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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SURGE TO SIXTY

ADDRESS (number and street) P.O. BOX 7072

Check if different than previously reported. (ACC) HICKSVILLE NY 11802-7072

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00410282

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

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 01 / 01 / 2005 through 06 / 30 / 2005

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 Jessica C. Sutliff

Signature of Treasurer Jessica C. Sutliff

Date 07 / 27 / 2005

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						
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FEC FORM 3X
Rev. 12/2004

25038874118

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Surge To Sixty

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2005"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="736168"/>	<input type="text" value="736168"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="736168"/>	<input type="text" value="736168"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="675171"/>	<input type="text" value="675171"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="60997"/>	<input type="text" value="60997"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	



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

25038874119

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Surge To Sixty

Report Covering the Period:

From:

01 01 2005

To:

06 30 2005

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		
(i) Itemized (use Schedule A).....	402217	402217
(ii) Unitemized.....	333951	333951
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	736168	736168
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	736168	736168
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	736168	736168
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	736168	736168

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**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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	67,517.1	67,517.1
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67,517.1	67,517.1
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	67,517.1	67,517.1

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	7,361,680	7,361,680
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7,361,680	7,361,680
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6,751,711	6,751,711
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6,751,711	6,751,711

2503887A122

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 6	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
Surge To Sixty

A. Full Name (Last, First, Middle Initial)
Johnson, Bruce

Mailing Address
52 Penzance Court

City **Safety Harbor** State **FL** Zip Code **34695**

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

Name of Employer **Self-Employed** Occupation **Investor**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 22 / 2005

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mansour, Mark

Mailing Address
2610 NE 40th Street

City **Fort Lauderdale** State **FL** Zip Code **33308**

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

Name of Employer **National Telecom** Occupation **Engineer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 24 / 2005

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Hillman, Tatnall

Mailing Address
504 West Bleeker Street

City **Aspen** State **CO** Zip Code **81611**

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

Name of Employer **Self** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 16 / 2005

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

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

25058874123

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 6

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
Surge To Sixty

Full Name (Last, First, Middle Initial) A. Bailey, Michael		Date of Receipt 05 / 03 / 2005
Mailing Address 3829 Harvest Lane		Amount of Each Receipt this Period 500.00
City Glenview	State Zip Code IL 60025	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Deloitte and Touche, LLP	Occupation Management 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. Fisher, Mark		Date of Receipt 05 / 23 / 2005
Mailing Address 3606 Tangley Street		Amount of Each Receipt this Period 250.00
City Houston	State Zip Code TX 77005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Self-Employed	
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. Tykeson, Donald		Date of Receipt 06 / 03 / 2005
Mailing Address P.O. Box 70006		Amount of Each Receipt this Period 250.00
City Eugene	State Zip Code OR 97401-0101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Private Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE **3** OF **6**

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Surge To Sixty

Full Name (Last, First, Middle Initial) A. Dunn, D. H.		Date of Receipt 06 / 07 / 2005
Mailing Address 4817 Lake Washington Blvd NE, Unit 3		Amount of Each Receipt this Period 250.00
City Kirkland	State Zip Code WA 98033	
FEC ID number of contributing federal political committee. C		
Name of Employer n/a	Occupation Writer	
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. Field, Lawrence		Date of Receipt 06 / 20 / 2005
Mailing Address 433 N. Camden Drive #820		Amount of Each Receipt this Period 500.00
City Beverly Hills	State Zip Code CA 90210	
FEC ID number of contributing federal political committee. C		
Name of Employer NSB Inc.	Occupation Real Estate	
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) C. Atkinson, Paul, F		Date of Receipt 06 / 23 / 2005
Mailing Address 4720 Green River Court		Amount of Each Receipt this Period 250.00
City Marietta	State Zip Code GA 30068	
FEC ID number of contributing federal political committee. C		
Name of Employer P.A.L.M., PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 6	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
Surge To Sixty

Full Name (Last, First, Middle Initial) A. Sutliff, James, C		Date of Receipt 01 28 2005
Mailing Address P.O. Box 7072		Amount of Each Receipt this Period 200.00
City Hicksville	State Zip Code NY 11802-7072	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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 ▼ 522.17	

