

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
JM Family Enterprises, Inc. PAC

ADDRESS (number and street) 100 Jim Moran Blvd.
 Check if different than previously reported. (ACC)
Deerfield Beach FL 33442

2. **FEC IDENTIFICATION NUMBER** C00240911
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 _____ in the State of _____

5. Covering Period 06 29 2006 through 09 30 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 James N. Allison III

Signature of Treasurer Electronically Filed by James N. Allison III Date 10 13 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**

Write or Type Committee Name
JM Family Enterprises, Inc. PAC

Report Covering the Period: From:

M	M
0	6

D	D
2	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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		30022.73
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	64307.43									
(c) Total Receipts (from Line 19)	9304.61	91125.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73612.04	121148.04								
7. Total Disbursements (from Line 31)	57000.00	104536.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16612.04	16612.04								
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
JM Family Enterprises, Inc. PAC

Report Covering the Period: From:

M	M
0	6

D	D
2	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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	5998.17	78631.51
(i) Itemized (use Schedule A)	3306.44	8493.80
(ii) Unitemized	9304.61	87125.31
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	9304.61	87125.31
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	4000.00
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))	9304.61	91125.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9304.61	91125.31

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.....	0.00	36.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	36.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	65500.00
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.....	34500.00	39000.00
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))..	57000.00	104536.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	57000.00	104536.00

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)	9304.61	87125.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9304.61	87125.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	36.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	36.00

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 / 26
	<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)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. James N. Allison, III		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1725 Palm Cove Blvd. No. 304		Transaction ID: C558
City State Zip Code Delray Beach FL 33445	Amount of Each Receipt this Period 315.00	
FEC ID number of contributing federal political committee. C		* Payroll Deduction: \$45.- 00 Bi-Monthly
Name of Employer JM Family Enterprises, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Arthur J. Mueller		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 2937 Couples Court		Transaction ID: C524
City State Zip Code Virginia Beach VA 23456	Amount of Each Receipt this Period 583.38	
FEC ID number of contributing federal political committee. C		* Payroll Deduction: \$83.- 34 Bi-Monthly
Name of Employer Jim Moran & Associates, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40	

Full Name (Last, First, Middle Initial) C. Stephen J. Donaghy		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 12678 Torbay Drive		Transaction ID: C535
City State Zip Code Boca Raton FL 33428	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C		* Payroll Deduction: \$25.- 00 Bi-Monthly
Name of Employer JM Dealer Services, Inc.	Occupation Vice President	
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) ▶	1073.38
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Shirley M. Tosca

Mailing Address 3799 West Promontory Drive

City State Zip Code
Beverly Hills FL 34465

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

Name of Employer
JM Family Enterprises, Inc.

Occupation
Director, Retail Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: C563

Amount of Each Receipt this Period
291.62

* Payroll Deduction: \$41.-
66 Bi-Monthly

B. Full Name (Last, First, Middle Initial)
Marcy L. Miller

Mailing Address 180 N.E. 6th Avenue
Apt. K

City State Zip Code
Delray Beach FL 33483

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

Name of Employer
JM Family Enterprises, Inc.

Occupation
Manager, Corporate Taxes

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: C562

Amount of Each Receipt this Period
175.00

* Payroll Deduction: \$25.-
00 Bi-Monthly

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

Mailing Address 22289 Holcomb Place

City State Zip Code
Boca Raton FL 33428

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

Name of Employer
World Omni Financial Corporation

Occupation
Chief Division Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.94

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: C551

Amount of Each Receipt this Period
291.62

* Payroll Deduction: \$41.-
66 Bi-Monthly

SUBTOTAL of Receipts This Page (optional)	758.24
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 / 26
	<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)
JM Family Enterprises, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Jon K. Fleeger

Mailing Address 12457 World Cup Lane

City State Zip Code
Wellington FL 33414

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

Name of Employer Southeast Toyota Distributors
Occupation Director, Distribution

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: C543

Amount of Each Receipt this Period
175.00

* Payroll Deduction: \$25.-00 Bi-Monthly

B. Full Name (Last, First, Middle Initial)
Stephen J. Ozzello

Mailing Address 874 Forest Glen Lane

City State Zip Code
Wellington FL 33414

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

Name of Employer Southeast Toyota Distributors
Occupation Director, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: C547

