(check only one)

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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial) Active Ballot Club	
Mailing Address United Food & Commercial Worke International Union, AFL-CIO/CLC	
City Washington	State Zip Code DC 20006
FEC ID number of contributing federal political committee. C C00002766	
Name of Employer	Occupation
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

Date of Receipt M / D / Y 09 / 10 / 2004
Transaction ID: C5450
Amount of Each Receipt this Period 1000.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

B.

Full Name (Last, First, Middle Initial) Credit Union Legis. Action Council of CUNA	
Mailing Address 801 Pennsylvania Avenue NW	
City Washington	State Zip Code DC 20004
FEC ID number of contributing federal political committee. C C00007880	
Name of Employer	Occupation
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00

Date of Receipt M / D / Y 09 / 09 / 2004
Transaction ID: C5449
Amount of Each Receipt this Period 1000.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

C.

Full Name (Last, First, Middle Initial) DGA-PAC	
Mailing Address 7920 Sunset Boulevard	
City Los Angeles	State Zip Code CA 90048
FEC ID number of contributing federal political committee. C C00311844	
Name of Employer	Occupation
Receipt For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

Date of Receipt M / D / Y 08 / 24 / 2004
Transaction ID: C5442
Amount of Each Receipt this Period 1000.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(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 6 / 47
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

A.

Full Name (Last, First, Middle Initial) DRIVE		Date of Receipt M / D / Y 08 / 24 / 2004
Mailing Address Political Action Committee 25 Louisiana Avenue NW		Transaction ID: C5443
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00032879		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	8000.00

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

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

FOR LINE NUMBER: PAGE 7 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

A. Full Name (Last, First, Middle Initial)
Capital Gains Consultants, Inc.
Mailing Address 8002 Flagler Court
City State Zip Code
West Palm Beach FL 33405
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
X Primary General
Other (specify) ▼ Election Cycle-to-Date ▼ 2437.50
Date of Receipt
M / D / Y
08 / 13 / 2004
Transaction ID: C11196
Amount of Each Receipt this Period
2437.50
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

B. Full Name (Last, First, Middle Initial)
Cohen & Cramer
Mailing Address 11499 W. Palmetto Park Road
City State Zip Code
Boca Raton FL 33496
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2004
X Primary General
Other (specify) ▼ Election Cycle-to-Date ▼ 28958.44
Date of Receipt
M / D / Y
09 / 30 / 2004
Transaction ID: C5456
Amount of Each Receipt this Period
466.54
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

C. Full Name (Last, First, Middle Initial)
Suntrust Bank
Mailing Address BOX 405100
City State Zip Code
FT. LAUDERDALE FL 33340-5100
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2004
Primary X General
Other (specify) ▼ Election Cycle-to-Date ▼ 2266.43
Date of Receipt
M / D / Y
08 / 31 / 2004
Transaction ID: C5451
Amount of Each Receipt this Period
0.76
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional) ► **2904.80**
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 / 47

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" 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)
 Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address BDX 405100		Transaction ID: C5452
City FT. LAUDERDALE	State FL	Zip Code 33340-5100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.73
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(B-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2288.43	

SUBTOTAL of Receipts This Page (optional)	▶	0.73
TOTAL This Period (last page this line number only)	▶	2905.53

**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 9 / 47

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

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)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
AFL-CIO

Mailing Address 1700 NW 66th Avenue

City Plantation State FL Zip Code 33313

Purpose of Disbursement
Event Ticket/Ad

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: D3990
Date of Disbursement 09 / 20 / 2004

Amount of Each Disbursement this Period 200.00

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

004
Category/
Type

B. Full Name (Last, First, Middle Initial)
ALZHEIMERS FOUNDATION

Mailing Address 4320 NW 36th Street

City Lauderdale Lakes State FL Zip Code 33310

Purpose of Disbursement
Event Ticket

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: D3983
Date of Disbursement 09 / 17 / 2004

Amount of Each Disbursement this Period 175.00

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

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
Fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: D4010
Date of Disbursement 09 / 30 / 2004

Amount of Each Disbursement this Period 5.00

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

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 380.00

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 10 / 47

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

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)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
BELL SOUTH

Mailing Address PO BOX 100170

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement Telephone Service
Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: D3917
Date of Disbursement 08 / 16 / 2004