Full Name (Last, First, Middle Initial) B. Sutliff, James, C		Date of Receipt 01 29 2005
Mailing Address P.O. Box 7072		Amount of Each Receipt this Period 26.02
City Hicksville	State Zip Code NY 11802-7072	
FEC ID number of contributing federal political committee. C		In-kind (Office Supplies)
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 ▼ 522.17	

Full Name (Last, First, Middle Initial) C. Sutliff, James, C		Date of Receipt 03 04 2005
Mailing Address P.O. Box 7072		Amount of Each Receipt this Period 20.15
City Hicksville,	State Zip Code NY 11802-7072	
FEC ID number of contributing federal political committee. C		In-kind (Office Supplies)
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 ▼ 522.17	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 6	
	<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)
Surge To Sixty

Full Name (Last, First, Middle Initial) A. Sutliff, James, C		Date of Receipt 06/30/2005
Mailing Address P.O. Box 7072		Amount of Each Receipt this Period 27600
City Hicksville	State Zip Code NY 11802-7072	
FEC ID number of contributing federal political committee. C		In-kind (Printing Services)
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 ▼ 52217	

Full Name (Last, First, Middle Initial) B. Sutliff, James C		Date of Receipt 04/04/2005
Mailing Address P.O. Box 7072		Amount of Each Receipt this Period 20000
City Hicksville	State Zip Code NY 11802-7072	
FEC ID number of contributing federal political committee. C		Memo: Conference Fee Reimbursed James Sutliff 5/30/05
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 ▼ 52217	

Full Name (Last, First, Middle Initial) C. Sutliff, James, C		Date of Receipt 04/14/2005
Mailing Address P.O. Box 7072		Amount of Each Receipt this Period 11100
City Hicksville	State Zip Code NY 11802-7072	
FEC ID number of contributing federal political committee. C		Memo: Postage Reimbursed James Sutliff 5/30/05
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 ▼ 52217	

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

25038874127

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

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

FOR LINE NUMBER: PAGE 6 OF 6
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Surge To Sixty

A. Full Name (Last, First, Middle Initial)
Sutliff, James, C

Mailing Address
P.O. Box 7072

City **Hicksville** State **NY** Zip Code **11802-7072**

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

Name of Employer **Self-Employed** Occupation **Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52217

Date of Receipt
04 / 21 / 2005

Amount of Each Receipt this Period
3962

Memo: Office Supplies Reimbursed 5/30/05

B. Full Name (Last, First, Middle Initial)
Sutliff, James, C

Mailing Address
P.O. Box 7072

City **Hicksville** State **NY** Zip Code **11802-7072**

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

Name of Employer **Self-Employed** Occupation **Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52217

Date of Receipt
04 / 25 / 2005

Amount of Each Receipt this Period
683

Memo: Office Supplies Reimbursed 5/30/05

C. Full Name (Last, First, Middle Initial)
Sutliff, James, C

Mailing Address
P.O. Box 7072

City **Hicksville** State **NY** Zip Code **11802-7072**

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

Name of Employer **Self-Employed** Occupation **Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52217

Date of Receipt
05 / 04 / 2005

Amount of Each Receipt this Period
978

Memo: Office Supplies Reimbursed 5/30/05

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

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

402217

25038874128

**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 1 OF 11

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Surge To Sixty

Full Name (Last, First, Middle Initial)

A. Sutliff, James, C

Date of Disbursement

07 29 2005

Mailing Address

P.O. Box 7072

City

Hicksville

State

NY

Zip Code

11802-7072

Purpose of Disbursement

Office Supplies

001

Category/
Type

Amount of Each Disbursement this Period

26.02

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

In-Kind

Full Name (Last, First, Middle Initial)

B. Sutliff, James, C

Date of Disbursement

03 04 2005

Mailing Address

P.O. Box 7072

City

Hicksville

State

NY

Zip Code

11802-7072

Purpose of Disbursement

Office Supplies

001

Category/
Type

Amount of Each Disbursement this Period

20.15

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

In-Kind

Full Name (Last, First, Middle Initial)

C. Sutliff, James, C

Date of Disbursement

06 30 2005

Mailing Address

P.O. Box 7072

City

Hicksville

State

NY

Zip Code

11802-7072

Purpose of Disbursement

Printing Services (through 6/30/05)

Category/
Type

Amount of Each Disbursement this Period

276.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

In-Kind

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

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

25036874129

**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 2 OF 11
	<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)
Surge To Sixty