Amount of Each Receipt this Period
175.00

* Payroll Deduction: \$25.-00 Bi-Monthly

C. Full Name (Last, First, Middle Initial)
Juan C. Guerrero

Mailing Address 7535 N.W. 125th Way

City State Zip Code
Parkland FL 33076

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

Name of Employer Southeast Toyota Distributors
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: C544

Amount of Each Receipt this Period
300.00

* Payroll Deduction: \$50.-00 Bi-Monthly

SUBTOTAL of Receipts This Page (optional)	650.00
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 / 26
	<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)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Alan J. Browdy		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 11806 N.W. 12th Manor		Transaction ID: C559	
City State Zip Code Coral Springs FL 33071		Amount of Each Receipt this Period 291.62	
FEC ID number of contributing federal political committee. C			
Name of Employer JM Family Enterprises, Inc.		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.60	
		* Payroll Deduction: \$14.-58 Bi-Monthly	

Full Name (Last, First, Middle Initial) B. Brian R. Ramphal		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address P.O. Box 3129		Transaction ID: C536	
City State Zip Code Rancho Santa Fe CA 92067		Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C			
Name of Employer JM Dealer Services, Inc.		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
		* Payroll Deduction: \$25.-00 Bi-Monthly	

Full Name (Last, First, Middle Initial) C. Ken Yerves		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 22472 Tiki Drive		Transaction ID: C537	
City State Zip Code Boca Raton FL 33428		Amount of Each Receipt this Period 875.00	
FEC ID number of contributing federal political committee. C			
Name of Employer JM Family Enterprises, Inc.		Occupation Senior Vice President & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	
		* Payroll Deduction: \$125.-00 Bi-Monthly	

SUBTOTAL of Receipts This Page (optional) ▶	1341.62
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 10 / 26
	<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)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. John J. Gawlinski		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 19352 Preserve Drive		Transaction ID: C528
City State Zip Code Boca Raton FL 33498	Amount of Each Receipt this Period 583.31	
FEC ID number of contributing federal political committee. C		* Payroll Deduction: \$83.- 33 Bi-Monthly
Name of Employer JM Service Center, LLC	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	

Full Name (Last, First, Middle Initial) B. Deborah A. Battisto		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 198 S.W. 6th Avenue		Transaction ID: C526
City State Zip Code Boca Raton FL 33486	Amount of Each Receipt this Period 291.62	
FEC ID number of contributing federal political committee. C		* Payroll Deduction: \$41.- 66 Bi-Monthly
Name of Employer JM Service Center, LLC	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60	

Full Name (Last, First, Middle Initial) C. Brian J. Walwyn		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address 7 Sargent David Stoddard Court		Transaction ID: C232
City State Zip Code Bedminster NJ 07921	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jim Moran & Associates, Inc.	Occupation Division Manager	
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) ▶	1374.93
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 11 / 26
	(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"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Edward Harmann		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 7136 Via Marbella		Transaction ID: C370 Amount of Each Receipt this Period 400.00
City State Zip Code Boca Raton FL 33433	FEC ID number of contributing federal political committee. C	
Name of Employer JM Family Enterprises, Inc.	Occupation Manager, Aircraft Maintenance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Thomas D. Beddia		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 598 S.W. 16th Way		Transaction ID: C372 Amount of Each Receipt this Period 400.00
City State Zip Code Boca Raton FL 33432	FEC ID number of contributing federal political committee. C	
Name of Employer Southeast Toyota Distributors	Occupation Director, Sales Training	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	5998.17

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)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Friends Of Corrine Brown		Transaction ID: D67 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 3109 River Bend Court Apt. D-102		Amount of Each Disbursement this Period 2500.00
City Laurel State MD Zip Code 20724		
Purpose of Disbursement Contribution Candidate Name Corrine Brown 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: FL District: 03		

Full Name (Last, First, Middle Initial) B. Bachus For Congress Committee		Transaction ID: D30 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 59444		Amount of Each Disbursement this Period 5000.00
City Birmingham State AL Zip Code 35259		
Purpose of Disbursement Contribution Candidate Name Spencer Bachus 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: AL District: 06		