Amount of Each Disbursement this Period 292.27

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

001
Category/
Type

B. Full Name (Last, First, Middle Initial)
BELL SOUTH

Mailing Address PO BOX 100170

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement Telephone Service
Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: D3991
Date of Disbursement 09 / 20 / 2004

Amount of Each Disbursement this Period 290.11

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

001
Category/
Type

C. Full Name (Last, First, Middle Initial)
Broward Homebound

Mailing Address Sample Road

City Pompano Beach State FL Zip Code 33064

Purpose of Disbursement Event Ticket/Ad
Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: D3987
Date of Disbursement 09 / 20 / 2004

Amount of Each Disbursement this Period 275.00

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

004
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 857.38

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)

PAGE 11 / 47

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

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)
Robert Wexler for Congress Committee

A.

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

Mailing Address P.O. Box 17358

City Baltimore State MD Zip Code 21297

Purpose of Disbursement
Wireless Service

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D3942
Date of Disbursement
09 / 23 / 2004

Amount of Each Disbursement this Period

82.80

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

B.

Full Name (Last, First, Middle Initial)
Coconut Creek Democratic Club

Mailing Address 2733 NW 42ND AVENUE

City COCONUT CREEK State FL Zip Code 33066

Purpose of Disbursement
Event Ticket/Advertisement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: D3999
Date of Disbursement
09 / 30 / 2004

Amount of Each Disbursement this Period

135.00

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

C.

Full Name (Last, First, Middle Initial)
CRYSTAL CAFE

Mailing Address 2500 North Military Trail

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: D3988
Date of Disbursement
08 / 31 / 2004

Amount of Each Disbursement this Period

82.25

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

SUBTOTAL of Disbursements This Page (optional) ▶

300.05

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 12 / 47

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

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)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
CRYSTAL CAFE

Mailing Address 2500 North Military Trail

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3995
Date of Disbursement 09 / 23 / 2004

Amount of Each Disbursement this Period 65.85

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

001
Category/
Type

B. Full Name (Last, First, Middle Initial)
Dalsimer Floral Decorators

Mailing Address Federal Highway

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement Flowers

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3975
Date of Disbursement 09 / 09 / 2004

Amount of Each Disbursement this Period 227.90

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

007
Category/
Type

C. Full Name (Last, First, Middle Initial)
DECISION RESEARCH

Mailing Address 1828 L STREET N.W. STE 402

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Polling

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3983
Date of Disbursement 08 / 17 / 2004

Amount of Each Disbursement this Period 17757.92

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

005
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 18051.67

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)

PAGE 13 / 47

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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)

DECISION RESEARCH

Mailing Address 1828 L STREET N.W. STE 402

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Polling

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

005
Category/
Type

Transaction ID: D3979

Date of Disbursement

09 / 15 / 2004

Amount of Each Disbursement this Period

4790.00

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

B.

Full Name (Last, First, Middle Initial)

Democratic Club of Boynton Beach

Mailing Address 32 Westgate Lane

City Boynton Beach State FL Zip Code 33437

Purpose of Disbursement
Event Tickets/Advertisement

Candidate Name
Democratic Club of Boynton Beach

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: D3989

Date of Disbursement

09 / 20 / 2004

Amount of Each Disbursement this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Direct TV

Mailing Address 20813 North 19th Street
Suite 1

City Phoenix State AZ Zip Code 85027

Purpose of Disbursement
Monthly Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D3974

Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

33.94

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

SUBTOTAL of Disbursements This Page (optional) ▶

5323.94

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 / 47

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

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)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
Elk Bankier & Christu

Mailing Address 4800 North Federal Highway

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D3977
Date of Disbursement
09 / 14 / 2004

Amount of Each Disbursement this Period
3500.00

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

001
Category/
Type

B. Full Name (Last, First, Middle Initial)
Elk Bankier & Christu

Mailing Address 4800 North Federal Highway

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Security Deposit/House Rental

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D3978
Date of Disbursement
09 / 14 / 2004

Amount of Each Disbursement this Period
6500.00

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

001
Category/
Type

C. Full Name (Last, First, Middle Initial)
FLORIDA SILVER HAired LEGISLATOR

Mailing Address XXX

City TALLAHASSEE State FL Zip Code 32233

Purpose of Disbursement
Event Ticket

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D3988
Date of Disbursement
09 / 20 / 2004

Amount of Each Disbursement this Period
100.00

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

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **9100.00**

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 15 / 47

17 20a 18 20b 19a 20c 19b 21

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)

Gaedeke Landers

Mailing Address 2500 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33434

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: D3973

Date of Disbursement

09 / 01 / 2004

Amount of Each Disbursement this Period

754.34

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

B.

