

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
ACT NOW PAC INC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | |
|---|---|-----------------------------------|---|----------|---|---|---|---|---|------|---|------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 |
| Y | Y | Y | Y | | | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | <table border="1" style="width: 100%;"><tr><td>13655.98</td></tr></table> | 13655.98 | | | | | | | | | | |
| 13655.98 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%;"><tr><td>2282.00</td></tr></table> | 2282.00 | <table border="1" style="width: 100%;"><tr><td>24249.73</td></tr></table> | 24249.73 | | | | | | | | |
| 2282.00 | | | | | | | | | | | | |
| 24249.73 | | | | | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <table border="1" style="width: 100%;"><tr><td>15937.98</td></tr></table> | 15937.98 | <table border="1" style="width: 100%;"><tr><td>24249.73</td></tr></table> | 24249.73 | | | | | | | | |
| 15937.98 | | | | | | | | | | | | |
| 24249.73 | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table border="1" style="width: 100%;"><tr><td>3261.11</td></tr></table> | 3261.11 | <table border="1" style="width: 100%;"><tr><td>11572.86</td></tr></table> | 11572.86 | | | | | | | | |
| 3261.11 | | | | | | | | | | | | |
| 11572.86 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table border="1" style="width: 100%;"><tr><td>12676.87</td></tr></table> | 12676.87 | <table border="1" style="width: 100%;"><tr><td>12676.87</td></tr></table> | 12676.87 | | | | | | | | |
| 12676.87 | | | | | | | | | | | | |
| 12676.87 | | | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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**

Write or Type Committee Name
ACT NOW PAC INC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 695.00 | 6833.76 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 1587.00 | 17415.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 2282.00 | 24248.76 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 2282.00 | 24248.76 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.97 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 2282.00 | 24249.73 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 2282.00 | 24249.73 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 1178.65 | 6717.72 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 1178.65 | 6717.72 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 1967.46 | 4739.17 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. 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 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 115.00 | 115.97 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 3261.11 | 11572.86 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 3261.11 | 11572.86 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 2282.00 | 24248.76 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2282.00 | 24248.76 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1178.65 | 6717.72 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1178.65 | 6717.72 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 21 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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)
ACT NOW PAC INC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Simon Geoffrey | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6 |
| Mailing Address 680 Ft. Washington Ave. | | Transaction ID: SA11A1.4805 |
| City State Zip Code New York NY 10040 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer WWE | Occupation Video Editor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Bob Lamm | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 172 W. 79th Street | | Transaction ID: SA11A1.4818 |
| City State Zip Code New York NY 10024 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Writer/Teacher | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ernest Mehler | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 |
| Mailing Address 175 W. 93rd Street | | Transaction ID: SA11A1.4893 |
| City State Zip Code New York NY 10025 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Weill Cornell Medical College | Occupation Professor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 600.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 7 / 21 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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| |
|--|
| NAME OF COMMITTEE (In Full) ACT NOW PAC INC |
|--|

| | |
|---|------------------------------------|
| A. Full Name (Last, First, Middle Initial) Gary Milgrom | |
| Mailing Address 3965 Sedgwick Ave. | |
| City Bronx | State NY |
| Zip Code 10463 | |
| FEC ID number of contributing federal political committee. C | |
| Name of Employer Retired | Occupation Retired |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 245.00 |