Full Name (Last, First, Middle Initial) C. Friends Of Jim Oberstar		Transaction ID: D31 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 1017 8th Street, N.E.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Contribution Candidate Name Jim Oberstar Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 08		

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Tallatchee Creek PAC		Transaction ID: D29 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 3343 Allendale Place		Amount of Each Disbursement this Period 1000.00
City Montgomery State AL Zip Code 36111	Purpose of Disbursement 2006 Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Moving America Forward		Transaction ID: D32 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 25		Amount of Each Disbursement this Period 5000.00
City Great Falls State VA Zip Code 22066	Purpose of Disbursement 2006 Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: D73 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 430 South Capitol Street, S.E. 2nd Floor		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 2006 Contribution 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: D74 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 430 South Capitol Street, S.E. 2nd Floor		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 2006 Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jo Bonner For Congress Committee		Transaction ID: D28 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 851232		Amount of Each Disbursement this Period 1000.00
City Mobile State AL Zip Code 36685	Purpose of Disbursement Contribution Candidate Name Jo Bonner Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Santorum 2006		Transaction ID: D69 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 2000.00
City West Conshohocken State PA Zip Code 19428	Purpose of Disbursement Contribution Candidate Name Rick Santorum Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	22500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Hartsell For State Senator Committee		Transaction ID: D35 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address P.O. Box 1709		Amount of Each Disbursement this Period 500.00
City Concord State NC Zip Code 28026	Category/ Type	
Purpose of Disbursement Nonfederal Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Apodaca For NC Senate Committee		Transaction ID: D51 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 214 North King Street		Amount of Each Disbursement this Period 2500.00
City Hendersonville State NC Zip Code 28792	Category/ Type	
Purpose of Disbursement Nonfederal Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Committee To Elect Republican Women		Transaction ID: D46 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 1517 Brightwater Court		Amount of Each Disbursement this Period 1000.00
City Raleigh State NC Zip Code 27614	Category/ Type	
Purpose of Disbursement Nonfederal Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Becky Carney Campaign		Transaction ID: D33 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 32873		Amount of Each Disbursement this Period 1000.00
City Charlotte State NC Zip Code 28232	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Jerry Dockham Campaign		Transaction ID: D59 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 265		Amount of Each Disbursement this Period 500.00
City Denton State NC Zip Code 27239	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Harold Brubaker Campaign Committee		Transaction ID: D70 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 312 West Salisbury Street		Amount of Each Disbursement this Period 2000.00
City Asheboro State NC Zip Code 27203	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Dalton For NC Senate		Transaction ID: D39 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 560 North Main Street		Amount of Each Disbursement this Period 1000.00
City Rutherfordton State NC Zip Code 28139	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Julia C. Howard for House		Transaction ID: D55 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 330 South Salisbury Street		Amount of Each Disbursement this Period 1000.00
City Mocksville State NC Zip Code 27028	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Julia C. Howard for House		Transaction ID: D72 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 330 South Salisbury Street		Amount of Each Disbursement this Period 500.00
City Mocksville State NC Zip Code 27028	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Friends Of Larry Shaw		Transaction ID: D71 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 1195		Amount of Each Disbursement this Period 1000.00
City Fayetteville	State NC Zip Code 28302	
Purpose of Disbursement Nonfederal Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Cooper For Attorney General		Transaction ID: D48 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 629		Amount of Each Disbursement this Period 1000.00
City Raleigh	State NC Zip Code 27602	
Purpose of Disbursement Nonfederal Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Jim Long Election Committee		Transaction ID: D37 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 10343		Amount of Each Disbursement this Period 1000.00
City Raleigh	State NC Zip Code 27605	
Purpose of Disbursement Nonfederal Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Friends of Fred Smith		Transaction ID: D52 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 311 Athletic Club Blvd.		Amount of Each Disbursement this Period 2000.00
City Clayton State NC Zip Code 27527	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Committee To Elect Thomas Wright		Transaction ID: D50 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 1654		Amount of Each Disbursement this Period 1500.00
City Wilmington State NC Zip Code 28402	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Jim Forrester For NC Senate		Transaction ID: D49 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 459		Amount of Each Disbursement this Period 500.00
