

**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 ^Y30 ^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 State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2004
Primary 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 State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2004
Primary 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 State Zip Code
Los Angeles CA 90048

FEC ID number of contributing
federal political committee. **C** C00311844

Name of Employer Occupation

Receipt For: 2004
 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)

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

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NAME OF COMMITTEE (In Full)
 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)(441a-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

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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

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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)

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

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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)

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

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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)

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

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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

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

001
Category/
Type

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

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

004
Category/
Type

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

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

003
Category/
Type

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)

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

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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)

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

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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 Poling

Candidate Name

Office Sought: House Senate President

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

State: District

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

005
Category/
Type

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

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

004
Category/
Type

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

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

001
Category/
Type

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

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

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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)

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

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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

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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

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(check only one)

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

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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

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

001
Category/
Type

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

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

001
Category/
Type

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

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

002
Category/
Type

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)
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Detailed Summary Page

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

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

A.

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

Transaction ID: D3940
Date of Disbursement
09 / 20 / 2004

Amount of Each Disbursement this Period
1972.00

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

002
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Laguens Hamburger Stone

Mailing Address 4301 Connecticut Avenue NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Political Consulting

Candidate Name

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

State: District

Transaction ID: D3919
Date of Disbursement
08 / 18 / 2004

Amount of Each Disbursement this Period
7423.50

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

001
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Laguens Hamburger Stone

Mailing Address 4301 Connecticut Avenue NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Political Consulting

Candidate Name

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

State: District

Transaction ID: D3921
Date of Disbursement
08 / 18 / 2004

Amount of Each Disbursement this Period
950.00

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

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **10345.50**

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

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

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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
State: District

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

002
Category/
Type

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

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
State: District

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

002
Category/
Type

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

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
State: District

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

002
Category/
Type

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

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

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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

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(check only one)

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

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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

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

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

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

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

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

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

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
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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Robert Wexler for Congress Committee

A. Full Name (Last, First, Middle Initial)
THEA Foundation

Mailing Address 1629 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President State: District

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

Transaction ID: D3964
Date of Disbursement 08 / 17 / 2004

Amount of Each Disbursement this Period 300.00

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

012
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 Event Catering

Candidate Name BCTGM International

Office Sought: House Senate President State: District

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

Transaction ID: D4015
Date of Disbursement 09 / 08 / 2004

Amount of Each Disbursement this Period 3290.64

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

003
Category/
Type

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

Mailing Address PO Box 25768

City Boca Raton State FL Zip Code 33439

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President State: District

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

Transaction ID: D3938
Date of Disbursement 09 / 14 / 2004

Amount of Each Disbursement this Period 93.89

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

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **3684.33**

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

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

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

A. Full Name (Last, First, Middle Initial)
Wendi Lipsich

Mailing Address 2805 NW 45th Street

City Boca Raton State FL Zip Code 33496

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President
State: District

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

Transaction ID: D3969
Date of Disbursement
08 / 31 / 2004

Amount of Each Disbursement this Period
100.00

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

002
Category/
Type

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 530001

City Atlanta State GA Zip Code 30353

Purpose of Disbursement
Travel/Catering

Candidate Name

Office Sought: House Senate President
State: District

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

Transaction ID: D3931
Date of Disbursement
09 / 14 / 2004

Amount of Each Disbursement this Period
4667.62

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)
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
State: District

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

Transaction ID: D3933
Date of Disbursement
09 / 14 / 2004

Amount of Each Disbursement this Period
232.63

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

[MEMO ITEM]

007
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 100.00

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

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(check only one)

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

006
Category/
Type

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]

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

007
Category/
Type

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]

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

002
Category/
Type

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]

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

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(check only one)

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

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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 630001

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)

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

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

A.	<p>Full Name (Last, First, Middle Initial) Boca Raton Hotel and Club</p> <p>Mailing Address Palmetto Road</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement Lodging/Meals</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: D3946</p> <p>Date of Disbursement 09 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 1320.38</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) Staples</p> <p>Mailing Address 500 Staples Drive</p> <p>City Framingham State MA Zip Code 01702</p> <p>Purpose of Disbursement Office Supplies</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: D3946</p> <p>Date of Disbursement 09 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 142.03</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>001 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 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: D3947</p> <p>Date of Disbursement 09 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 1091.99</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

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

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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

State: District

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

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

State: District

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

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

State: District

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

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

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Robert Wexler for Congress Committee

<p>A.</p> <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: D3981</p> <p>Date of Disbursement 09 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 307.80</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>B.</p> <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: D3980</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>	
<p>C.</p> <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: D3950</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> <p>TOTAL This Period (last page this line number only) ▶</p>		<p>0.00</p>