| |
|---|
| Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 |
| Transaction ID: SA11A1.4878 |
| Amount of Each Receipt this Period 95.00 |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 95.00 |
| TOTAL This Period (last page this line number only) | 695.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. 1-800-POSTCARDS | | Transaction ID: SB21B.4798 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 121 Varick Street | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 0 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City New York | State NY | Zip Code 10013 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Flyers | | Category/ Type | 299.00 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. Intellicontact | | Transaction ID: SB21B.4847 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2635 Meridian Pkwy Suite 100 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Durham | State NC | Zip Code 27713 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement List Service | | Category/ Type | 87.20 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. Nathan McNeil | | Transaction ID: SB21B.4807 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 255 Cabrini | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 2 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City New York | State NY | Zip Code 10040 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Data Entry | | Category/ Type | 69.00 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 455.20 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Laura Morrison | | Transaction ID: SB21B.4901 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 | |
| Mailing Address 80 Eighth Avenue | | Amount of Each Disbursement this Period 52.96 | |
| City New York State NY Zip Code 10011 | Purpose of Disbursement Phones Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Andrew Solomon | | Transaction ID: SB21B.4898 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 | |
| Mailing Address 525 W. 49th Street Apt. 4C | | Amount of Each Disbursement this Period 11.91 | |
| City New York State NY Zip Code 10019 | Purpose of Disbursement Office Supplies Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Teleflora Flower Club | | Transaction ID: SB21B.4886 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 3309 E Kings Highway | | Amount of Each Disbursement this Period 43.25 | |
| City Paragould State AR Zip Code 72450 | Purpose of Disbursement Flowers Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 108.12 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 21

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. TransFirst | | Transaction ID: SB21B.4850 | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 12120 Shamrock Plaza | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| City Omaha State NE Zip Code 68154 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Processing Fees | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | <table border="1"> <tr> <td colspan="10" style="text-align: right;">37.35</td> </tr> </table> | | 37.35 | | | | | | | | | | | | | | | | | | | |
| 37.35 | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| Category/Type | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 37.35 |
| TOTAL This Period (last page this line number only) | 600.67 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. Associated Super Markets | | Transaction ID: SB23.4863 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 255 W. 14th Street | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 0 | 5 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 0 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City New York | State NY | Zip Code 10011 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Meals | | <input type="checkbox"/> | <input type="text" value="9.29"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name DIANE GOSS FARRELL | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: CT District: 04 | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. Rachel Burd | | Transaction ID: SB23.4899 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 218 Prospect Place | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 2 | 2 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 2 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Brooklyn | State NY | Zip Code 11238 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Meals | | <input type="checkbox"/> | <input type="text" value="28.00"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name DIANE GOSS FARRELL | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: CT District: 04 | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. Coach USA | | Transaction ID: SB23.4851 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 160 S. Route 17 North | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 0 | 3 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 0 | 3 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Paramus | State NJ | Zip Code 07652 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Buses | | <input type="checkbox"/> | <input type="text" value="100.00"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name LOIS MURPHY | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: PA District: 06 | | | | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="137.29"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 21

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. FedEx Kinkos | | Transaction ID: SB23.4849 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1211 Avenue of the Americas | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City New York | State NY | Zip Code 10036 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Copies | | <input type="text"/> | <input type="text" value="47.88"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name DIANE GOSS FARRELL | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: CT | District: 04 | | | | | | | | | | | | | | | | | | | | | | |

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| Full Name (Last, First, Middle Initial) B. FedEx Kinkos | | Transaction ID: SB23.4852 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1211 Avenue of the Americas | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City New York | State NY | Zip Code 10036 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Copies | | <input type="text"/> | <input type="text" value="71.54"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name LOIS MURPHY | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: PA | District: 06 | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. FedEx Kinkos | | Transaction ID: SB23.4865 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1211 Avenue of the Americas | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City New York | State NY | Zip Code 10036 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Copies | | <input type="text"/> | <input type="text" value="65.89"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name DIANE GOSS FARRELL | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: CT | District: 04 | | | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="185.31"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 21

