

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

PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

ADDRESS (number and street) 14100 NW 58TH COURT

Check if different than previously reported. (ACC) MIAMI LAKES FL 33014

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

C00423996

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

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

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

Election on _____ in the State of _____

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

Election on _____ in the State of _____

5. Covering Period 07 01 2007 through 12 31 2007

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 Damon Butler

Signature of Treasurer Electronically Filed by Damon Butler Date 02 20 2008

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

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| | 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>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | | 9000.00 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 4450.00 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 7000.00 | 15500.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 11450.00 | 24500.00 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 3550.00 | 16600.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 7900.00 | 7900.00 | | | | | | | | |
| 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

PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| 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 | 7000.00 | 15500.00 |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| (ii) Unitemized | 7000.00 | 15500.00 |
| (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) | 7000.00 | 15500.00 |
| 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.) | 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)) | 7000.00 | 15500.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 7000.00 | 15500.00 |

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..... | 50.00 | 100.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 50.00 | 100.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 3500.00 | 16500.00 |
| 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)).. | 3550.00 | 16600.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3550.00 | 16600.00 |

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) | 7000.00 | 15500.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 7000.00 | 15500.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 50.00 | 100.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 50.00 | 100.00 |

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

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

FOR LINE NUMBER: PAGE 6 / 8
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Richard Bernstein

Mailing Address 10220 SW 142nd St.

City State Zip Code
Miami FL 33176

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

Name of Employer The Protective Group Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2007

Transaction ID: SA11AI.4211

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Joe Corrigan

Mailing Address 2101 L St., NW Ste. 1000

City State Zip Code
Washington DC 20037

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

Name of Employer Greenberg Traurig Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
12 / 26 / 2007

Transaction ID: SA11AI.4212

Amount of Each Receipt this Period
2000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

TOTAL This Period (last page this line number only) ► **7000.00**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

| | | | |
|----|---|---|--|
| A. | Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MCHUGH | Transaction ID: SB23.4214 Date of Disbursement 07 / 13 / 2007 | |
| | Mailing Address 228 SOUTH WASHINGTON STREET SUITE 115 | | |
| | City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period 1000.00 | |
| | Purpose of Disbursement Contribution | 011 Category/ Type | |
| | Candidate Name JOHN M MCHUGH | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. | Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS | Transaction ID: SB23.4226 Date of Disbursement 12 / 20 / 2007 | |
| | Mailing Address PO Box 51272 | | |
| | City Midland State TX Zip Code 79710 | Amount of Each Disbursement this Period 1000.00 | |
| | Purpose of Disbursement Contributon | 011 Category/ Type | |
| | Candidate Name K. MICHAEL HON. CONAWAY | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. | Full Name (Last, First, Middle Initial) GENE TAYLOR FOR CONGRESS COMMITTEE | Transaction ID: SB23.4215 Date of Disbursement 10 / 22 / 2007 | |
| | Mailing Address Post Office Box 38 POST OFFICE BOX 38 | | |
| | City Bay St. Louis State MS Zip Code 39520 | Amount of Each Disbursement this Period 1000.00 | |
| | Purpose of Disbursement Contribution | 011 Category/ Type | |
| | Candidate Name GENE MR. TAYLOR | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 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)
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

| | | | | | | | | | | | | | | | | | | | | | |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) HAYES FOR CONGRESS | Transaction ID: SB23.4221 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address Post Office Box 2000 | <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>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 2 | 0 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 2 | 0 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| | City State Zip Code Concord NC 28026 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Contribution | <table border="1"><tr><td>1000.00</td></tr></table> | 1000.00 | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name ROBERT CANNON HAYES | <table border="1"><tr><td>011</td></tr></table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|----------|---|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART FOR CONGRESS | Transaction ID: SB23.4223 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 2801 Ponce de Leon Blvd. Ste1000 | <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>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 3 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 3 | 1 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| | City State Zip Code Coral Gables FL 33134 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Void Check issue 2/26/07 | <table border="1"><tr><td>-1000.00</td></tr></table> | -1000.00 | | | | | | | | | | | | | | | | | | |
| -1000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name MARIO DIAZ-BALART | <table border="1"><tr><td>011</td></tr></table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--------|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) SCHULTZ DEBBIE WASSERMAN | Transaction ID: SB23.4218 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1071 Twin Branch Ln | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 6 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 6 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| | City State Zip Code WESTON FL 33326 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Contribution | <table border="1"><tr><td>500.00</td></tr></table> | 500.00 | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name DEBBIE WASSERMAN SCHULTZ | <table border="1"><tr><td>011</td></tr></table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>500.00</td></tr></table> | 500.00 |
| 500.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td>3500.00</td></tr></table> | 3500.00 |
| 3500.00 | | |