City Stanley State NC Zip Code 28164	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. North Carolina Republican Senatorial Trust		Transaction ID: D41 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 1506 Hillsborough Street		Amount of Each Disbursement this Period 500.00
City Raleigh State NC Zip Code 27603	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Committee To Elect Hugh Holliman		Transaction ID: D54 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 102 Warrior Way		Amount of Each Disbursement this Period 1000.00
City Lexington State NC Zip Code 27295	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Daughtridge For NC House Committee		Transaction ID: D68 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 508		Amount of Each Disbursement this Period 1000.00
City Rocky Mount State NC Zip Code 27802	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Drew Saunders Campaign		Transaction ID: D62 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 204 Sherwood Drive		Amount of Each Disbursement this Period 1000.00
City State Zip Code Huntersville NC 28078	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. North Carolina Republican Executive Committee		Transaction ID: D45 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 1506 Hillsborough Street		Amount of Each Disbursement this Period 500.00
City State Zip Code Raleigh NC 27605	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Committee To Re-Elect Rep. Melanie Goodwin		Transaction ID: D34 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 1166		Amount of Each Disbursement this Period 500.00
City State Zip Code Hamlet NC 28345	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. North Carolina Republican Senate Committee		Transaction ID: D42 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 214 North King Street		Amount of Each Disbursement this Period 1000.00
City Hendersonville State NC Zip Code 28792	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Phillip Berger Committee		Transaction ID: D40 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 110 West Meadow Road		Amount of Each Disbursement this Period 2000.00
City Eden State NC Zip Code 27289	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. R.C. Soles, Jr. for Senate		Transaction ID: D66 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address P.O. Box 6		Amount of Each Disbursement this Period 1000.00
City Tabor City State NC Zip Code 28463	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. David Hoyle for Senate		Transaction ID: D63 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 1709		Amount of Each Disbursement this Period 500.00
City Concord State NC Zip Code 28026	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Committee To Elect Linda P. Johnson		Transaction ID: D61 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 1205 Berkshire Drive		Amount of Each Disbursement this Period 500.00
City Kannapolis State NC Zip Code 28081	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Phil Haire For NC House		Transaction ID: D57 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 727		Amount of Each Disbursement this Period 500.00
City Sylva State NC Zip Code 28779	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Mitch Gillespie for N.C. House		Transaction ID: D36 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 185 Cross Creek North Ridge Drive		Amount of Each Disbursement this Period 500.00
City Marion State NC Zip Code 28752	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Beverly Earle Campaign Committee		Transaction ID: D58 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 312 South Clarkson Street		Amount of Each Disbursement this Period 1000.00
City Charlotte State NC Zip Code 28202	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. North Carolina Senate Democratic Party		Transaction ID: D43 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 220 Hillsborough Street		Amount of Each Disbursement this Period 1000.00
City Raleigh State NC Zip Code 27603	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Committee To Elect Bruce Goforth		Transaction ID: D47 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 137 Stonecrest Drive		Amount of Each Disbursement this Period 1000.00
City Asheville State NC Zip Code 28803	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Owens For NC House		Transaction ID: D60 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 1443 North Side Road		Amount of Each Disbursement this Period 1000.00
City Elizabeth City State NC Zip Code 27909	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. David F. Weinstein Campaign		Transaction ID: D53 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 204 Walnut Cove Drive		Amount of Each Disbursement this Period 1000.00
City Lumberton State NC Zip Code 28358	Purpose of Disbursement Nonfederal Contribution 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

Full Name (Last, First, Middle Initial) A. Citizens to Elect Larry Womble		Transaction ID: D64 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 1294 Salem Lake Road		Amount of Each Disbursement this Period 500.00
City Winston Salem State NC Zip Code 27107	Category/ Type	
Purpose of Disbursement Nonfederal Contribution		
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. Pryor Gibson Good Government Committee		Transaction ID: D56 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address P.O. Box 1010		Amount of Each Disbursement this Period 1000.00
City Wadesboro State NC Zip Code 28170	Category/ Type	
Purpose of Disbursement Nonfederal Contribution		
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. North Carolina House Democratic Party		Transaction ID: D44 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 220 Hillsborough Street		Amount of Each Disbursement this Period 500.00
City Raleigh State NC Zip Code 27603	Category/ Type	
Purpose of Disbursement Nonfederal Contribution		
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) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	34500.00