

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

80-20 PAC

ADDRESS (number and street) 5 Farm House Rd

Check if different than previously reported. (ACC)

Newark

DE

19711

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

C00346015

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)
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Election on _____ in the State of _____

5. Covering Period 01 01 2005 through 06 30 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathleen To

Signature of Treasurer Electronically Filed by Kathleen To

Date 05 15 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
80-20 PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		148928.01
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	148928.01									
(c) Total Receipts (from Line 19)	51062.94	51062.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	199990.95	199990.95								
7. Total Disbursements (from Line 31)	43179.82	43179.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	156811.13	156811.13								
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
80-20 PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	17102.20	17102.20
(i) Itemized (use Schedule A)	32640.22	32640.22
(ii) Unitemized	49742.42	49742.42
(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)	49742.42	49742.42
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.)	1320.52	1320.52
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))	51062.94	51062.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51062.94	51062.94

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.....	42939.82	42939.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	42939.82	42939.82
22. Transfers to Affiliated/Other Party Committees.....	240.00	240.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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))..	43179.82	43179.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	43179.82	43179.82

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	49742.42	49742.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49742.42	49742.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	42939.82	42939.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42939.82	42939.82

**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 / 29
	<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)
80-20 PAC

A. Full Name (Last, First, Middle Initial)
80-20 New Jersey Chapter

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	0	5

Transaction ID: SA11A1.21099

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Alec Y. Chang

Mailing Address 1391 La Honda Rd.

City State Zip Code
Woodside CA 94062

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

Name of Employer Occupation
Skadden Arps Slate Meagher & Flom LLP lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	5

Transaction ID: SA11A1.21317

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Farland Chang

Mailing Address 432 Santa Maria Drive

City State Zip Code
Irving CA 92606

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

Name of Employer Occupation
WorldBizWatch President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
948.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	0	5

Transaction ID: SA11A1.26467

Amount of Each Receipt this Period
948.50

SUBTOTAL of Receipts This Page (optional)	▶	1688.50
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 / 29
	<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)
80-20 PAC

A. Full Name (Last, First, Middle Initial)
Kong-Pei Chen

Mailing Address 13317 KIT LANE

City State Zip Code
Dallas TX 75240

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

Name of Employer self-employed Occupation self-employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 24 / 2005

Transaction ID: SA11A1.21318

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO Box 1438

City State Zip Code
Alhambra CA 91802

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

Name of Employer Agio Solutions Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
06 / 09 / 2005

Transaction ID: SA11A1.21269

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Weibo Gong

Mailing Address 25 Sacco Dr.

City State Zip Code
Amherst MA 01002

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

Name of Employer University of MA Amherst Occupation professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
02 / 22 / 2005

Transaction ID: SA11A1.21104

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ▶ 7500.00

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 / 29
	<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Amy Han		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 5	
Mailing Address 455 Albany Ct.		Transaction ID: SA11A1.26465	
City West New York	State NJ	Zip Code 07093	Amount of Each Receipt this Period 456.70
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation self		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.70		

Full Name (Last, First, Middle Initial) B. Fred Hsiao		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 5	
Mailing Address 6711 Lake Shore Dr. #1203		Transaction ID: SA11A1.20815	
City Richfield	State MN	Zip Code 55423	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Oliver Hsu		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 5	
Mailing Address 4615 140th PL SE		Transaction ID: SA11A1.21179	
City Bellevue	State WA	Zip Code 98006-3051	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation eningeer		
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) ▶	1706.70
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 / 29
	<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Doris Huang		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2005	
Mailing Address 862 Lily Ave.		Transaction ID: SA11A1.21168	
City State Zip Code Cupertino CA 95014-4211		Amount of Each Receipt this Period 235.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ultratech Occupation accounting			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) B. Mark Le		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005	
Mailing Address 17705 springwinds dr		Transaction ID: SA11A1.21199	
City State Zip Code cornelius NC 28031		Amount of Each Receipt this Period 245.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed Occupation self-employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. Mark Le		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 17705 springwinds dr		Transaction ID: SA11A1.21305	
City State Zip Code cornelius NC 28031		Amount of Each Receipt this Period 995.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed Occupation self-employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1240.00	

SUBTOTAL of Receipts This Page (optional)	1475.00
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 10 / 29
	<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Dongzi Liu		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 5
Mailing Address 1215 Altamead Drive		Transaction ID: SA11A1.21244
City State Zip Code Los Altos CA 94024	Amount of Each Receipt this Period 1035.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cadence Design Systems	Occupation Senior member of Consulting Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	

