

# 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  
Irish American Democrats

ADDRESS (number and street) PO Box 15638  
 Check if different than previously reported. (ACC)  
Chevy Chase MD 20825

2. **FEC IDENTIFICATION NUMBER** C00320432  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIPCODE

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on 11 07 2006 in the State of  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 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 Catherine Stella O'Leary

Signature of Treasurer Electronically Filed by Catherine Stella O'Leary Date 10 24 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Irish American Democrats

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		21529.63
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	41454.80									
(c) Total Receipts (from Line 19) .....	1420.00	78885.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	42874.80	100414.67								
7. Total Disbursements (from Line 31) .....	5305.61	62845.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37569.19	37569.19								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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  
Irish American Democrats

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	400.00	12625.00
(i) Itemized (use Schedule A) .....	1020.00	4451.00
(ii) Unitemized .....	1420.00	17076.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	27000.00
(c) Other Political Committees (such as PACs) .....	1420.00	44076.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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	34809.04
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	34809.04
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1420.00	78885.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1420.00	44076.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	8702.32
(ii) Non-Federal Share.....	0.00	34809.29
(b) Other Federal Operating Expenditures.....	655.61	7433.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	655.61	50945.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	4650.00	11900.00
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	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5305.61	62845.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5305.61	28036.19

**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) .....	1420.00	44076.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1420.00	44076.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	655.61	16136.19
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	655.61	16136.19

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

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

NAME OF COMMITTEE (In Full)  
Irish American Democrats

**A.** Full Name (Last, First, Middle Initial)  
Kerry McKenney

Mailing Address 4822 S. 24th Street NW

City State Zip Code  
Arlington VA 22206

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

Name of Employer U.S. Congress Occupation Legislative Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: C-60-000P05

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Patricia O'Dwyer

Mailing Address P. O. Box 838

City State Zip Code  
Goshen NY 10924

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 6

Transaction ID: C-77-002C01

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Peter O'Keefe

Mailing Address 2522C North Fairfax Drive

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: C-79-006502

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	400.00

**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)  
Irish American Democrats

Full Name (Last, First, Middle Initial) <b>A. Chris Carney</b>		Transaction ID: D10-005V02 Date of Disbursement 10 / 03 / 2006	
Mailing Address P.O. Box A		Amount of Each Disbursement this Period 500.00	
City Clarks Summit	State PA	Zip Code 18411	
Purpose of Disbursement		Category/ Type	
Candidate Name Chris Carney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: PA District:	

Full Name (Last, First, Middle Initial) <b>B. Bob Casey</b>		Transaction ID: D11-005B02 Date of Disbursement 10 / 18 / 2006	
Mailing Address P.O. Box 22469		Amount of Each Disbursement this Period 200.00	
City Philadelphia	State PA	Zip Code 19110	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Bob Casey for Pennsylvania		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: PA District:	

Full Name (Last, First, Middle Initial) <b>C. Mary Jo Kilroy for Congress</b>		Transaction ID: D20-006a01 Date of Disbursement 10 / 09 / 2006	
Mailing Address 3391 North High Street		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH	Zip Code 43202	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Mary Jo Kilroy		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: OH District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
Irish American Democrats

Full Name (Last, First, Middle Initial) <b>A. Tim Mahoney for Congres</b>		<b>Transaction ID: D31-006X02</b> Date of Disbursement 10 / 03 / 2006	
Mailing Address 4114 Northlake Blvd.		Amount of Each Disbursement this Period 250.00	
City Palm Beach Gardens	State FL	Zip Code 33410	Category/ Type
Purpose of Disbursement Contribution		Candidate Name Tim Mahoney	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District:			

Full Name (Last, First, Middle Initial) <b>B. Eric Massa for Congress</b>		<b>Transaction ID: D34-006Y01</b> Date of Disbursement 10 / 04 / 2006	
Mailing Address 60 East Market Street		Amount of Each Disbursement this Period 200.00	
City Corning	State NY	Zip Code 14830	Category/ Type
Purpose of Disbursement Contribution		Candidate Name Eric Massa	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District:			

Full Name (Last, First, Middle Initial) <b>C. Jerry McNerney</b>		<b>Transaction ID: D35-006V01</b> Date of Disbursement 10 / 03 / 2006	
Mailing Address P.O. Box 12022		Amount of Each Disbursement this Period 250.00	
City Pleasanton	State CA	Zip Code 94588	Category/ Type
Purpose of Disbursement Contribution		Candidate Name Jerry McNerney	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
Irish American Democrats

Full Name (Last, First, Middle Initial) <b>A. Lois Murphy</b>		<b>Transaction ID:</b> D41-005c02 Date of Disbursement 10 / 13 / 2006	
Mailing Address P.O. Box 312		Amount of Each Disbursement this Period 500.00	
City Narberth State PA Zip Code 19072	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Lois Murphy			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patrick Murphy</b>		<b>Transaction ID:</b> D44-005P03 Date of Disbursement 10 / 13 / 2006	
Mailing Address P.O. Box 868		Amount of Each Disbursement this Period 500.00	
City Levittown State PA Zip Code 19058	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Patrick Murphy			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joe Sestak for Congress</b>		<b>Transaction ID:</b> D63-006o01 Date of Disbursement 10 / 13 / 2006	
Mailing Address P.O. Box 19063		Amount of Each Disbursement this Period 500.00	
City Wallingford State PA Zip Code 19063	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Joe Sestak for Congress			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Irish American Democrats

