

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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

DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

ADDRESS (number and street) PO BOX 40385

Check if different than previously reported. (ACC) WASHINGTON DC 20016

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00427930

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 07 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 2006

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 Christopher J. Ward

Signature of Treasurer Electronically Filed by Christopher J. Ward Date 12 07 2006

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 | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

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%; height: 20px;"><tr><td> </td></tr></table> | | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table> | 0.00 |
| Y | Y | Y | Y | | | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | | | |
| | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">12715.23</td></tr></table> | 12715.23 | | | | | | | | | | |
| 12715.23 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">24024.74</td></tr></table> | 24024.74 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">40874.74</td></tr></table> | 40874.74 | | | | | | | | |
| 24024.74 | | | | | | | | | | | | |
| 40874.74 | | | | | | | | | | | | |
| (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%; height: 20px;"><tr><td align="right">36739.97</td></tr></table> | 36739.97 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">40874.74</td></tr></table> | 40874.74 | | | | | | | | |
| 36739.97 | | | | | | | | | | | | |
| 40874.74 | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">18976.36</td></tr></table> | 18976.36 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">23111.13</td></tr></table> | 23111.13 | | | | | | | | |
| 18976.36 | | | | | | | | | | | | |
| 23111.13 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">17763.61</td></tr></table> | 17763.61 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">17763.61</td></tr></table> | 17763.61 | | | | | | | | |
| 17763.61 | | | | | | | | | | | | |
| 17763.61 | | | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">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%; height: 20px;"><tr><td align="right">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

DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

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 | 16779.74 | 31529.74 |
| (i) Itemized (use Schedule A) | 245.00 | 345.00 |
| (ii) Unitemized | 17024.74 | 31874.74 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 7000.00 | 9000.00 |
| (c) Other Political Committees (such as PACs) | 24024.74 | 40874.74 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 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 | 0.00 |
| 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)) | 24024.74 | 40874.74 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 24024.74 | 40874.74 |

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..... | 4676.36 | 8811.13 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 4676.36 | 8811.13 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 14300.00 | 14300.00 |
| 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..... | 0.00 | 0.00 |
| 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)).. | 18976.36 | 23111.13 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 18976.36 | 23111.13 |

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) | 24024.74 | 40874.74 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 24024.74 | 40874.74 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 4676.36 | 8811.13 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 4676.36 | 8811.13 |

**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 / 18 |
| | <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)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Lisa J. Block | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 3720 Dartmouth Rd | | Transaction ID: SA11A1.4182 | |
| City Allentown | State PA | Zip Code 18104 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Homemaker | Occupation Homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Dean N. Browning | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 2432 W Congress St | | Transaction ID: SA11A1.4207 | |
| City Allentown | State PA | Zip Code 18104 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer New World Aviation | Occupation CFO | | |
| 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) C. Carmen J. Conicelli, Jr | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 3312 Woodland Cir | | Transaction ID: SA11A1.4186 | |
| City Huntingdon Valley | State PA | Zip Code 18006 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Edmunds Industries | Occupation CFO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| 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: (check only one) | PAGE 7 / 18 |
| | <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 | |

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NAME OF COMMITTEE (In Full)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Judith A. Harris | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 4140 Maulfair Dr | | Transaction ID: SA11A1.4192 | |
| City Allentown | State PA | Zip Code 18103 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Tallman Hudders & Sorrention | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. David M. Jaendl | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 3150 Coffetown Rd | | Transaction ID: SA11A1.4184 | |
| City Orefield | State PA | Zip Code 18069 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Jaendl Farms | Occupation Developer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Surinder K. Kapoor | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 1140 Sunset View Dr | | Transaction ID: SA11A1.4213 | |
| City Bethlehem | State PA | Zip Code 18017 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer IKN Inc. | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| 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: (check only one) | PAGE 8 / 18 |
| | <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 | |

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NAME OF COMMITTEE (In Full)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. John R. Lovett | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 2830 W Liberty St | | Transaction ID: SA11A1.4201 | |
| City Allentown | State PA | Zip Code 18104 | Amount of Each Receipt this Period 5000.00 |
| 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 ▼ 5000.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Henry A. Lubsen | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 2150 Spyglass Hill | | Transaction ID: SA11A1.4190 | |
| City Center Valley | State PA | Zip Code 18034 | Amount of Each Receipt this Period 5000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Altronics | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Shawn Millan | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 5405 Snowdrift Rd | | Transaction ID: SA11A1.4170 | |
| City Orefield | State PA | Zip Code 18069 | Amount of Each Receipt this Period 279.74 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Dent for Congress | Occupation Aide | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 309.74 | | |