Full Name (Last, First, Middle Initial) B. To Trinh Quan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 10 West 15th Street Apt 1119		Transaction ID: SA11A1.21101
City State Zip Code New York NY 10011	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation self-employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kathleen To		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 5
Mailing Address 222 Calle Dos		Transaction ID: SA11A1.20831
City State Zip Code Marble Falls TX 78654	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2535.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 29
	(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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Amy Wong-Mok		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5	
Mailing Address 6301 Cat Mountain Cove		Transaction ID: SA11A1.21100	
City State Zip Code Austin TX 78731		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Asian American Cultural Cent		Occupation president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Katy Woo		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5	
Mailing Address 5 Farm Hour Rd.		Transaction ID: SA11A1.21102	
City State Zip Code Newark DE 19711		Amount of Each Receipt this Period 570.00	
FEC ID number of contributing federal political committee. C			
Name of Employer at home		Occupation at home	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 605.00	

Full Name (Last, First, Middle Initial) C. SB Woo		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5	
Mailing Address 5 Farm House Rd		Transaction ID: SA11A1.21229	
City State Zip Code Newark DE 19711		Amount of Each Receipt this Period 237.00	
FEC ID number of contributing federal political committee. C			
Name of Employer retired		Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.12	

SUBTOTAL of Receipts This Page (optional) ▶	1057.00
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 12 / 29
	<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. SB Woo		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 5
Mailing Address 5 Farm House Rd		Transaction ID: SA11A1.21243
City State Zip Code Newark DE 19711	Amount of Each Receipt this Period 920.00	
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1270.12	

Full Name (Last, First, Middle Initial) B. SB Woo		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 5
Mailing Address 5 Farm House Rd		Transaction ID: SA11A1.25005
City State Zip Code Newark DE 19711	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1285.12	

Full Name (Last, First, Middle Initial) C. Jing-Li Yu		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address PO Box 527340		Transaction ID: SA11A1.25004
City State Zip Code Flushing NY 11352-7340	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer 80-20 Initiative	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional) ▶	980.00
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 13 / 29
	<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Jing-Li Yu		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5	
Mailing Address PO Box 527340		Transaction ID: SA11A1.25006	
City State Zip Code Flushing NY 11352-7340	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 80-20 Initiative	Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. Jing-Li Yu		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address PO Box 527340		Transaction ID: SA11A1.25007	
City State Zip Code Flushing NY 11352-7340	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 80-20 Initiative	Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

Full Name (Last, First, Middle Initial) C. Jing-Li Yu		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5	
Mailing Address PO Box 527340		Transaction ID: SA11A1.25008	
City State Zip Code Flushing NY 11352-7340	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 80-20 Initiative	Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 29
	(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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Jing-Li Yu		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5	
Mailing Address PO Box 527340		Transaction ID: SA11A1.25009	
City Flushing	State NY	Zip Code 11352-7340	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer 80-20 Initiative	Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Jing-Li Yu		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 5	
Mailing Address PO Box 527340		Transaction ID: SA11A1.25010	
City Flushing	State NY	Zip Code 11352-7340	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer 80-20 Initiative	Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00		

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this line number only)	17102.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 29
	(check only one)	
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
80-20 PAC

A. Full Name (Last, First, Middle Initial) PNC Bank Mailing Address P.O.Box 609 City Pittsburgh State PA Zip Code 15230-9738 FEC ID number of contributing federal political committee. C		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>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA17.21352 Amount of Each Receipt this Period <table border="1"> <tr> <td>242.84</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	5	242.84
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		3	1		2	0	0	5														
242.84																							
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>242.84</td> </tr> </table>	242.84																					
242.84																							

B. Full Name (Last, First, Middle Initial) PNC Bank Mailing Address P.O. Box 609 City Pittsburgh State PA Zip Code 15230 FEC ID number of contributing federal political committee. C		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>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA17.21348 Amount of Each Receipt this Period <table border="1"> <tr> <td>38.14</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	5	38.14
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	5														
38.14																							
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>219.55</td> </tr> </table>	219.55																					
219.55																							

C. Full Name (Last, First, Middle Initial) PNC Bank Mailing Address P.O.Box 609 City Pittsburgh State PA Zip Code 15230-9738 FEC ID number of contributing federal political committee. C		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>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA17.21347 Amount of Each Receipt this Period <table border="1"> <tr> <td>39.13</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	5	39.13
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	5														
39.13																							
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>281.97</td> </tr> </table>	281.97																					
281.97																							

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1"> <tr> <td>320.11</td> </tr> </table>	320.11
320.11		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 29
	(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"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
80-20 PAC

