

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

IRL PAC

ADDRESS (number and street) P.O. Box 10460
 Check if different than previously reported. (ACC) Burke VA 22009 0460

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

C00402982

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 checked="" type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

Election on _____ in the State of _____

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

Election on _____ in the State of _____

5. Covering Period 10 01 2005 through 10 31 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 Tara Tamargo, Assistant Treasurer

Signature of Treasurer Electronically Filed by Tara Tamargo, Assistant Treasurer Date 04 19 2009

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

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
IRL PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	0

D	D
3	1

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		14799.27
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	373574.63									
(c) Total Receipts (from Line 19)	28450.00	481290.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	402024.63	496089.27								
7. Total Disbursements (from Line 31)	51877.05	145941.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	350147.58	350147.58								
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
IRL PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	0

D	D
3	1

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	24800.00	421880.00
(i) Itemized (use Schedule A)	2650.00	6410.00
(ii) Unitemized	27450.00	428290.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1000.00	53000.00
(c) Other Political Committees (such as PACs)	28450.00	481290.00
(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	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))	28450.00	481290.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28450.00	481290.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3877.05	18941.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3877.05	18941.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	119000.00
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	8000.00	8000.00
(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))	8000.00	8000.00
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))..	51877.05	145941.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51877.05	145941.69

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)	28450.00	481290.00
34. Total Contribution Refunds (from Line 28(d))	8000.00	8000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20450.00	473290.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3877.05	18941.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3877.05	18941.69

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(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

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)
IRL PAC

A.

Full Name (Last, First, Middle Initial) Ramon Alvaro Rasco		Date of Receipt MM / DD / YYYY 10 / 04 / 2005
Mailing Address 9375 Balada Street		Transaction ID: SA11AI.4830
City Coral Gables	State FL	Zip Code 33156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rasco & Reininger, PA	Occupation Attorney	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Caridad Baez		Date of Receipt MM / DD / YYYY 10 / 04 / 2005
Mailing Address 1811 Columbus Blvd		Transaction ID: SA11AI.4810
City Coral Gables	State FL	Zip Code 33134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Thomas Cash		Date of Receipt MM / DD / YYYY 10 / 19 / 2005
Mailing Address 2865 NE 35th Court		Transaction ID: SA11AI.4860
City Fort Lauderdale	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kroll, Inc	Occupation Consultant	Contribution
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)	1500.00
TOTAL This Period (last page this line number only)	

**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 7 / 23
	<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)
IRL PAC

A.	Full Name (Last, First, Middle Initial) Erick Deeb	Date of Receipt MM / DD / YYYY 10 / 04 / 2005
	Mailing Address 9280 SW 80 Terrace	Transaction ID: SA11AI.4836
	City State Zip Code Miami FL 33173	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Erick Deeb, PA Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Nily Falic	Date of Receipt MM / DD / YYYY 10 / 29 / 2005
	Mailing Address 9999 Collins Avenue, Apt 3-A	Transaction ID: SA11AI.4896
	City State Zip Code Bal Harbour FL 33154	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Nily Investment Realty, Inc Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Federico J Fernandez	Date of Receipt MM / DD / YYYY 10 / 04 / 2005
	Mailing Address 170 Solano Prado	Transaction ID: SA11AI.4814
	City State Zip Code Coral Gables FL 33156	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Self-employed Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
IRL PAC

<p>A. Full Name (Last, First, Middle Initial) Federico E Fernandez</p> <p>Mailing Address 170 Solano Prado</p> <p>City State Zip Code Coral Gabels FL 33156</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Greenberg, Taurig, LLP Attorney</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5</p> <p>Transaction ID: SA11AI.4816</p> <p>Amount of Each Receipt this Period 500.00</p> <p>contribution</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>B. Full Name (Last, First, Middle Initial) Carlos Garcia</p> <p>Mailing Address 155 S. Miami Avenue, Suite 620</p> <p>City State Zip Code Miami FL 33130</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation KIRA, INC President & CEO</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5</p> <p>Transaction ID: SA11AI.4900</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>C. Full Name (Last, First, Middle Initial) Aleco Haralambides</p> <p>Mailing Address 3135 SW 3rd Avenue</p> <p>City State Zip Code Miami FL 33129</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-employed Attorney</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5</p> <p>Transaction ID: SA11AI.4820</p> <p>Amount of Each Receipt this Period 350.00</p> <p>contribution</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 23
(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