Full Name (Last, First, Middle Initial)

Gaedeke Landers

Mailing Address 2500 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33434

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: D3982

Date of Disbursement

09 / 20 / 2004

Amount of Each Disbursement this Period

754.34

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

C.

Full Name (Last, First, Middle Initial)

Hillel Community Day School

Mailing Address 6281 SW 18th Street

City Boca Raton State FL Zip Code 33496

Purpose of Disbursement
Advertisement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

004
Category/
Type

Transaction ID: D3980

Date of Disbursement

09 / 15 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2508.68

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)

PAGE 16 / 47

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

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)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
Holiday Springs Men's Club

Mailing Address PO Box 9764

City Boca Raton State FL Zip Code 33434

Purpose of Disbursement Ad/Event Ticket

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D3966
Date of Disbursement
08 / 19 / 2004

Amount of Each Disbursement this Period
100.00

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

004
Category/
Type

B. Full Name (Last, First, Middle Initial)
Hotel Marlowe

Mailing Address 25 Edwin H. Land Boulevard

City Cambridge State MA Zip Code 02141

Purpose of Disbursement Lodging

Candidate Name BCTGM International

Office Sought: House Senate President

State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D4014
Date of Disbursement
08 / 08 / 2004

Amount of Each Disbursement this Period
754.52

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

002
Category/
Type

C. Full Name (Last, First, Middle Initial)
Daniella Howard

Mailing Address 3403 Barton Road

City Pompano Beach State FL Zip Code 33061

Purpose of Disbursement Travel Reimbursement

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

Transaction ID: D3924
Date of Disbursement
08 / 31 / 2004

Amount of Each Disbursement this Period
650.00

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

002
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **1504.52**

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)

PAGE 17 / 47

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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Daniella Howard

Mailing Address 3403 Barton Road

City Pompano Beach State FL Zip Code 33061

Purpose of Disbursement
Administrative Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D3978
Date of Disbursement
09 / 14 / 2004

Amount of Each Disbursement this Period

2200.00

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

B.

Full Name (Last, First, Middle Initial)
JIM HOSKINS

Mailing Address P.O. BOX 7115

City WEST PALM BEACH State FL Zip Code 33405

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D3970
Date of Disbursement
09 / 01 / 2004

Amount of Each Disbursement this Period

1250.00

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

C.

Full Name (Last, First, Middle Initial)
Jonathan Katz

Mailing Address 1912 South Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: D3941
Date of Disbursement
09 / 20 / 2004

Amount of Each Disbursement this Period

1946.73

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

SUBTOTAL of Disbursements This Page (optional) ▶

5396.73

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)

PAGE 18 / 47

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

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)
Robert Wexler for Congress Committee

A.	<p>Full Name (Last, First, Middle Initial) Jonathan Katz</p> <p>Mailing Address 1912 South Street NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3940 Date of Disbursement 09 / 20 / 2004</p> <p>Amount of Each Disbursement this Period 1972.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	<p>002 Category/ Type</p>
B.	<p>Full Name (Last, First, Middle Initial) Laguens Hamburger Stone</p> <p>Mailing Address 4301 Connecticut Avenue NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Political Consulting</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 X Primary General Other (specify) ▼</p>	<p>Transaction ID: D3919 Date of Disbursement 08 / 16 / 2004</p> <p>Amount of Each Disbursement this Period 7423.50</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	<p>001 Category/ Type</p>
C.	<p>Full Name (Last, First, Middle Initial) Laguens Hamburger Stone</p> <p>Mailing Address 4301 Connecticut Avenue NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Political Consulting</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 X Primary General Other (specify) ▼</p>	<p>Transaction ID: D3921 Date of Disbursement 08 / 18 / 2004</p> <p>Amount of Each Disbursement this Period 950.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	<p>001 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		10345.50	
<p>TOTAL This Period (last page this line number only) ▶</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)

PAGE 19 / 47

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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Lale Mamaux

Mailing Address 3430 34th Street NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Transaction ID: D3927
Date of Disbursement
08 / 27 / 2004

Amount of Each Disbursement this Period
789.82

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

002
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Lale Mamaux

Mailing Address 3430 34th Street NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Transaction ID: D3939
Date of Disbursement
09 / 17 / 2004

Amount of Each Disbursement this Period
1828.32

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

002
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Lale Mamaux

Mailing Address 3430 34th Street NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Transaction ID: D3943
Date of Disbursement
09 / 25 / 2004

Amount of Each Disbursement this Period
1500.00

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

002
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **4117.94**

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 20 / 47

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

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)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
Messer, Caparello & Self, P.A.

