

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 OCT 13 A 9 38
Office Use Only

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

K e a n e I n c P A C

ADDRESS (number and street) 100 City Square

Check if different than previously reported. (ACC)

Boston MA 02129 - 3714

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

C00387530

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 10/13/06 / 10/13/06 / 10/13/06 in the State of MA

(d) 30-Day POST-Election Report for the:

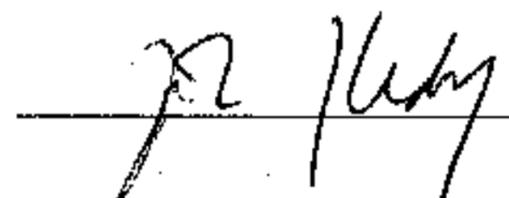
General (30G) Runoff (30R) Special (30S)

Election on 10/13/06 / 10/13/06 / 10/13/06 in the State of MA

5. Covering Period 07 / 01 / 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 John J. Leahy

Signature of Treasurer  Date 10 / 12 / 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.

26039210364

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Keane Inc PAC

Report Covering the Period: From: To:

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2006"/>	<input type="text" value="2006"/>	<input type="text" value="2893078"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3428923"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="166500"/>	<input type="text" value="826500"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="3595423"/>	<input type="text" value="3719578"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10167"/>	<input type="text" value="134322"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="3585256"/>	<input type="text" value="3585256"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

26039210395

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Keane Inc PAC

Report Covering the Period: From: 07 / 01 / 2006 To: 09 / 30 / 2006

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1 0 8 5 0 0	5 6 0 4 0 0
(ii) Unitemized.....	5 8 0 0 0	2 6 6 1 0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1 6 6 5 0 0	8 2 6 5 0 0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1 6 6 5 0 0	8 2 6 5 0 0
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1 6 6 5 0 0	8 2 6 5 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1 6 6 5 0 0	8 2 6 5 0 0

26039210366

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	1 0 1 6 7	3 4 3 2 2
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1 0 1 6 7	3 4 3 2 2
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	1 0 0 0 0 0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1 0 1 6 7	1 3 4 3 2 2
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 0 1 6 7	1 3 4 3 2 2

26039210367

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)	1 6 6 5 0 0	8 2 6 5 0 0
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1 6 6 5 0 0	8 2 6 5 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1 0 1 6 7	3 4 3 2 2
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1 0 1 6 7	3 4 3 2 2

26039210368

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Keane Inc PAC

Full Name (Last, First, Middle Initial)

A. Snyder, Martha S.

Mailing Address
7469 Flamewood Drive

City Clarkville State MD Zip Code 21029

FEC ID number of contributing federal political committee. C

Name of Employer Keane Federal Systems, Inc. Occupation Former Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1 0 0 1 0 0

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

B. Raasch, Robert L.

Mailing Address
7027 Haycock Road #E

City Falls Church State VA Zip Code 22043

FEC ID number of contributing federal political committee. C

Name of Employer Keane Federal Systems Inc. Occupation Former Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 6 0 0 0 0 0

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

C. Shrivastava, Sumeet

Mailing Address
3528 Armfield Farm Drive

City Chantilly State VA Zip Code 20151

FEC ID number of contributing federal political committee. C

Name of Employer Keane Federal Systems, Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1 0 0 0 0 0

Date of Receipt

09 / 29 / 2006

Amount of Each Receipt this Period

3 5 0 0 0

SUBTOTAL of Receipts This Page (optional) ▶

3 5 0 0 0

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

26039210369

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF 3					
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
Keane Inc. PAC

A. Full Name (Last, First, Middle Initial) Keane, Brian T.			Date of Receipt MM / DD / YYYY		
Mailing Address 37 Juniper Road					
City Weston	State MA	Zip Code 02493	Amount of Each Receipt this Period 0		
FEC ID number of contributing federal political committee. C					
Name of Employer Keane, Inc.		Occupation Former Exec. Officer			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1 7 2 8 0 0			