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)
IRL PAC

A. Full Name (Last, First, Middle Initial)
Michele Hassine

Mailing Address 2 Grove Isle, Apt 1210

City State Zip Code
Coconut Grove FL 33133

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

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 / 1 9 / 2 0 0 5

Transaction ID: SA11AI.4862

Amount of Each Receipt this Period 250.00

contribution

B. Full Name (Last, First, Middle Initial)
Bernice Horowitz

Mailing Address Brickell Key Drive

City State Zip Code
Miami FL 33131

FEC ID number of contributing federal political committee. C

Name of Employer Homemaker Occupation Homemaker

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 / 2 7 / 2 0 0 5

Transaction ID: SA11AI.4902

Amount of Each Receipt this Period 250.00

contribution

C. Full Name (Last, First, Middle Initial)
Mr. Wayne Huizenga

Mailing Address 450 E. Las Olas Blvd, Suite 1500

City State Zip Code
Fort Lauderdale FL 33301

FEC ID number of contributing federal political committee. C

Name of Employer Huizenga Holdings, Inc Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 5

Transaction ID: SA11AI.4848

Amount of Each Receipt this Period 3000.00

contribution

SUBTOTAL of Receipts This Page (optional) 3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 23
(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
							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)
IRL PAC

A.

Full Name (Last, First, Middle Initial) Loudez LaPaz		Date of Receipt MM / DD / YYYY 10 / 21 / 2005
Mailing Address 7300 Mindello Street		Transaction ID: SA11AI.4906
City Coral Gables	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Miami	Occupation Attorney	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Daniel Lopez		Date of Receipt MM / DD / YYYY 10 / 04 / 2005
Mailing Address 8990 87th Street		Transaction ID: SA11AI.4844
City Miami	State FL	Zip Code 33173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Capitol Gains, Corp	Occupation Managing Partner	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Nestor Machado		Date of Receipt MM / DD / YYYY 10 / 04 / 2005
Mailing Address 14201 NW 60th Avenue		Transaction ID: SA11AI.4822
City Miami Lakes	State FL	Zip Code 33014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Cordis Johnson and Johnson	Occupation Executive	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 11 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
IRL PAC

A. Full Name (Last, First, Middle Initial)
Jennie Malloy
Mailing Address 13101 SW 69th Court

City State Zip Code
Miami FL 33156

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

Name of Employer Malloy & Malloy, PA Occupation Patent Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 29 / 2005
Transaction ID: SA11AI.4898
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Raul Masvidal
Mailing Address 201 Alhambra Circle

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Masvidal Partner, Inc Occupation President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 01 / 2005
Transaction ID: SA11AI.4806
Amount of Each Receipt this Period: 2000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Ricardo Mayo-Alvarez
Mailing Address 13050 Mar Street

City State Zip Code
Coral Gables FL 33156

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

Name of Employer Retired Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 17 / 2005
Transaction ID: SA11AI.4851
Amount of Each Receipt this Period: 500.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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

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 12 / 23
	<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)
IRL PAC

A.	Full Name (Last, First, Middle Initial) Nestor Menendez	Date of Receipt MM / DD / YYYY 10 / 04 / 2005
	Mailing Address 175 SW 24th Road	Transaction ID: SA11AI.4818
	City State Zip Code Miami FL 33129	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Winsor Title Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Rafael Millares	Date of Receipt MM / DD / YYYY 10 / 04 / 2005
	Mailing Address 6508 Caballero Blvd.	Transaction ID: SA11AI.4834
	City State Zip Code Coral Gables FL 33146	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Brainbridge Development Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mario Murgado	Date of Receipt MM / DD / YYYY 10 / 04 / 2005
	Mailing Address 7855 SW 83 Court	Transaction ID: SA11AI.4808
	City State Zip Code Miami FL 33143	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Brickell Motors President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
IRL PAC