Mailing Address 215 South Monroe Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement Political Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Transaction ID: D3920
Date of Disbursement 08 / 16 / 2004

Amount of Each Disbursement this Period 1075.00

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

001
Category/
Type

B. Full Name (Last, First, Middle Initial)
Metro Broward Firefighters

Mailing Address 304 NE 1st Street

City Pompano Beach State FL Zip Code 33060

Purpose of Disbursement Event Tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Transaction ID: D3997
Date of Disbursement 08 / 27 / 2004

Amount of Each Disbursement this Period 275.00

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

001
Category/
Type

C. Full Name (Last, First, Middle Initial)
Mrs. B's Baskets

Mailing Address 162 Pineapple Grove Way

City Delray Beach State FL Zip Code 33444

Purpose of Disbursement Gift Baskets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Transaction ID: D3918
Date of Disbursement 08 / 16 / 2004

Amount of Each Disbursement this Period 120.00

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

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **1470.00**

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 21 / 47

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

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)
Robert Wexler for Congress Committee

A.	<p>Full Name (Last, First, Middle Initial) Mrs. B's Baskets</p> <p>Mailing Address 162 Pineapple Grove Way</p> <p>City Delray Beach State FL Zip Code 33444</p> <p>Purpose of Disbursement Gift Baskets</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3982</p> <p>Date of Disbursement 09 / 17 / 2004</p>	<p>Amount of Each Disbursement this Period 95.40</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
B.	<p>Full Name (Last, First, Middle Initial) Nextel</p> <p>Mailing Address 2001 Edmund Holley Drive</p> <p>City Reston State VA Zip Code 20101</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3971</p> <p>Date of Disbursement 09 / 01 / 2004</p>	<p>Amount of Each Disbursement this Period 152.75</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
C.	<p>Full Name (Last, First, Middle Initial) Nextel</p> <p>Mailing Address 2001 Edmund Holley Drive</p> <p>City Reston State VA Zip Code 20101</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3994</p> <p>Date of Disbursement 09 / 22 / 2004</p>	<p>Amount of Each Disbursement this Period 184.88</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>			433.03
<p>TOTAL This Period (last page this line number only) ▶</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)

PAGE 22 / 47

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

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)

Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)

Palm Beach County

Mailing Address AFL-CIO
Florida Mango Road

City West Palm Beach State FL Zip Code 33401

Purpose of Disbursement
Ad/Event Ticket

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: D3972

Date of Disbursement

09 / 01 / 2004

Amount of Each Disbursement this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)

Parsons-Wilson, Inc

Mailing Address 19-02 Whitestone Expressway

City Whitestone State NY Zip Code 11357

Purpose of Disbursement
Mailing

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

008
Category/
Type

Transaction ID: D3916

Date of Disbursement

08 / 12 / 2004

Amount of Each Disbursement this Period

10000.00

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

C.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address 604 Banyan Trail

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Postage Stamps

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D3922

Date of Disbursement

08 / 19 / 2004

Amount of Each Disbursement this Period

1285.73

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

SUBTOTAL of Disbursements This Page (optional) ▶

11565.73

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)

PAGE 23 / 47

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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Prime Pay Mid-Atlantic Inc.

Mailing Address 140 Conference Center Drive

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Lala Mamaux

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: D3911
Date of Disbursement
08 / 13 / 2004

Amount of Each Disbursement this Period
1539.87

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

001
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Prime Pay Mid-Atlantic Inc.

Mailing Address 140 Conference Center Drive

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Payroll Services - Lala Mamaux

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: D3910
Date of Disbursement
08 / 13 / 2004

Amount of Each Disbursement this Period
631.06

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

001
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Prime Pay Mid-Atlantic Inc.