A. Full Name (Last, First, Middle Initial)
TVB USA, Inc.

Mailing Address 15411 Blackburn Ave

City State Zip Code
Norwalk CA 90650

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	5

Transaction ID: SA17.21248

Amount of Each Receipt this Period
819.00

SUBTOTAL of Receipts This Page (optional)	▶	819.00
TOTAL This Period (last page this line number only)	▶	1139.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 29

<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. CAPA Community Education Fund		Transaction ID: SB21B.17958 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address P.O.Box 4314		Amount of Each Disbursement this Period 500.00
City Walnut Creek State CA Zip Code 94596	Category/ Type	
Purpose of Disbursement Ad in program book 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. Qian Jiang		Transaction ID: SB21B.17965 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address 1431 Bing Dr.		Amount of Each Disbursement this Period 400.00
City San Jose State CA Zip Code 95129	Category/ Type	
Purpose of Disbursement 6/4 to 6/15 Internship 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. Qian Jiang		Transaction ID: SB21B.17966 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address 1431 Bing Dr.		Amount of Each Disbursement this Period 500.00
City San Jose State CA Zip Code 95129	Category/ Type	
Purpose of Disbursement 6/16 to 6/30 Internship 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) ▶	1400.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 29

<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB21B.24977 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 1100 Adams Ave		Amount of Each Disbursement this Period 6.38
City Norristown State PA Zip Code 19403	Category/ Type	
Purpose of Disbursement		
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. credit card Platinum Plus For Business		Transaction ID: SB21B.17953 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 5
Mailing Address P.O. Box 609		Amount of Each Disbursement this Period 2484.34
City Pittsburgh State PA Zip Code 15230	Category/ Type	
Purpose of Disbursement Board Meeting (Hilton)		
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. credit card Platinum Plus For Business		Transaction ID: SB21B.17955 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 609		Amount of Each Disbursement this Period 44.85
City Pittsburgh State PA Zip Code 15230	Category/ Type	
Purpose of Disbursement		
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) ▶	2535.57
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 29

<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. PNC Bank		Transaction ID: SB21B.24971 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address P.O.Box 609		Amount of Each Disbursement this Period 216.76
City Pittsburgh State PA Zip Code 15230-9738	Purpose of Disbursement service fee 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. PNC Bank		Transaction ID: SB21B.24984 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period 54.89
City State Zip Code	Purpose of Disbursement 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) C. PNC Bank		Transaction ID: SB21B.24982 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period 74.90
City State Zip Code	Purpose of Disbursement 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	346.55
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 29

<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. SOS		Transaction ID: SB21B.17954 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 50 W 23rd St		Amount of Each Disbursement this Period 1550.00
City New York State NY Zip Code 10010	Purpose of Disbursement web service 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. SOS		Transaction ID: SB21B.17956 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 5
Mailing Address 50 W 23rd St		Amount of Each Disbursement this Period 400.00
City New York State NY Zip Code 10010	Purpose of Disbursement web service 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) C. SOS		Transaction ID: SB21B.17960 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 50 W 23rd St		Amount of Each Disbursement this Period 400.00
City New York State NY Zip Code 10010	Purpose of Disbursement May 05 Service 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2350.00
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)

PAGE 21 / 29

<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. SOS, Inc		Transaction ID: SB21B.17934 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5
Mailing Address 50 W 23rd St		Amount of Each Disbursement this Period 400.00
City New York State NY Zip Code 10010	Purpose of Disbursement July Web Service 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. STI Technologies		Transaction ID: SB21B.17944 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period 688.98
City State Zip Code	Purpose of Disbursement web service 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. Suggested Open Systems		Transaction ID: SB21B.17946 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 5
Mailing Address 50 W 23rd St		Amount of Each Disbursement this Period 1350.00
City New York State NY Zip Code 10010	Purpose of Disbursement Nov. and Dec. 2004 svcs. 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) ▶	2438.98
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 29