B. Full Name (Last, First, Middle Initial) Thomas, Shashrina			Date of Receipt MM / DD / YYYY		
Mailing Address 1906 Tremont Street SE					
City Washington	State DC	Zip Code 20020	Amount of Each Receipt this Period 1 7 5 0 0		
FEC ID number of contributing federal political committee. C					
Name of Employer Keane Federal Systems, Inc.		Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5 0 0 0 0			

C. Full Name (Last, First, Middle Initial) Atwell, Robert B.			Date of Receipt MM / DD / YYYY		
Mailing Address 9 Middleborough Court					
City Durham	State NC	Zip Code 27705	Amount of Each Receipt this Period 1 4 0 0 0		
FEC ID number of contributing federal political committee. C					
Name of Employer Keane, Inc.		Occupation Senior Manager			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4 0 0 0 0			

SUBTOTAL of Receipts This Page (optional).....▶	3 1 5 0 0
TOTAL This Period (last page this line number only).....▶	

26039210370

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 3 OF 3	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Keane Inc. PAC

A. Full Name (Last, First, Middle Initial)
Laffin, Daniel R.

Mailing Address
19 Tracy's

City Marshfield State MA Zip Code 02050

FEC ID number of contributing federal political committee.

Name of Employer Keane, Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
Crow, Martha M.

Mailing Address
11 Lettery Circle

City Sudbury State MA Zip Code 01776

FEC ID number of contributing federal political committee.

Name of Employer Keane, Inc. Occupation Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
Stetzer, Therese M.

Mailing Address
836 Old Mill Drive

City Loveland State OH Zip Code 45140

FEC ID number of contributing federal political committee.

Name of Employer Keane, Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

26039210371

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<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

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)

Keane Inc. PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address
100 Federal Street

City State Zip Code
Boston, MA 02110

Purpose of Disbursement
Monthly Bank Charges

Candidate Name
N/A

0 0 1
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

0 7 / 1 7 / 2 0 0 6

Amount of Each Disbursement this Period

3 4 9 1

B. Bank of America

Mailing Address
100 Federal Street

City State Zip Code
Boston, MA 02110

Purpose of Disbursement
Monthly Bank Charges

Candidate Name
N/A

0 0 1
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

0 8 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

3 3 5 8

C. Bank of America

Mailing Address
100 Federal Street

City State Zip Code
Boston, MA 02110

Purpose of Disbursement
Monthly Bank Charges

Candidate Name
N/A

0 0 1
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

0 9 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

3 3 1 8

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

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

1 0 1 6 7

1 0 1 6 7

26039210372

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Keane Inc. PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

No Loans

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

____/____/____

____/____/____

____ % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: _____

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: _____

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: _____

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional).....▶

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

26039210373

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Keane Inc. PAC	FEC IDENTIFICATION NUMBER C 0 0 3 8 7 , 5 3 0
---	--

LENDING INSTITUTION (LENDER) Full Name N/A	Amount of Loan <input type="text"/>	Interest Rate (APR) <input type="text"/> %
--	--	---

Mailing Address	Date Incurred or Established <input type="text"/> / <input type="text"/> / <input type="text"/>	
City State Zip Code	Date Due <input type="text"/> / <input type="text"/> / <input type="text"/>	

A. Has loan been restructured? No Yes If yes, date originally incurred / /

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: / / Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
---	--

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
--	-------	--

26039210374

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

Keane Inc. PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

No debts or obligations

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

26039210375

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <p style="text-align: center;">Keane Inc. PAC</p>	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; text-align: center;"> C 0 0 3 8 7 5 3 0 </div>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <p style="text-align: center;">No Independent Expenditures</p>	Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> / / </div>
Mailing Address	
City	State
Zip Code	

Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 250px; height: 20px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> / / </div>
Mailing Address	
City	State
Zip Code	

Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 250px; height: 20px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; width: 250px; height: 20px;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; width: 250px; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; width: 250px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature	Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> / / </div>
-----------	---

26039210376

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp.* Shipping Date
10-12-06
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm D
 PREPARER

10-13-06
 DATE PREPARED

26039210377