



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
EDO CORPORATION PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

|                                                                                                                                                                                                                         | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>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 |  | 31526.39 |
| Y                                                                                                                                                                                                                       | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2                                                                                                                                                                                                                       | 0                       | 0                                 | 5 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                                                                                                                              | 31526.39                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....                                                                                                                                                                                 | 19389.75                | 19389.75                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....                                                                                                                    | 50916.14                | 50916.14                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                                                             | 29500.00                | 29500.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                                                               | 21416.14                | 21416.14                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                                                                         | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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  
EDO CORPORATION PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                | 9708.25                       | 9708.25                           |
| (i) Itemized (use Schedule A) .....                                                                    | 9681.50                       | 9681.50                           |
| (ii) Unitemized .....                                                                                  | 19389.75                      | 19389.75                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ▶                                                             | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                                   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....                                                    | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶         | 19389.75                      | 19389.75                          |
| 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)) .....                          | 19389.75                      | 19389.75                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 19389.75                      | 19389.75                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>                                                                             | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 21. Operating Expenditures:                                                                          |                                       |                                           |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)                                        |                                       |                                           |
| (i) Federal Share.....                                                                               | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....                                                                          | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating<br>Expenditures.....                                                     | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b)).....                             | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party<br>Committees.....                                           | 0.00                                  | 0.00                                      |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....    | 29500.00                              | 29500.00                                  |
| 24. Independent Expenditure<br>(use Schedule E) .....                                                | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(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<br>Than Political Committees .....                                     | 0.00                                  | 0.00                                      |
| (b) Political Party Committees                                                                       | 0.00                                  | 0.00                                      |
| (c) Other Political Committees<br>(such as PACs) .....                                               | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds<br>(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<br>(from Schedule H6)                                           |                                       |                                           |
| (i) Federal Share .....                                                                              | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....                                                                             | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                              | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                 | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..          | 29500.00                              | 29500.00                                  |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)..... | 29500.00                              | 29500.00                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 .....         | 19389.75                      | 19389.75                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 19389.75                      | 19389.75                          |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

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

|                                                                               |                                                                                                                                             |             |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                           | PAGE 6 / 23 |
|                                                                               | <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)  
EDO CORPORATION PAC

|                                                                                                                                 |                                                                     |                                       |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>SHELDON I. ALPERT        |                                       | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                 | Mailing Address 4333 Clearwood Road                                 |                                       | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                 | City                                                                | State                                 | Zip Code                                                                                                                                                                                    |
|                                                                                                                                 | Moorpark                                                            | CA                                    | 93065                                                                                                                                                                                       |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                       | <b>Transaction ID:</b> SA11AI.4628                                                                                                                                                          |
| Name of Employer<br>EDO Corporation                                                                                             |                                                                     | Occupation<br>Director of Engineering | Amount of Each Receipt this Period                                                                                                                                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼              | <input type="text"/> 250.00                                                                                                                                                                 |
|                                                                                                                                 |                                                                     | <input type="text"/> 250.00           | Payroll Deduction-\$10 Weekly                                                                                                                                                               |

|                                                                                                                                 |                                                                     |                                        |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>JON A. ANDERSON          |                                        | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                 | Mailing Address 5023 N. Washington Blvd                             |                                        | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                 | City                                                                | State                                  | Zip Code                                                                                                                                                                                    |
|                                                                                                                                 | Arlington                                                           | VA                                     | 22205                                                                                                                                                                                       |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                        | <b>Transaction ID:</b> SA11AI.4574                                                                                                                                                          |
| Name of Employer<br>EDO Corporation                                                                                             |                                                                     | Occupation<br>VP Washington Operations | Amount of Each Receipt this Period                                                                                                                                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼               | <input type="text"/> 570.00                                                                                                                                                                 |
|                                                                                                                                 |                                                                     | <input type="text"/> 570.00            | Payroll Deduction-\$15 Weekly                                                                                                                                                               |

|                                                                                                                                 |                                                                     |                               |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>WILLIAM BAUMGARTNER      |                               | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                 | Mailing Address 686 Potomac Court                                   |                               | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                 | City                                                                | State                         | Zip Code                                                                                                                                                                                    |
|                                                                                                                                 | San Jose                                                            | CA                            | 95136                                                                                                                                                                                       |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                               | <b>Transaction ID:</b> SA11AI.4636                                                                                                                                                          |
| Name of Employer<br>EDO Corporation                                                                                             |                                                                     | Occupation<br>Program Manager | Amount of Each Receipt this Period                                                                                                                                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼      | <input type="text"/> 406.25                                                                                                                                                                 |
|                                                                                                                                 |                                                                     | <input type="text"/> 406.25   | Payroll Deduction-\$16.25 Weekly                                                                                                                                                            |

|                                                                  |                              |
|------------------------------------------------------------------|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1226.25 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