Mailing Address 140 Conference Center Drive

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Payroll - Daniela Howard

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary General
Other (specify) ▼

Transaction ID: D4005
Date of Disbursement
08 / 01 / 2004

Amount of Each Disbursement this Period
2557.43

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

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **4728.36**

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)

PAGE 24 / 47

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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Prime Pay Mid-Atlantic Inc.

Mailing Address 140 Conference Center Drive

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Payroll - Daniella Howard

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D4004
Date of Disbursement
09 / 01 / 2004

Amount of Each Disbursement this Period
779.72

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

001
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Prime Pay Mid-Atlantic Inc.

Mailing Address 140 Conference Center Drive

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D4006
Date of Disbursement
09 / 10 / 2004

Amount of Each Disbursement this Period
72.60

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

001
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Prime Pay Mid-Atlantic Inc.

Mailing Address 140 Conference Center Drive

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Payroll - Lake Mamaux

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D4008
Date of Disbursement
09 / 15 / 2004

Amount of Each Disbursement this Period
1538.87

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

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 2392.19

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 25 / 47

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

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)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
Prime Pay Mid-Atlantic Inc.

Mailing Address 140 Conference Center Drive

City Chantilly State VA Zip Code 20151

Purpose of Disbursement Payroll - Lala Mamaux

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D4007
Date of Disbursement 09 / 15 / 2004

Amount of Each Disbursement this Period 631.06

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

001 Category/Type

B. Full Name (Last, First, Middle Initial)
Robert Wexler

Mailing Address 7708 Ivymount Terrace

City Potomac State MD Zip Code 20854

Purpose of Disbursement Travel Reimbursement

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3930
Date of Disbursement 09 / 09 / 2004

Amount of Each Disbursement this Period 658.00

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

002 Category/Type

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

Mailing Address BOX 405100

City FT. LAUDERDALE State FL Zip Code 33340-5100

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

Transaction ID: D4003
Date of Disbursement 08 / 24 / 2004

Amount of Each Disbursement this Period 58.26

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

001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ► **1547.32**

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 26 / 47

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

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)
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 Fee

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: D3928
Date of Disbursement
08 / 31 / 2004

Amount of Each Disbursement this Period

14.00

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

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
Service Fee

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: D3907
Date of Disbursement
08 / 31 / 2004

Amount of Each Disbursement this Period

3.26

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 BOX 405100

City FT. LAUDERDALE State FL Zip Code 33340-5100

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: D4009
Date of Disbursement
08 / 30 / 2004

Amount of Each Disbursement this Period

30.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

47.26

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 27 / 47

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

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)
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 Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D3929
Date of Disbursement
09 / 30 / 2004

Amount of Each Disbursement this Period

14.00

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

B.

Full Name (Last, First, Middle Initial)
Super Printers

Mailing Address 5999-3 N FEDERAL HWY

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

008
Category/
Type

Transaction ID: D3923
Date of Disbursement
08 / 24 / 2004

Amount of Each Disbursement this Period

3056.13

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

C.

Full Name (Last, First, Middle Initial)
TAMARAC DEM CLUB

Mailing Address 10504 EAST CLAIRMONT CIRCLE

City TAMARAC State FL Zip Code 33321

Purpose of Disbursement
Event Ticket/Ad

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: D3985
Date of Disbursement
09 / 17 / 2004

Amount of Each Disbursement this Period

100.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3170.13

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)

PAGE 28 / 47

17 20a 18 20b 19a 20c 19b 21

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)
Robert Wexler for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) THEA Foundation</p> <p>Mailing Address 1629 K Street NW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3964 Date of Disbursement 08 / 17 / 2004</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>012 Category/ Type</p>	
<p>B. Full Name (Last, First, Middle Initial) TooJays Deli</p> <p>Mailing Address 419 Lake Avenue</p> <p>City Lake Worth State FL Zip Code 33460</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name BCTGM International</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D4015 Date of Disbursement 09 / 08 / 2004</p> <p>Amount of Each Disbursement this Period 3290.64</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>003 Category/ Type</p>	
<p>C. 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 Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3938 Date of Disbursement 09 / 14 / 2004</p> <p>Amount of Each Disbursement this Period 93.89</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/ Type</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>3684.33</p>
<p>TOTAL This Period (last page this line number only) ▶</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)

PAGE 29 / 47

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

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)
Robert Wexler for Congress Committee