A. Monarch Graphics Inc.

Full Name (Last, First, Middle Initial)

Mailing Address: **1065 Islip Avenue**

City: **Central Islip** State: **NY** Zip Code: **11722**

Purpose of Disbursement: **Printing of Envelopes - Committee Fundraising**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: **03** / **24** / **2005**

Amount of Each Disbursement this Period: **19935**

Category/Type: **003**

B. Postmaster Hicksville

Full Name (Last, First, Middle Initial)

Mailing Address: **Hicksville MPO**

City: **Hicksville** State: **NY** Zip Code: **11801**

Purpose of Disbursement: **Postage for Business Reply Permit - Committee Fundraising**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: **03** / **28** / **2005**

Amount of Each Disbursement this Period: **5000**

Category/Type: **003**

C. Monarch Graphics Inc.

Full Name (Last, First, Middle Initial)

Mailing Address: **1065 Islip Avenue**

City: **Central Islip** State: **NY** Zip Code: **11722**

Purpose of Disbursement: **Printing of Fundraising materials for PAC**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: **05** / **04** / **2005**

Amount of Each Disbursement this Period: **166851**

Category/Type: **003**

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

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

25038874130

**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 **3** OF **11**

21b 27 22 28a 23 28b 24 28c 25 29 26 30b

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NAME OF COMMITTEE (In Full)

Surge To Sixty

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address

204 Airport Plaza

City

Farmingdale

State

NY

Zip Code

11735

Purpose of Disbursement

Printing of fundraising materials for PAC

Candidate Name

0.03

Category/
Type

Date of Disbursement

05 / 07 / 2005

Amount of Each Disbursement this Period

289.26

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Postmaster Hicksville

Mailing Address

Hicksville MPO

City

Hicksville

State

NY

Zip Code

11801

Purpose of Disbursement

Postage - Fundraising for PAC

Candidate Name

0.03

Category/
Type

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

50.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Sutliff, Jessica, C

Mailing Address

P.O. Box 7072

City

Hicksville

State

NY

Zip Code

11802-7072

Purpose of Disbursement

Reimbursement: Postage, Office Supplies

Candidate Name

0.01

Category/
Type

Date of Disbursement

05 / 27 / 2005

Amount of Each Disbursement this Period

477.39

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

Please see next three items.

25033074131

**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 4 OF 11	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
Surge to Sixty

A. **United States Postal Service**

Full Name (Last, First, Middle Initial)

Mailing Address
Hicksville MPO

City **Hicksville** State **NY** Zip Code **11801**

Purpose of Disbursement
Postage Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
01 / 31 / 2005

Amount of Each Disbursement this Period
18500

Category/Type
001

Memo: Postage Reimbursed Jessica Sutliff 5/27/05

B. **United States Postal Service**

Full Name (Last, First, Middle Initial)

Mailing Address
Hicksville MPO

City **Hicksville** State **NY** Zip Code **11801**

Purpose of Disbursement
Postage Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
02 / 26 / 2005

Amount of Each Disbursement this Period
18500

Category/Type
001

Memo: Postage Reimbursement Jessica Sutliff 5/27/05

C. **Staples**

Full Name (Last, First, Middle Initial)

Mailing Address
204 Airport Plaza

City **Farmingdale** State **NY** Zip Code **11735**

Purpose of Disbursement
Reimbursement for Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
02 / 26 / 2005

Amount of Each Disbursement this Period
7697

Category/Type
001

Memo: Reimbursement for Office Supplies Jessica Sutliff 5/27/05

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

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

25038874132

**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 5 OF 11
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)
Surge to Sixty

A. Sutliff, Jessica, C
 Full Name (Last, First, Middle Initial)
 Mailing Address: **P.O. Box 7072**
 City: **Hicksville** State: **NY** Zip Code: **11802-7072**
 Purpose of Disbursement: **Reimbursements for Postage, Supplies, Phone**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: **05** / **27** / **2005**
 Amount of Each Disbursement this Period: **1269.28**
 Category/Type: **001**
 Please see next 6 items.