A. Full Name (Last, First, Middle Initial)
Maria Ortiz-Lucchese

Mailing Address 4835 Cordell Avenue #1310

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation
Import-Export Bank Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 5

Transaction ID: SA11AI.4849

Amount of Each Receipt this Period
2400.00

contribution

B. Full Name (Last, First, Middle Initial)
Gonzalo Palenzuela

Mailing Address 665 Leucadendra Drive

City State Zip Code
Coral Gables FL 33156

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

Name of Employer Occupation
Caribbean Export Salesman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 5

Transaction ID: SA11AI.4858

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Elizabeth Pines

Mailing Address 4775 Collins Avenue. Apt 4202

City State Zip Code
Miami Beach FL 33140

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

Name of Employer Occupation
Self-employed Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 5

Transaction ID: SA11AI.4826

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 2900.00

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

**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 14 / 23
	<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)
IRL PAC

A.	Full Name (Last, First, Middle Initial) Emma Pines	Date of Receipt MM / DD / YYYY 10 / 04 / 2005
	Mailing Address 2127 Brickell Avenue Apt 1906	Transaction ID: SA11AI.4832
	City State Zip Code Miami FL 33129	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Visa International Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Francisco Pines	Date of Receipt MM / DD / YYYY 10 / 04 / 2005
	Mailing Address 3301 Ponce De Leon	Transaction ID: SA11AI.4824
	City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Brigham Moore, LLP Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Daniel Pinilla, II	Date of Receipt MM / DD / YYYY 10 / 04 / 2005
	Mailing Address 2177 Tigertail Avenue	Transaction ID: SA11AI.4842
	City State Zip Code Miami FL 33133	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Colliers, Abood, Wood-Fay Commercial Real Estate	
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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
IRL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Hugo Rams
Mailing Address 8300 SW 53 Avenue
City Miami State FL Zip Code 33146
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 17 / 2005
Transaction ID: SA11AI.4852
Amount of Each Receipt this Period 500.00
contribution

B. Full Name (Last, First, Middle Initial)
Nestor Rivero
Mailing Address 8824 Coral Way
City Miami State FL Zip Code 33165
FEC ID number of contributing federal political committee. **C**
Name of Employer Tropical Insurance Agency Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 22 / 2005
Transaction ID: SA11AI.4856
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Paul Skoric
Mailing Address 9150 SW 87th Ave, Suite 205
City Miami State FL Zip Code 33176
FEC ID number of contributing federal political committee. **C**
Name of Employer Shorty's Bar B-Q Occupation Corporate Office/Catering
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 04 / 2005
Transaction ID: SA11AI.4846
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 16 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
IRL PAC

A. Full Name (Last, First, Middle Initial)
Wilma Tunon
Mailing Address 1772 W. Flagler Street
City Miami State FL Zip Code 33135
FEC ID number of contributing federal political committee. **C**
Name of Employer Royal Carribean Insurance Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 29 / 2005
Transaction ID: SA11AI.4904
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Irene Ulivi de Perez
Mailing Address 430 Grand Bay Drive Apt. 1401
City Key Biscayne State FL Zip Code 33149
FEC ID number of contributing federal political committee. **C**
Name of Employer Housewife Occupation Housewife
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 03 / 2005
Transaction ID: SA11AI.4812
Amount of Each Receipt this Period 5000.00
contribution

C. Full Name (Last, First, Middle Initial)
Antonio Uribe
Mailing Address 145 Pinelawn Road
City Melville State NY Zip Code 11747
FEC ID number of contributing federal political committee. **C**
Name of Employer Citicorp Occupation Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 12 / 2005
Transaction ID: SA11AI.4854
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 5500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 17 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
IRL PAC

A.