A.	<p>Full Name (Last, First, Middle Initial) Wendi Lipsich</p> <p>Mailing Address 2805 NW 45th Street</p> <p>City Boca Raton State FL Zip Code 33496</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3969</p> <p>Date of Disbursement 08 / 31 / 2004</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	<p>002 Category/ Type</p>
B.	<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 Travel/Catering</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3931</p> <p>Date of Disbursement 09 / 14 / 2004</p> <p>Amount of Each Disbursement this Period 4667.62</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>	<p>002 Category/ Type</p>
C.	<p>Full Name (Last, First, Middle Initial) Bon Voyage</p> <p>Mailing Address 50 Massachusetts Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3933</p> <p>Date of Disbursement 09 / 14 / 2004</p> <p>Amount of Each Disbursement this Period 232.63</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>	<p>007 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		100.00	
<p>TOTAL This Period (last page this line number only) ▶</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)

PAGE 30 / 47

17 20a 18 20b 19a 20c 19b 21

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)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
Bon Voyage

Mailing Address 50 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3934
Date of Disbursement 09 / 14 / 2004

Amount of Each Disbursement this Period 126.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

006 Category/Type

B. Full Name (Last, First, Middle Initial)
Eilat Restaurant

Mailing Address 3151 North Military Trail

City West Palm Beach State FL Zip Code 33408

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3932
Date of Disbursement 09 / 14 / 2004

Amount of Each Disbursement this Period 2308.63

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

007 Category/Type

C. Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address P.O. Box 1501

City Winston-Salem State NC Zip Code 27102

Purpose of Disbursement Airline Ticket

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3935
Date of Disbursement 09 / 14 / 2004

Amount of Each Disbursement this Period 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 47

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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address P.O. Box 1501

City Winston-Salem State NC Zip Code 27102

Purpose of Disbursement
Airline Ticket

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: D3936
Date of Disbursement
09 / 14 / 2004

Amount of Each Disbursement this Period
196.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address P.O. Box 1501

City Winston-Salem State NC Zip Code 27102

Purpose of Disbursement
Airline Ticket

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: D3937
Date of Disbursement
09 / 14 / 2004

Amount of Each Disbursement this Period
196.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

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
Hotel/Air Fare/Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: D3945
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
2638.99

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

SUBTOTAL of Disbursements This Page (optional) ▶ **2638.99**

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 32 / 47

17 20a 18 20b 19a 20c 19b 21

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)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
Boca Raton Hotel and Club

Mailing Address Palmetto Road

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement Lodging/Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3946
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period 1320.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002 Category/Type

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

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3946
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period 142.03

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

001 Category/Type

C. Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address P.O. Box 1501

City Winston-Salem State NC Zip Code 27102

Purpose of Disbursement airline Tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3947
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period 1091.99

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 47

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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3953
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period 222.16

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

001
Category/
Type

B.

Full Name (Last, First, Middle Initial)
TooJays Deli

Mailing Address 419 Lake Avenue

City Lake Worth State FL Zip Code 33460

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3955
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period 13.96

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

007
Category/
Type

C.

Full Name (Last, First, Middle Initial)
TooJays Deli

Mailing Address 419 Lake Avenue

City Lake Worth State FL Zip Code 33460

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3956
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period 10.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 47

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

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)
Robert Wexler for Congress Committee

A.	<p>Full Name (Last, First, Middle Initial) TopJays Deli</p> <p>Mailing Address 419 Lake Avenue</p> <p>City Lake Worth State FL Zip Code 33460</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3957</p> <p>Date of Disbursement 09 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 3324.86</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>007 Category/ Type</p>
B.	<p>Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address P.O. Box 1501</p> <p>City Winston-Salem State NC Zip Code 27102</p> <p>Purpose of Disbursement Airline Ticket</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3958</p> <p>Date of Disbursement 09 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 616.70</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>002 Category/ Type</p>
C.	<p>Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address P.O. Box 1501</p> <p>City Winston-Salem State NC Zip Code 27102</p> <p>Purpose of Disbursement Airline Ticket</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D3951</p> <p>Date of Disbursement 09 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 626.80</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>002 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		0.00	
<p>TOTAL This Period (last page this line number only) ▶</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)

PAGE 36 / 47

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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address P.O. Box 1501

City Winston-Salem State NC Zip Code 27102

Purpose of Disbursement
Airline Ticket

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: D3981
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
307.80