B. United States Postal Service
 Full Name (Last, First, Middle Initial)
 Mailing Address: **The Postal Store**
 City: **Garden City** State: **NY** Zip Code: **11531-3500**
 Purpose of Disbursement: **Postage for PAC Fundraising - Reimbursement**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: **03** / **11** / **2005**
 Amount of Each Disbursement this Period: **411.42**
 Category/Type: **003**
 Memo: Reimbursement for Postage Jessica Sutliff 5/27/05

C. Staples
 Full Name (Last, First, Middle Initial)
 Mailing Address: **Voice Road and Glen Cove Road**
 City: **Carle Place** State: **NY** Zip Code: **11514**
 Purpose of Disbursement: **Reimbursement for Office Supplies**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: **03** / **11** / **2005**
 Amount of Each Disbursement this Period: **69.05**
 Category/Type: **001**
 Memo: Reimbursement Jessica Sutliff 5/27/05

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

25033874153

**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 6 OF 11	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
Surge To Sixty

A. United States Postal Service

Date of Disbursement: **03 / 12 / 2005**

Mailing Address: **Hicksville MPO**

City: **Hicksville** State: **NY** Zip Code: **11801**

Purpose of Disbursement: **Reimbursement for business Reply Permit** Category/Type: **001**

Amount of Each Disbursement this Period: **15000**

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

State: _____ District: _____

Memo: Reimbursement for permit Jessica Sutliff 5/27/05

B. United States Postal Service

Date of Disbursement: **03 / 25 / 2005**

Mailing Address: **Hicksville MPO**

City: **Hicksville** State: **NY** Zip Code: **11801**

Purpose of Disbursement: **Reimbursement - Postage for PAC Fundraising** Category/Type: **003**

Amount of Each Disbursement this Period: **18500**

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

State: _____ District: _____

Memo: Reimbursement for postage Jessica Sutliff 5/27/05

C. Staples

Date of Disbursement: **03 / 25 / 2005**

Mailing Address: **Voice Road and Glen Cove Road**

City: **Carle Place** State: **NY** Zip Code: **11514**

Purpose of Disbursement: **Reimbursement - Office Supplies** Category/Type: **001**

Amount of Each Disbursement this Period: **13077**

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

State: _____ District: _____

Memo: Reimbursement for Office Supplies Jessica Sutliff 5/27/05

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

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

250338742

**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 7 OF 11				
	<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

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NAME OF COMMITTEE (In Full)
Surge To Sixty

A. Staples

Full Name (Last, First, Middle Initial)

Mailing Address: **Voice Road and Glen Cove Road**

City: **Carle Place** State: **NY** Zip Code: **11514**

Purpose of Disbursement: **Reimbursement - Office Supplies** Category/Type: **001**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement: **04** / **05** / **2005**

Amount of Each Disbursement this Period: **49.00**

Memo: Reimbursement for Office Supplies
Jessica Sutliff 5/27/05

B. Sutliff, James C.

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. Box 7072**

City: **Hicksville** State: **NY** Zip Code: **11802-7072**

Purpose of Disbursement: **Reimbursements for Conference, Postage, Supplies** Category/Type:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement: **05** / **30** / **2005**

Amount of Each Disbursement this Period: **367.23**

Please see next three lines.
(See Schedule A, July 2005)

C. United States Postal Service

Full Name (Last, First, Middle Initial)

Mailing Address: **Hicksville MPO**

City: **Hicksville** State: **NY** Zip Code: **11801**

Purpose of Disbursement: **Reimbursement - Postage for PAC Fundraising** Category/Type: **003**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement: **04** / **14** / **2005**

Amount of Each Disbursement this Period: **111.00**

Memo: Reimbursement for Postage
James Sutliff 5/30/05

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

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

2503887433

**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 8 OF 11
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
Surge To Sixty

A. Staples

Full Name (Last, First, Middle Initial)

Mailing Address: **204 Airport Plaza**

City: **Farmingdale** State: **NY** Zip Code: **11735**

Purpose of Disbursement: **Reimbursement for Office Supplies** Category/Type: **001**

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

State: _____ District: _____

Date of Disbursement: **04/21/2005**

Amount of Each Disbursement this Period: **396.2**

Memo: Reimbursement for office supplies James Sutliff 5/30/05

B. Staples

Full Name (Last, First, Middle Initial)