Full Name (Last, First, Middle Initial) Ricardo Vadia		Date of Receipt MM / DD / YYYY 10 / 04 / 2005
Mailing Address 734 1st Street		Transaction ID: SA11AI.4838
City Miami Beach	State FL	Zip Code 33139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Related Group	Occupation Investment Broker	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Jorge Vigil		Date of Receipt MM / DD / YYYY 10 / 04 / 2005
Mailing Address 11512 NW 43 Terrace		Transaction ID: SA11AI.4828
City Miami	State FL	Zip Code 33178
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Attorney	contribution
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)	500.00
TOTAL This Period (last page this line number only)	24800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 23
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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) IRL PAC

A.	Full Name (Last, First, Middle Initial) SWEDISH MATCH PAC	Date of Receipt
	Mailing Address 7300 Beaufont Springs Drive PO Box 13297	<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
	City Richmond State VA Zip Code 23225	Transaction ID: SA11C.4961
	FEC ID number of contributing federal political committee. <input type="text" value="C00215053"/>	Amount of Each Receipt this Period
	Name of Employer Occupation	<input type="text" value="1000.00"/>
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

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 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)
IRL PAC

A.	Full Name (Last, First, Middle Initial) Angie Printing <hr/> Mailing Address 6341 North West 87 Avenue <hr/> City Miami State FL Zip Code 33178 <hr/> Purpose of Disbursement Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.4953 Date of Disbursement 10 / 25 / 2005 <hr/> Amount of Each Disbursement this Period 1610.35
B.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 9501 Burke Road <hr/> City Burke State VA Zip Code 22015 <hr/> Purpose of Disbursement Postage for IRL PAC Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.4951 Date of Disbursement 10 / 11 / 2005 <hr/> Amount of Each Disbursement this Period 1138.85
C.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 9501 Burke Road <hr/> City Burke State VA Zip Code 22015 <hr/> Purpose of Disbursement Postage for IRL PAC Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.4955 Date of Disbursement 10 / 27 / 2005 <hr/> Amount of Each Disbursement this Period 1127.85

SUBTOTAL of Disbursements This Page (optional) ▶

3877.05

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

3877.05

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

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)
IRL PAC

A.

Full Name (Last, First, Middle Initial)
BLASDEL FOR CONGRESS

Transaction ID: SB23.4927
Date of Disbursement

Mailing Address PO BOX 2021

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	5

City EAST LIVERPOOL State OH Zip Code 43920

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
CHUCK BLASDEL

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 06

B.

Full Name (Last, First, Middle Initial)
CAMPBELL FOR CONGRESS

Transaction ID: SB23.4948
Date of Disbursement

Mailing Address 18004 Sky Park Circle Suite 155

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	5

City Irvine State CA Zip Code 92660

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
JOHN B T III CAMPBELL

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 48

C.

Full Name (Last, First, Middle Initial)
COLORADANS FOR RICK O'DONNELL

Transaction ID: SB23.4930
Date of Disbursement

Mailing Address PO BOX 260693

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	5

City LAKEWOOD State CO Zip Code 80226

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
RICK O'DONNELL

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CO District: 07

SUBTOTAL of Disbursements This Page (optional)

15000.00

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 22 / 23

<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

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)
IRL PAC

A. Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE Mailing Address 141 SHELLEY LANE City WHEATON State IL Zip Code 60187 Purpose of Disbursement Contribution Candidate Name PETER ROSKAM Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4933 Date of Disbursement 10 / 27 / 2005
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) ROULSTONE FOR CONGRESS Mailing Address 2932 139TH AVENUE SE City SNOHOMISH State WA Zip Code 98290 Purpose of Disbursement contribution Candidate Name DOUGLAS ROBERT ROULSTONE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4945 Date of Disbursement 10 / 27 / 2005
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	40000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
IRL PAC

A.	Full Name (Last, First, Middle Initial) Jocelyn Simkovitz	Transaction ID: SB28A.4958
	Mailing Address 8885 SW 78th Court	Date of Disbursement 10 / 26 / 2005
	City Miami State FL Zip Code 33156	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Refund of Individual Contribution	010 Category/ Type
	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.	Full Name (Last, First, Middle Initial) Leonard Simkovitz	Transaction ID: SB28A.4960
	Mailing Address 8885 SW 78th Court	Date of Disbursement 10 / 26 / 2005
	City Miami State FL Zip Code 33156	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Refund of Individual Contribution	010 Category/ Type
	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)	8000.00
TOTAL This Period (last page this line number only)	8000.00