

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
National Action Committee (NACPAC)

ADDRESS (number and street) 3389 Sheridan St.
#424
 Check if different than previously reported. (ACC)
Hollywood FL 33021

2. **FEC IDENTIFICATION NUMBER** C00147983
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:
 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of FL

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 Mark Vogel

Signature of Treasurer Electronically Filed by Mark Vogel Date 12 01 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
National Action Committee (NACPAC)

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		34161.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	18903.00									
(c) Total Receipts (from Line 19)	7084.00	150909.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25987.00	185070.00								
7. Total Disbursements (from Line 31)	5577.00	164660.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20410.00	20410.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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
National Action Committee (NACPAC)

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	6500.00	138750.00
(i) Itemized (use Schedule A)	546.00	9289.00
(ii) Unitemized	7046.00	148039.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	2500.00
(c) Other Political Committees (such as PACs)	0.00	150539.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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.)	38.00	370.00
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))	7084.00	150909.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7084.00	150909.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	3577.00	37160.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3577.00	37160.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	127500.00
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))..	5577.00	164660.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5577.00	164660.00

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	7046.00	150539.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7046.00	150539.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3577.00	37160.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3577.00	37160.00

**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 / 12
	<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	

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)
National Action Committee (NACPAC)

Full Name (Last, First, Middle Initial) A. Barry Baker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 3333 E. Speedway Blvd.		Transaction ID: SA11A1.6437	
City State Zip Code Tucson AZ 85716	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Dues		
Name of Employer Self Occupation Real Estate	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Alvin Brown		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 1811 SW 17th St.		Transaction ID: SA11A1.6443	
City State Zip Code Boca Raton FL 33486	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Dues		
Name of Employer Morrison, Brown & Argiz Occupation C.P.A.	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Charles Brumer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 1150 No. 35th Ave., #105		Transaction ID: SA11A1.6436	
City State Zip Code Hollywood FL 33021	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Dues		
Name of Employer Hollywood Discount Pharmacy Occupation Pharmacist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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: (check only one)	PAGE 7 / 12
	<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)
National Action Committee (NACPAC)

Full Name (Last, First, Middle Initial) A. Steven Caller		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 840 E. High St.		Transaction ID: SA11A1.6435	
City Lexington	State KY	Amount of Each Receipt this Period 500.00	
Zip Code 40502		Dues	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	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) B. Paul Cummings		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 1428 Brickell Ave., #400		Transaction ID: SA11A1.6434	
City Miami	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33131		Dues	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	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) C. Mayer Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address PO Box 16006		Transaction ID: SA11A1.6442	
City Mobile	State AL	Amount of Each Receipt this Period 500.00	
Zip Code 36616		Dues	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired Investor		
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) ▶	1500.00
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 / 12
	<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)
National Action Committee (NACPAC)

Full Name (Last, First, Middle Initial) A. Kevin Rader		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address 23173 Boca Club Colony Circle		Transaction ID: SA11A1.6426	
City State Zip Code Boca Raton FL 33433	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Dues	
Name of Employer Advanced Insurance	Occupation Agent		
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. Bert Sager		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address PO Box 4301495		Transaction ID: SA11A1.6441	
City State Zip Code So. Miami FL 33243	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Dues	
Name of Employer Self	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) C. David Shpilberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 20155 NE 38th Ct., #901		Transaction ID: SA11A1.6433	
City State Zip Code Miami FL 33180	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Dues	
Name of Employer Bain & Co.	Occupation Management Consultant		
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) ▶	1500.00
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 9 / 12
	<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)
National Action Committee (NACPAC)

Full Name (Last, First, Middle Initial) A. Jeffrey Snyder		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 5813 Mossrock Dr.		Transaction ID: SA11A1.6445
City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Dues	
Name of Employer Occupation Anderson & Quinn Attorney	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Don Solomon		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 3000 Island Blvd., #TH1		Transaction ID: SA11A1.6444
City State Zip Code Aventura FL 33160	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Dues	
Name of Employer Occupation EAP Management Co. President	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Allan Yarkin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 9401 Collins Ave., #607		Transaction ID: SA11A1.6439
City State Zip Code Miami Beach FL 33154	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Dues	
Name of Employer Occupation Salomon Smith Barney Broker	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	6500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 12	
	(check only one)			
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) National Action Committee (NACPAC)

A. Full Name (Last, First, Middle Initial) Interest Mailing Address City State Zip Code	Date of Receipt <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>7</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	7	/	2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y											
1	1	/	2	7	/	2	0	0	6												
FEC ID number of contributing federal political committee. C	Transaction ID: SA17.6452 Amount of Each Receipt this Period <table border="1"> <tr> <td>38.00</td> </tr> </table>	38.00																			
38.00																					
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Interest Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>370.00</td> </tr> </table>	370.00																			
370.00																					

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>38.00</td></tr></table>	38.00
38.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td>38.00</td></tr></table>	38.00
38.00			

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 11 / 12

<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)
National Action Committee (NACPAC)

Full Name (Last, First, Middle Initial)

A. Mark R. Vogel, P.A.

Mailing Address 3389 Sheridan St., #424

City Hollywood State FL Zip Code 33021

Purpose of Disbursement
Offices, secr'l, postage, xerox, long dist.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6431

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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 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)
National Action Committee (NACPAC)

A. Full Name (Last, First, Middle Initial)
Maloney for Congress

Mailing Address 24 E. 93rd St., #1B

City New York State NY Zip Code 10128

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: NY District: 14

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: SB23.6448

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

B. Full Name (Last, First, Middle Initial)
Menendez for Senate, Inc.

Mailing Address 317 George Street, 4th Floor

City New Brunswick State NJ Zip Code 08901

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: NJ District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: SB23.6428

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)