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Metro North | | Transaction ID: SB23.4822 Date of Disbursement 10 / 29 / 2006 |
| Mailing Address 347 Madison Avenue | | Amount of Each Disbursement this Period 78.75 |
| City New York State NY Zip Code 10017 | Category/ Type | |
| Purpose of Disbursement Train Travel | | |
| Candidate Name DIANE GOSS FARRELL | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Metro North | | Transaction ID: SB23.4856 Date of Disbursement 11 / 04 / 2006 |
| Mailing Address 347 Madison Avenue | | Amount of Each Disbursement this Period 9.25 |
| City New York State NY Zip Code 10017 | Category/ Type | |
| Purpose of Disbursement Train Travel | | |
| Candidate Name DIANE GOSS FARRELL | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Metro North | | Transaction ID: SB23.4857 Date of Disbursement 11 / 04 / 2006 |
| Mailing Address 347 Madison Avenue | | Amount of Each Disbursement this Period 18.50 |
| City New York State NY Zip Code 10017 | Category/ Type | |
| Purpose of Disbursement Train Travel | | |
| Candidate Name DIANE GOSS FARRELL | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 106.50 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Metro North | | Transaction ID: SB23.4858 Date of Disbursement 11 / 04 / 2006 |
| Mailing Address 347 Madison Avenue | | Amount of Each Disbursement this Period 37.00 |
| City New York State NY Zip Code 10017 | Purpose of Disbursement Train Travel Candidate Name DIANE GOSS FARRELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |
| Category/Type | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Metro North | | Transaction ID: SB23.4869 Date of Disbursement 11 / 07 / 2006 |
| Mailing Address 347 Madison Avenue | | Amount of Each Disbursement this Period 111.00 |
| City New York State NY Zip Code 10017 | Purpose of Disbursement Train Travel Candidate Name DIANE GOSS FARRELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |
| Category/Type | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Metro North | | Transaction ID: SB23.4870 Date of Disbursement 11 / 07 / 2006 |
| Mailing Address 347 Madison Avenue | | Amount of Each Disbursement this Period 111.00 |
| City New York State NY Zip Code 10017 | Purpose of Disbursement Train Travel Candidate Name DIANE GOSS FARRELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |
| Category/Type | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 259.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 21

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Laura Morrison | | Transaction ID: SB23.4888 Date of Disbursement 11 / 16 / 2006 | |
| Mailing Address 80 Eighth Avenue | | Amount of Each Disbursement this Period 99.45 | |
| City New York State NY Zip Code 10011 | Purpose of Disbursement Phone Bank Rental | Category/ Type | |
| Candidate Name LOIS MURPHY | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Laura Morrison | | Transaction ID: SB23.4889 Date of Disbursement 11 / 16 / 2006 | |
| Mailing Address 80 Eighth Avenue | | Amount of Each Disbursement this Period 53.24 | |
| City New York State NY Zip Code 10011 | Purpose of Disbursement Phone Bank Rental | Category/ Type | |
| Candidate Name DIANE GOSS FARRELL | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Heather Roberson | | Transaction ID: SB23.4874 Date of Disbursement 10 / 22 / 2006 | |
| Mailing Address 215 W. 101st St | | Amount of Each Disbursement this Period 48.06 | |
| City New York State NY Zip Code 10025 | Purpose of Disbursement Meals | Category/ Type | |
| Candidate Name LOIS MURPHY | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 | | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 200.75 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Andrew Solomon | | Transaction ID: SB23.4895 Date of Disbursement 11 / 22 / 2006 |
| Mailing Address 525 W. 49th Street Apt. 4C | | Amount of Each Disbursement this Period 482.25 |
| City New York State NY Zip Code 10019 | | |
| Purpose of Disbursement Travel Candidate Name DIANE GOSS FARRELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Andrew Solomon | | Transaction ID: SB23.4896 Date of Disbursement 11 / 22 / 2006 |
| Mailing Address 525 W. 49th Street Apt. 4C | | Amount of Each Disbursement this Period 22.20 |
| City New York State NY Zip Code 10019 | | |
| Purpose of Disbursement Meals Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jack Stoller | | Transaction ID: SB23.4873 Date of Disbursement 11 / 13 / 2006 |
| Mailing Address 68 Stratford Rd Apt 11 | | Amount of Each Disbursement this Period 388.50 |
| City Brooklyn State NY Zip Code 11218 | | |
| Purpose of Disbursement Travel Candidate Name DIANE GOSS FARRELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 892.95 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 21