Mailing Address: **Voice Road and Glen Cove Road**

City: **Carle Place** State: **NY** Zip Code: **11514**

Purpose of Disbursement: **Reimbursement for Office Supplies** Category/Type: **001**

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

State: _____ District: _____

Date of Disbursement: **04/25/2005**

Amount of Each Disbursement this Period: **6.83**

Memo: Reimbursement for office supplies James Sutliff 5/30/05

C. Sutliff, Jessica, C

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. Box 7072**

City: **Hicksville** State: **NY** Zip Code: **11802-7072**

Purpose of Disbursement: **Reimbursements for Postage, Supplies, Phone** Category/Type: **001**

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

State: _____ District: _____

Date of Disbursement: **06/21/2005**

Amount of Each Disbursement this Period: **15926.1**

Please see next five lines.

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

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

25038674135

**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 9 OF 11
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)
Surge To Sixty

A. Staples

Full Name (Last, First, Middle Initial)

Mailing Address: **2535 Richmond Avenue**

City: **Staten Island** State: **NY** Zip Code: **10314**

Purpose of Disbursement: **Reimbursement for Office Supplies**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **04 22 2005**

Amount of Each Disbursement this Period: **130.27**

Category/Type: **001**

Memo: Reimbursement for Office Supplies, Jessica Sutliff 6/21/05

B. United States Postal Service

Full Name (Last, First, Middle Initial)

Mailing Address: **New Springville Station**

City: **Staten Island** State: **NY** Zip Code: **10314-5850**

Purpose of Disbursement: **Reimbursement for Postage**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **04 29 2005**

Amount of Each Disbursement this Period: **102.80**

Category/Type: **001**

Memo: Reimbursement for Postage, Jessica Sutliff 6/21/05

C. United States Postal Service

Full Name (Last, First, Middle Initial)

Mailing Address: **Hicksville MPO**

City: **Hicksville** State: **NY** Zip Code: **11801**

Purpose of Disbursement: **Reimbursement for Postage**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **04 29 2005**

Amount of Each Disbursement this Period: **430.00**

Category/Type: **001**

Memo: Reimbursement for Postage, Jessica Sutliff 6/21/05

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

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

25030874137

**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 OF 11

<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)

Surge to Sixty

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address

2535 Richmond Avenue

City Staten Island State NY Zip Code 10314

Purpose of Disbursement Reimbursement for office supplies

Candidate Name

0.01

Category/Type

Date of Disbursement

04 30 2005

Amount of Each Disbursement this Period

11896

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Memo: Reimbursement for office supplies Jessica Sutliff 6/21/05

B. United States Postal Service

Mailing Address

Hicksville MPO

City Hicksville State NY Zip Code 11801

Purpose of Disbursement Reimbursement for postage

Candidate Name

Category/Type

Date of Disbursement

05 12 2005

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Memo: Reimbursement for postage Jessica Sutliff 6/21/05

C. Sutliff, Jessica, C

Mailing Address

P.O. Box 7072

City Hicksville State NY Zip Code 11802-7072

Purpose of Disbursement Reimbursements for postage, supplies, phone

Candidate Name

Category/Type

Date of Disbursement

06 30 2005

Amount of Each Disbursement this Period

29851

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Please see next two items.

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

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

25036874136

**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 11 OF 11

<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)

Surge To Sixty

Full Name (Last, First, Middle Initial)

A. *United States Postal Service*

Date of Disbursement

04 / *27* / *2005*

Mailing Address

New Dorp Station

City *Staten Island* State *NY* Zip Code *10306*

Purpose of Disbursement

Reimbursement for Postage

Category/Type

Amount of Each Disbursement this Period

185.00

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

*Memo: Reimbursement for Postage
Jessica Sutliff 6/30/05*

Full Name (Last, First, Middle Initial)

B. *Staples*

Date of Disbursement

05 / *28* / *2005*

Mailing Address

204 Airport Plaza

City *Farmingdale* State *NY* Zip Code *11735*

Purpose of Disbursement

Reimbursement for Office Supplies

Category/Type

Amount of Each Disbursement this Period

70.82

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

*Memo: Reimbursement for Office Supplies
Jessica Sutliff 6/30/05*

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

_____ / _____ / _____

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

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

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

6584.31

25030674139

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>7/27/05</i>
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>EA</i>	<i>8/4/05</i>
PREPARER	DATE PREPARED

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