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address P.O. Box 1501

City Winston-Salem State NC Zip Code 27102

Purpose of Disbursement
Airline Ticket

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: D3980
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
616.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address P.O. Box 1501

City Winston-Salem State NC Zip Code 27102

Purpose of Disbursement
Airline Ticket

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: D3950
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
626.80

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 47

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

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)
Robert Wexler for Congress Committee

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

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886

Purpose of Disbursement
Travel Expenses/Catering

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D4011
Date of Disbursement
09 / 08 / 2004

Amount of Each Disbursement this Period
7846.15

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

002
Category/
Type

B. Full Name (Last, First, Middle Initial)
Marriott Hotel

Mailing Address 1600 North Military Trail

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D4012
Date of Disbursement
09 / 08 / 2004

Amount of Each Disbursement this Period
1311.30

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

[MEMO ITEM]

002
Category/
Type

C. Full Name (Last, First, Middle Initial)
Marriott Hotel

Mailing Address 1600 North Military Trail

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

Transaction ID: D4013
Date of Disbursement
09 / 08 / 2004

Amount of Each Disbursement this Period
1548.58

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

[MEMO ITEM]

002
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7846.15

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)

PAGE 38 / 47

17 20a 18 20b 19a 20c 19b 21

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)

Barolo Restaurant

Mailing Address 233 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

007
Category/
Type

Transaction ID: D4119

Date of Disbursement

09 / 30 / 2004

Amount of Each Disbursement this Period

810.33

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Intercontinental Hotel

Mailing Address 2505 NW 87th Avenue

City Miami State FL Zip Code 33172

Purpose of Disbursement
Accommodations

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: D4115

Date of Disbursement

09 / 29 / 2004

Amount of Each Disbursement this Period

206.98

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

National Democratic Club

Mailing Address 30 Ivy Street

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

007
Category/
Type

Transaction ID: D4118

Date of Disbursement

09 / 20 / 2004

Amount of Each Disbursement this Period

293.88

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 47

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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)
OFFICE DEPOT

Mailing Address 123 NW 13TH ST

City BOCA RATON State FL Zip Code 33431

Purpose of Disbursement
Supplies/Computer Access.

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D4116
Date of Disbursement
09 / 25 / 2004

Amount of Each Disbursement this Period

842.03

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address P.O. Box 1501

City Winston-Salem State NC Zip Code 27102

Purpose of Disbursement
Electronic Ticket Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: D4105
Date of Disbursement
09 / 20 / 2004

Amount of Each Disbursement this Period

5.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address P.O. Box 1501

City Winston-Salem State NC Zip Code 27102

Purpose of Disbursement
Electronic Ticket Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: D4102
Date of Disbursement
09 / 20 / 2004

Amount of Each Disbursement this Period

5.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 47

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

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)
Robert Wexler for Congress Committee

A.	<p>Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address P.O. Box 1501</p> <p>City Winston-Salem State NC Zip Code 27102</p> <p>Purpose of Disbursement Airline Ticket</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D4103</p> <p>Date of Disbursement 09 / 20 / 2004</p> <p>Amount of Each Disbursement this Period 289.70</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>002 Category/ Type</p>
B.	<p>Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address P.O. Box 1501</p> <p>City Winston-Salem State NC Zip Code 27102</p> <p>Purpose of Disbursement Airline Ticket</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D4104</p> <p>Date of Disbursement 09 / 20 / 2004</p> <p>Amount of Each Disbursement this Period 382.70</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>002 Category/ Type</p>
C.	<p>Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address P.O. Box 1501</p> <p>City Winston-Salem State NC Zip Code 27102</p> <p>Purpose of Disbursement Airline Ticket</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D4107</p> <p>Date of Disbursement 09 / 21 / 2004</p> <p>Amount of Each Disbursement this Period 382.70</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>001 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>			0.00
<p>TOTAL This Period (last page this line number only) ▶</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)

PAGE 41 / 47

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

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)
Robert Wexler for Congress Committee

A.	<p>Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address P.O. Box 1501</p> <p>City Winston-Salem State NC Zip Code 27102</p> <p>Purpose of Disbursement Electronic Ticket Fee</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D4106 Date of Disbursement 09 / 21 / 2004</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>001 Category/ Type</p>
B.	<p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address P.O. Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Electronic Ticket Fee</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D4108 Date of Disbursement 09 / 27 / 2004</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>002 Category/ Type</p>
C.	<p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address P.O. Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Electronic Ticket Fee</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D4110 Date of Disbursement 09 / 27 / 2004</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>002 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		0.00	
<p>TOTAL This Period (last page this line number only) ▶</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)