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Upper West Side Copy | | Transaction ID: SB23.4859 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 |
| Mailing Address 2054 Broadway | | Amount of Each Disbursement this Period 49.74 |
| City New York State NY Zip Code 10023 | Category/ Type | |
| Purpose of Disbursement Copies | | |
| Candidate Name LOIS MURPHY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. UPS Store | | Transaction ID: SB23.4797 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 132 E. 43rd Street | | Amount of Each Disbursement this Period 5.74 |
| City New York State NY Zip Code 10017 | Category/ Type | |
| Purpose of Disbursement Copies | | |
| Candidate Name DIANE GOSS FARRELL | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. UPS Store | | Transaction ID: SB23.4813 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 132 E. 43rd Street | | Amount of Each Disbursement this Period 9.27 |
| City New York State NY Zip Code 10017 | Category/ Type | |
| Purpose of Disbursement Copies | | |
| Candidate Name LOIS MURPHY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 64.75 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. UPS Store | | Transaction ID: SB23.4825 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 132 E. 43rd Street | | Amount of Each Disbursement this Period 11.92 |
| City New York State NY Zip Code 10017 | Category/ Type | |
| Purpose of Disbursement Copies | | |
| Candidate Name LOIS MURPHY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. US Postal Service | | Transaction ID: SB23.4799 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6 |
| Mailing Address Village Station | | Amount of Each Disbursement this Period 2.31 |
| City New York State NY Zip Code 10014 | Category/ Type | |
| Purpose of Disbursement Postage | | |
| Candidate Name DIANE GOSS FARRELL | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. US Postal Service | | Transaction ID: SB23.4808 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 |
| Mailing Address Village Station | | Amount of Each Disbursement this Period 1.11 |
| City New York State NY Zip Code 10014 | Category/ Type | |
| Purpose of Disbursement Postage | | |
| Candidate Name DIANE GOSS FARRELL | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 15.34 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 21

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Village Copy and Computer | | Transaction ID: SB23.4800 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6 |
| Mailing Address 520 Hudson Street | | Amount of Each Disbursement this Period 37.48 |
| City New York State NY Zip Code 10014 | | |
| Purpose of Disbursement Copies Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Village Copy and Computer | | Transaction ID: SB23.4821 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6 |
| Mailing Address 520 Hudson Street | | Amount of Each Disbursement this Period 22.68 |
| City New York State NY Zip Code 10014 | | |
| Purpose of Disbursement Copies Candidate Name DIANE GOSS FARRELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Village Copy and Computer | | Transaction ID: SB23.4866 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 |
| Mailing Address 520 Hudson Street | | Amount of Each Disbursement this Period 31.50 |
| City New York State NY Zip Code 10014 | | |
| Purpose of Disbursement Copies Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 91.66 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 21

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. Village Copy and Computer | | Transaction ID: SB23.4868 | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 520 Hudson Street | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| City New York State NY Zip Code 10014 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| Purpose of Disbursement Copies | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name DIANE GOSS FARRELL | | <table border="1"> <tr> <td colspan="2">13.91</td> </tr> </table> | | 13.91 | | | | | | | | | | | | | | | | | | | |
| 13.91 | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| State: CT District: 04 | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 13.91 |
| TOTAL This Period (last page this line number only) | ▶ | 1967.46 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 21

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

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. Andrew Solomon | | Transaction ID: SB29.4897 | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 525 W. 49th Street Apt. 4C | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| City New York State NY Zip Code 10019 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 2 | 2 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| Purpose of Disbursement Travel for Non-Federal Election | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | <table border="1"> <tr> <td>115.00</td> </tr> </table> | | 115.00 | | | | | | | | | | | | | | | | | | | |
| 115.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

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|--|---|---------------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 115.00 |
| TOTAL This Period (last page this line number only) | ▶ | 115.00 |