In-kind - Catering Costs

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 10279.74 |
| 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: (check only one) | PAGE 9 / 18 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <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)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Clair D. Miller | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 3330 Highland St | | Transaction ID: SA11A1.4199 | |
| City Allentown | State PA | Zip Code 18104 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Arthur Runquist | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 3950 Longfellow St | | Transaction ID: SA11A1.4203 | |
| City Allentown | State PA | Zip Code 18104 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Acquisition Management | Occupation President | | |
| 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) C. John P. Servis | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 3208 W Cedar St | | Transaction ID: SA11A1.4205 | |
| City Allentown | State PA | Zip Code 18104 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Gross McGinley | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| 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 10 / 18 | |
| | (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)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

A. Full Name (Last, First, Middle Initial)
Charles D. Snelling

Mailing Address 1280 Church St

City State Zip Code
Fogelsville PA 18051

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

Name of Employer Occupation
Western Lehigh Valley Corp Venture Capitalist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4188

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 16779.74 |

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 11 / 18 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <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)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

A. Full Name (Last, First, Middle Initial)
MERCK & CO. INC. EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address 601 Pennsylvania Ave. NW
North Building Suite 1200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11C.4178

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PORTLAND CEMENT ASSOCIATION INC. PCA PAC

Mailing Address 500 New Jersey Avenue NW
7th Floor

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00237065

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11C.4180

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PPL PEOPLE FOR GOOD GOVERNMENT (PPLPGG)

Mailing Address TWO NORTH NINTH STREET

City ALLENTOWN State PA Zip Code 18101

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: SA11C.4129

Amount of Each Receipt this Period
5000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 7000.00 |
| TOTAL This Period (last page this line number only) | 7000.00 |

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)

PAGE 12 / 18

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) A. AlphaGraphics | | Transaction ID: SB21B.4172 | |
| Mailing Address 801 Hamilton St | | Date of Disbursement 11 / 03 / 2006 | |
| City Allentown | State PA | Zip Code 18101 | Amount of Each Disbursement this Period 293.97 |
| Purpose of Disbursement Printing | Category/Type | | |
| Candidate Name | 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. Shawn Millan | | Transaction ID: SB21B.4171 | |
| Mailing Address 5405 Snowdrift Rd | | Date of Disbursement 10 / 25 / 2006 | |
| City Orefield | State PA | Zip Code 18069 | Amount of Each Disbursement this Period 279.74 |
| Purpose of Disbursement In-kind - Catering Costs | Category/Type | | |
| Candidate Name | 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. Murray Perskie Associates | | Transaction ID: SB21B.4174 | |
| Mailing Address 741 Alexander Rd | | Date of Disbursement 11 / 03 / 2006 | |
| City Princeton | State NJ | Zip Code 08540 | Amount of Each Disbursement this Period 2905.00 |
| Purpose of Disbursement Printing | Category/Type | | |
| Candidate Name | 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) | 3478.71 |
| 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 13 / 18

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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)

DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial)

A. Political Compliance Services

Mailing Address PO Box 373

City State Zip Code
Fairfax Station VA 22039

Purpose of Disbursement
Accounting & Compliance Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

4478.71

**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)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. FITZPATRICK FOR CONGRESS | | Transaction ID: SB23.4135 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 115 N Broad Street | | Amount of Each Disbursement this Period 1000.00 | |
| City Doylestown State PA Zip Code 18901 | Category/ Type | | |
| Purpose of Disbursement | | | |
| Candidate Name FITZPATRICK FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. FITZPATRICK FOR CONGRESS | | Transaction ID: SB23.4177 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 115 N Broad Street | | Amount of Each Disbursement this Period 1100.00 | |
| City Doylestown State PA Zip Code 18901 | Category/ Type | | |
| Purpose of Disbursement | | | |
| Candidate Name FITZPATRICK FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF MIKE SODREL | | Transaction ID: SB23.4145 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 702 North Shore Drive Suite 500 | | Amount of Each Disbursement this Period 1000.00 | |
| City Jeffersonville State IN Zip Code 47130 | Category/ Type | | |
| Purpose of Disbursement | | | |
| Candidate Name FRIENDS OF MIKE SODREL | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3100.00 |
| 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 15 / 18