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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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

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(check only one)

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

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

A.	<p>Full Name (Last, First, Middle Initial) Barolo Restaurant</p> <p>Mailing Address 233 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003</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: D4119</p> <p>Date of Disbursement 09 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 810.33</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) Intercontinental Hotel</p> <p>Mailing Address 2505 NW 87th Avenue</p> <p>City Miami State FL Zip Code 33172</p> <p>Purpose of Disbursement Accommodations</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: D4115</p> <p>Date of Disbursement 09 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 206.98</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) National Democratic Club</p> <p>Mailing Address 30 Ivy Street</p> <p>City WASHINGTON State DC Zip Code 20003</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: D4118</p> <p>Date of Disbursement 09 / 20 / 2004</p> <p>Amount of Each Disbursement this Period 293.88</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>	<p>007 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

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(check only one)

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

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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
State: District

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

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

Amount of Each Disbursement this Period
842.00

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)
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
State: District

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

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]

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
Electronic Ticket Fee

Candidate Name

Office Sought: House Senate President
State: District

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

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]

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)

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

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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: D4103
Date of Disbursement
09 / 20 / 2004

Amount of Each Disbursement this Period
289.70

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: D4104
Date of Disbursement
09 / 20 / 2004

Amount of Each Disbursement this Period
382.70

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) ▼

001
Category/
Type

Transaction ID: D4107
Date of Disbursement
09 / 21 / 2004

Amount of Each Disbursement this Period
382.70

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

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(check only one)

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

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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)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Robert Wexler for Congress Committee

A.

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

Mailing Address P.O. Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Airline Tickets

Candidate Name

Office Sought: House Senate President
State: District

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

002
Category/
Type

Transaction ID: D4111
Date of Disbursement
09 / 27 / 2004

Amount of Each Disbursement this Period

353.20

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

B.

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

Mailing Address P.O. Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Airline Tickets

Candidate Name

Office Sought: House Senate President
State: District

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

002
Category/
Type

Transaction ID: D4112
Date of Disbursement
09 / 27 / 2004

Amount of Each Disbursement this Period

221.70

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) ▶

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)

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

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

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

A.	<p>Full Name (Last, First, Middle Initial) Mundy Katowitz Media</p> <p>Mailing Address 400 Post Avenue</p> <p>City Westbury State NY Zip Code 11590</p> <p>Purpose of Disbursement Advertising/Media Buy</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p>	<p>Transaction ID: D4000</p> <p>Date of Disbursement 08 / 20 / 2004</p> <p>Amount of Each Disbursement this Period 45000.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	<p>004 Category/ Type</p>
B.	<p>Full Name (Last, First, Middle Initial) Mundy Katowitz Media</p> <p>Mailing Address 400 Post Avenue</p> <p>City Westbury State NY Zip Code 11590</p> <p>Purpose of Disbursement Advertising/Media Buy</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p>	<p>Transaction ID: D4002</p> <p>Date of Disbursement 08 / 24 / 2004</p> <p>Amount of Each Disbursement this Period 24137.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	<p>004 Category/ Type</p>
C.	<p>Full Name (Last, First, Middle Initial) Mundy Katowitz Media</p> <p>Mailing Address 400 Post Avenue</p> <p>City Westbury State NY Zip Code 11590</p> <p>Purpose of Disbursement Advertising/Media Buy</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p>	<p>Transaction ID: D4001</p> <p>Date of Disbursement 08 / 24 / 2004</p> <p>Amount of Each Disbursement this Period 18900.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	<p>004 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		86037.00	
<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)

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

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

A.

Full Name (Last, First, Middle Initial)

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	Disbursement For:	2004
	Senate	Primary	X General
	President	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

Excluding Loans

NAME OF COMMITTEE (In Full)

Robert Weiler for Congress Committee

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

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FOR LINE NUMBER:
(check only one)

9
 10

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

1787.88

Transaction ID: D2343

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

196.25

Transaction ID: D2344

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

1500.00

Transaction ID: D2346

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

Excluding Loans

NAME OF COMMITTEE (In Full)

Robert Weiler for Congress Committee

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

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FOR LINE NUMBER:
(check only one)

9
 10

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	State	ZIP Code		
Denver	CO	80202		
Outstanding Balance Beginning This Period			Transaction ID: D2345	
2148.67				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	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	State	ZIP Code		
Delray Beach	FL	33444		
Outstanding Balance Beginning This Period			Transaction ID: D2347	
1673.00				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	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	State	ZIP Code		
Fort Lauderdale	FL	33318		
Outstanding Balance Beginning This Period			Transaction ID: D2348	
1000.00				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	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