<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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. TVB USA, Inc.		Transaction ID: SB21B.17940 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5	
Mailing Address 15411 Blackburn Ave		Amount of Each Disbursement this Period 5460.00	
City Norwalk State CA Zip Code 90650	Purpose of Disbursement refund for TV Ads 26994	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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Peter Wang		Transaction ID: SB21B.17938 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5	
Mailing Address PO Box 70002		Amount of Each Disbursement this Period 478.00	
City Rochester Hills State MI Zip Code 48307	Purpose of Disbursement travel reimbursement	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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Yiwen Wang		Transaction ID: SB21B.17962 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5	
Mailing Address 3057 Ramsey Pl		Amount of Each Disbursement this Period 500.00	
City Marietta State GA Zip Code 30062	Purpose of Disbursement 6/1 to 6/15 Internship	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) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	6438.00
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 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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Yiwen Wang		Transaction ID: SB21B.17963 Date of Disbursement 06 / 29 / 2005
Mailing Address 3057 Ramsey Pl		Amount of Each Disbursement this Period 500.00
City Marietta State GA Zip Code 30062	Purpose of Disbursement 6/16 to 6/30 Internship 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. Jing-Li Yu		Transaction ID: SB21B.17936 Date of Disbursement 01 / 03 / 2005
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 3640.30
City Flushing State NY Zip Code 11355	Purpose of Disbursement Reimbursement (ads and printing) 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. Jing-Li Yu		Transaction ID: SB21B.17979 Date of Disbursement 01 / 26 / 2005
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 2309.02
City Flushing State NY Zip Code 11355	Purpose of Disbursement payroll 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) ▶	6449.32
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 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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Jing-Li Yu		Transaction ID: SB21B.17974 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 5
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 1245.41
City Flushing State NY Zip Code 11355	Purpose of Disbursement tax withholdings 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. Jing-Li Yu		Transaction ID: SB21B.17978 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 5
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 2309.02
City Flushing State NY Zip Code 11355	Purpose of Disbursement payroll 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. Jing-Li Yu		Transaction ID: SB21B.17973 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 1245.41
City Flushing State NY Zip Code 11355	Purpose of Disbursement tax withholdings 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) ▶	4799.84
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 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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Jing-Li Yu		Transaction ID: SB21B.17977 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 5
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 2309.02
City Flushing State NY Zip Code 11355	Purpose of Disbursement payroll 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. Jing-Li Yu		Transaction ID: SB21B.17972 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 5
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 1185.76
City Flushing State NY Zip Code 11355	Purpose of Disbursement tax withholdings 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) C. Jing-Li Yu		Transaction ID: SB21B.17976 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 5
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 2309.02
City Flushing State NY Zip Code 11355	Purpose of Disbursement payroll 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5803.80
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 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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Jing-Li Yu		Transaction ID: SB21B.17971 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 1092.82
City Flushing State NY Zip Code 11355	Purpose of Disbursement tax withholdings 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. Jing-Li Yu		Transaction ID: SB21B.17975 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 5
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 2309.02
City Flushing State NY Zip Code 11355	Purpose of Disbursement tax withholdings 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. Jing-Li Yu		Transaction ID: SB21B.17970 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 5
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 1092.82
City Flushing State NY Zip Code 11355	Purpose of Disbursement tax withholdings 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) ▶	4494.66
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 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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. Jing-Li Yu		Transaction ID: SB21B.17968 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address PO Box 527340		Amount of Each Disbursement this Period 2366.20
City Flushing State NY Zip Code 11352	Category/ Type	
Purpose of Disbursement payroll		
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. Jing-Li Yu		Transaction ID: SB21B.17969 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address 43-34 Union St. 6D		Amount of Each Disbursement this Period 1137.36
City Flushing State NY Zip Code 11355	Category/ Type	
Purpose of Disbursement tax withholdings		
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. Shangyou Zhang		Transaction ID: SB21B.17950 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address 1 Crossan Court		Amount of Each Disbursement this Period 1700.00
City Landenberg State PA Zip Code 19350	Category/ Type	
Purpose of Disbursement Consulting 6/04 to 2/05		
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) ▶	5203.56
TOTAL This Period (last page this line number only) ▶	42260.28

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 checked="" 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)
80-20 PAC

Full Name (Last, First, Middle Initial) A. 80-20 New Jersey PAC		Transaction ID: SB22.17948 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 5
Mailing Address 63 Carriage Trail		Amount of Each Disbursement this Period 240.00
City Belle Mead State NJ Zip Code 08502		
Purpose of Disbursement chapter reimbursement 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) ▼	

SUBTOTAL of Disbursements This Page (optional)	240.00
TOTAL This Period (last page this line number only)	240.00

Form/Schedule: **F3XA**

Transaction ID:

Attached is the amended report in response to the FEC inquiry dated April 14, 2006. As stated on the phone, the amended report addresses 3 items: a) the disbursement to TVB USA, Inc. has been clarified as a refund; b) the contributions from 'Acteva' were the bulked receipts of contributors to the PAC who used an online credit card service. As clarified through phone conversation with Mr. Hartsock, the report has been amended, substituting the actual contributors and their contributions for the former 'Acteva' bulked contribution entries; c) the increase in contributions amount between the original filing and the first amended filing was because of a software error, which was addressed in an electronic letter dated March 6, 2006, to the FEC.