Full Name (Last, First, Middle Initial) <b>A. Zach Space</b>		<b>Transaction ID:</b> D64-006Z01 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 714 North Wooster Ave		Amount of Each Disbursement this Period 250.00
City Dover State OH Zip Code 44622		
Purpose of Disbursement Contribution Candidate Name Zach Space Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:		

Full Name (Last, First, Middle Initial) <b>B. Peter Welch</b>		<b>Transaction ID:</b> D104-005T02 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 1086		Amount of Each Disbursement this Period 250.00
City Montpelier State VT Zip Code 05601		
Purpose of Disbursement Contribution Candidate Name Peter Welch Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VT District:		

Full Name (Last, First, Middle Initial) <b>C. Womens Leadership Forum</b>		<b>Transaction ID:</b> D105-006W01 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address DNC 430 S. Capitol Street SE		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement Contribution Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	4650.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 16

<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)  
Irish American Democrats

<b>A. MCI</b> Full Name (Last, First, Middle Initial) Mailing Address 1801 Pennsylvania Ave NW City Washington State DC Zip Code 20006 Purpose of Disbursement Phone 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) ▼		<b>Transaction ID: D29-00410H</b> Date of Disbursement 10 / 03 / 2006 Amount of Each Disbursement this Period 42.98 Category/Type
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<b>B. RCN</b> Full Name (Last, First, Middle Initial) Mailing Address 7927 Woodcroft Court City Springfield State VA Zip Code 22151 Purpose of Disbursement Internet 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) ▼		<b>Transaction ID: D59-004y0T</b> Date of Disbursement 10 / 02 / 2006 Amount of Each Disbursement this Period 27.95 Category/Type
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<b>C. Rodmans</b> Full Name (Last, First, Middle Initial) Mailing Address Wisconsin Ave. NW City Washington State DC Zip Code 20016 Purpose of Disbursement Membership event 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) ▼		<b>Transaction ID: D61-003U03</b> Date of Disbursement 10 / 11 / 2006 Amount of Each Disbursement this Period 216.11 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	287.04
<b>TOTAL</b> 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 12 / 16

<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)  
Irish American Democrats

Full Name (Last, First, Middle Initial) <b>A. Sprint</b>		<b>Transaction ID: D72-00310Z</b>	
Mailing Address P. O. Box 8077		Date of Disbursement 10 / 03 / 2006	
City London	State KY	Zip Code 40742	Amount of Each Disbursement this Period 40.88
Purpose of Disbursement Phone		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID: D81-00340f</b>	
Mailing Address Wisconsin Ave. & Bradley Blvd		Date of Disbursement 10 / 07 / 2006	
City Bethesda	State MD	Zip Code 20825	Amount of Each Disbursement this Period 157.49
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		<b>Transaction ID: D82-00340g</b>	
Mailing Address Wisconsin Ave. & Bradley Blvd		Date of Disbursement 10 / 16 / 2006	
City Bethesda	State MD	Zip Code 20825	Amount of Each Disbursement this Period 63.82
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>262.19</b>
<b>TOTAL</b> 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 13 / 16

<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)  
Irish American Democrats

Full Name (Last, First, Middle Initial) <b>A. U. S. Postal Service</b>		<b>Transaction ID: D95-002z19</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address Connecticut Ave.		Amount of Each Disbursement this Period 28.80	
City Chevy Chase State MD Zip Code 20815	Purpose of Disbursement Postage 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>B. U. S. Postal Service</b>		<b>Transaction ID: D96-002z1A</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address Connecticut Ave.		Amount of Each Disbursement this Period 7.99	
City Chevy Chase State MD Zip Code 20815	Purpose of Disbursement Postage 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>C. U. S. Postal Service</b>		<b>Transaction ID: D97-002z1B</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address Connecticut Ave.		Amount of Each Disbursement this Period 45.00	
City Chevy Chase State MD Zip Code 20815	Purpose of Disbursement Postage 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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	81.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	631.02

METHOD OF ALLOCATION FOR:

- SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
Irish American Democrats

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative  Generic Voter Drive  Public Communications Referencing Party Only

**SCHEDULE H2 (FEC Form 3X)  
ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
**Irish American Democrats**

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.  
**For PACs Only** : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER  
**Awards event fundraiser**

ACTIVITY IS:

- Fundraising       Direct Candidate Support

CHECK IF THE RATIO IS:

- New       Revised       Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

Transaction ID:  
Awards event fundrai

[Empty area for detailed activity information]

Form/Schedule: **F3XA**

Transaction ID:

This report includes all administrative expenses incurred by Irish American Democrats. There are no additional operating expenses for rent, utilities, salaries, telephone, office equipment or supplies. All goods and services provided to the Committee are recorded in this report. All other administrative tasks are provided voluntarily by Committee Members. Catherine Stella O'Leary Treasurer