PAGE 42 / 47

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

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)
Robert Wexler for Congress Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address P.O. Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Airline Tickets</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D4111 Date of Disbursement 09 / 27 / 2004</p> <p>Amount of Each Disbursement this Period 353.20</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p> <p>002 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address P.O. Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Airline Tickets</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 Primary X General Other (specify) ▼</p>	<p>Transaction ID: D4112 Date of Disbursement 09 / 27 / 2004</p> <p>Amount of Each Disbursement this Period 221.70</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p> <p>002 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	106218.94

**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 43 / 47

17 18 19a 19b
20a 20b 20c 21

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)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
BROWARD COUNTY DEM EXEC COMM

Mailing Address 1824 North University Drive

City Plantation State FL Zip Code 33322

Purpose of Disbursement
Donation

Candidate Name
BROWARD COUNTY DEM EXEC COMM

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D3993
Date of Disbursement
09 / 20 / 2004

Amount of Each Disbursement this Period
900.00

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

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 SOUTH CAPITOL STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Unlimited Transfer to National Party Com

Candidate Name
Democratic Congressional Campaign Committee

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D3994
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
2000.00

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

008
Category/
Type

C. Full Name (Last, First, Middle Initial)
FLORIDA DEMOCRATIC PARTY

Mailing Address 214 South Bronough Street

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement
Donation

Candidate Name
FLORIDA DEMOCRATIC PARTY

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D3997
Date of Disbursement
08 / 31 / 2004

Amount of Each Disbursement this Period
10000.00

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

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **12900.00**

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 44 / 47

<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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)

Mundy Katowitz Media

Mailing Address 400 Post Avenue

City Westbury State NY Zip Code 11590

Purpose of Disbursement
Advertising/Media Buy

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: D4000

Date of Disbursement

08 / 20 / 2004

Amount of Each Disbursement this Period

45000.00

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

B.

Full Name (Last, First, Middle Initial)

Mundy Katowitz Media

Mailing Address 400 Post Avenue

City Westbury State NY Zip Code 11590

Purpose of Disbursement
Advertising/Media Buy

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: D4002

Date of Disbursement

08 / 24 / 2004

Amount of Each Disbursement this Period

24137.00

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

C.

Full Name (Last, First, Middle Initial)

Mundy Katowitz Media

Mailing Address 400 Post Avenue

City Westbury State NY Zip Code 11590

Purpose of Disbursement
Advertising/Media Buy

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: D4001

Date of Disbursement

08 / 24 / 2004

Amount of Each Disbursement this Period

18900.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

86037.00

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 45 / 47

<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

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)
Robert Wexler for Congress Committee

A.

Full Name (Last, First, Middle Initial)

Ari A. Porth

Mailing Address 9557 NW 28th Street

City State Zip Code
Coral Springs FL 33071

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: D3881

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

500.00

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

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

99437.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

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

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (In Full)

Robert Weiler for Congress Committee

A. 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	State	ZIP Code		
Washington	DC	20003		
Outstanding Balance Beginning This Period			Transaction ID: D2343	
1787.88				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	1787.88	

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	State	ZIP Code		
New York	NY	10024		
Outstanding Balance Beginning This Period			Transaction ID: D2344	
196.25				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	196.25	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rhana Kirsner			Nature of Debt (Purpose): Financial Consulting	
Mailing Address 5888 Hamilton Way				
City	State	ZIP Code		
Boca Raton	FL	33498		
Outstanding Balance Beginning This Period			Transaction ID: D2346	
1500.00				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	1500.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

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

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (In Full)

Robert Weiler for Congress Committee

A. 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 Denver	State CO	ZIP Code 80202		
Outstanding Balance Beginning This Period 2148.67			Transaction ID: D2345	
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 2148.67	

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 Delray Beach	State FL	ZIP Code 33444		
Outstanding Balance Beginning This Period 1673.00			Transaction ID: D2347	
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 1673.00	

C. 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 Fort Lauderdale	State FL	ZIP Code 33318		
Outstanding Balance Beginning This Period 1000.00			Transaction ID: D2348	
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00	

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