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. GARD FOR CONGRESS | | Transaction ID: SB23.4147 | |
| Mailing Address PO BOX 277 | | Date of Disbursement 10 / 19 / 2006 | |
| City GREEN BAY | State WI | Zip Code 54305 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | Category/Type | |
| Candidate Name GARD FOR CONGRESS | | | |
| 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: WI | District: 08 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. JIM GERLACH FOR CONGRESS COMMITTEE | | Transaction ID: SB23.4137 | |
| Mailing Address PO Box 87 | | Date of Disbursement 10 / 19 / 2006 | |
| City Uwchland | State PA | Zip Code 19480 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | Category/Type | |
| Candidate Name JIM GERLACH FOR CONGRESS COMMITTEE | | | |
| 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 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. JIM GERLACH FOR CONGRESS COMMITTEE | | Transaction ID: SB23.4176 | |
| Mailing Address PO Box 87 | | Date of Disbursement 11 / 03 / 2006 | |
| City Uwchland | State PA | Zip Code 19480 | Amount of Each Disbursement this Period 1100.00 |
| Purpose of Disbursement | | Category/Type | |
| Candidate Name JIM GERLACH FOR CONGRESS COMMITTEE | | | |
| 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 | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3100.00 |
| 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 16 / 18

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

| | | | |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial) A. JOE NEGRON FOR CONGRESS | | Transaction ID: SB23.4151 Date of Disbursement 10 / 19 / 2006 | |
| Mailing Address PO BOX 1816 | | Amount of Each Disbursement this Period 1000.00 | |
| City STUART | State FL | | Zip Code 34995 |
| Purpose of Disbursement | | | Category/ Type |
| Candidate Name JOE NEGRON FOR CONGRESS | | | |
| 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: FL District: 16 | | | |

| | | | |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial) B. PEOPLE WITH HART INC | | Transaction ID: SB23.4139 Date of Disbursement 10 / 19 / 2006 | |
| Mailing Address P.O. Box 435 | | Amount of Each Disbursement this Period 1000.00 | |
| City Wexford | State PA | | Zip Code 15090 |
| Purpose of Disbursement | | | Category/ Type |
| Candidate Name PEOPLE WITH HART INC | | | |
| 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: 04 | | | |

| | | | |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial) C. PEOPLE WITH HART INC | | Transaction ID: SB23.4175 Date of Disbursement 11 / 03 / 2006 | |
| Mailing Address P.O. Box 435 | | Amount of Each Disbursement this Period 1100.00 | |
| City Wexford | State PA | | Zip Code 15090 |
| Purpose of Disbursement | | | Category/ Type |
| Candidate Name PEOPLE WITH HART INC | | | |
| 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: 04 | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3100.00 |
| 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 / 18

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. RAY MEIER FOR CONGRESS COMMITTEE | | Transaction ID: SB23.4149 Date of Disbursement |
| Mailing Address PO Box 120 | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City Utica | State NY | Zip Code 13503 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| Candidate Name RAY MEIER FOR CONGRESS COMMITTEE | | 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: NY | District: 24 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. REYNOLDS FOR CONGRESS | | Transaction ID: SB23.4131 Date of Disbursement |
| Mailing Address PO Box 15388 PITTSFORD | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City Rochester | State NY | Zip Code 14615 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| Candidate Name REYNOLDS FOR CONGRESS | | 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: NY | District: 26 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. STEVE CHABOT FOR CONGRESS | | Transaction ID: SB23.4133 Date of Disbursement |
| Mailing Address 3339 Harrison Ave. | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City Cincinnati | State OH | Zip Code 45211 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| Candidate Name STEVE CHABOT FOR CONGRESS | | 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: OH | District: 01 | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3000.00"/> |
| 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 18 / 18

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. THELMA DRAKE FOR CONGRESS | | Transaction ID: SB23.4143 Date of Disbursement |
| Mailing Address P.O. Box 61480 | | <input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City Virginia Beach | State VA | Zip Code 23466 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| Candidate Name THELMA DRAKE FOR CONGRESS | | 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: VA | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. WHALEN FOR CONGRESS | | Transaction ID: SB23.4153 Date of Disbursement |
| Mailing Address P. O. Box 750 | | <input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City Bettendorf | State IA | Zip Code 52722 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| Candidate Name WHALEN FOR CONGRESS | | 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: IA | District: 01 | |

SUBTOTAL of Disbursements This Page (optional) ►

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