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

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

FOR LINE NUMBER: PAGE 7 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM R. BIGAS

Mailing Address 20 Minoea Road

City State Zip Code  
Portola Valley CA 94028

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
EDO Corporation Director of Technology

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID:** SA11AI.4637

Amount of Each Receipt this Period 250.00

Payroll Deduction-\$10 weekly

**B.** Full Name (Last, First, Middle Initial)  
JAMES A. BRUNELLE

Mailing Address 624 Whitehurst Landing Road

City State Zip Code  
Virginia Beach VA 23464

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
EDO Corporation General Manager

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID:** SA11AI.4596

Amount of Each Receipt this Period 240.00

Payroll Deduction-\$20 Weekly

**C.** Full Name (Last, First, Middle Initial)  
JULIUS S. CAESAR

Mailing Address 6307 Lee Forest Path

City State Zip Code  
Centerville VA 20120

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
EDO Corporation General Manager

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID:** SA11AI.4625

Amount of Each Receipt this Period 240.00

Payroll Deduction-\$20 Weekly

**SUBTOTAL** of Receipts This Page (optional) ..... 730.00

**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 8 / 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             |                              |

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

|                                                                                                                                 |                                                                     |                          |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>JOSEPH CANGELOSI         |                          | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                 | Mailing Address 6 Swirl Lane                                        |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                 | City                                                                | State                    | Zip Code                                                                                                                                                                                    |
|                                                                                                                                 | Levittown                                                           | NY                       | 11756                                                                                                                                                                                       |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> SA11AI.4588                                                                                                                                                          |
| Name of Employer<br>EDO Corporation                                                                                             |                                                                     | Occupation<br>Group VP   | Amount of Each Receipt this Period                                                                                                                                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼ | <input type="text"/> 378.00                                                                                                                                                                 |
|                                                                                                                                 |                                                                     |                          | Payroll Deduction-\$14 Weekly                                                                                                                                                               |

|                                                                                                                                 |                                                                     |                                  |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>PATRICIA COMISKEY        |                                  | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                 | Mailing Address 5 New Street                                        |                                  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                 | City                                                                | State                            | Zip Code                                                                                                                                                                                    |
|                                                                                                                                 | Great River                                                         | NY                               | 11739                                                                                                                                                                                       |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                  | <b>Transaction ID:</b> SA11AI.4575                                                                                                                                                          |
| Name of Employer<br>EDO Corporation                                                                                             |                                                                     | Occupation<br>VP Human Resources | Amount of Each Receipt this Period                                                                                                                                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼         | <input type="text"/> 260.00                                                                                                                                                                 |
|                                                                                                                                 |                                                                     |                                  | Payroll Deduction-\$10 Weekly                                                                                                                                                               |

|                                                                                                                                 |                                                                     |                               |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>TIMOTHY A. DAVIS         |                               | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                 | Mailing Address 23651 Via Delfina                                   |                               | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                 | City                                                                | State                         | Zip Code                                                                                                                                                                                    |
|                                                                                                                                 | Valencia                                                            | CA                            | 91355                                                                                                                                                                                       |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                               | <b>Transaction ID:</b> SA11AI.4630                                                                                                                                                          |
| Name of Employer<br>EDO Corporation                                                                                             |                                                                     | Occupation<br>General Manager | Amount of Each Receipt this Period                                                                                                                                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼      | <input type="text"/> 250.00                                                                                                                                                                 |
|                                                                                                                                 |                                                                     |                               | Payroll Deduction-\$10 Weekly                                                                                                                                                               |

|                                                                  |                             |
|------------------------------------------------------------------|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 888.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |



**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 9 / 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             |                              |

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

|                                                                                                                                 |                                                                     |                                     |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>RUSSELL HICKS            |                                     | Date of Receipt                                                                                       |
|                                                                                                                                 | Mailing Address 249 Spurwood Lane                                   |                                     | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2005"/> |
|                                                                                                                                 | City                                                                | State                               | Zip Code                                                                                              |
|                                                                                                                                 | Simi Valley                                                         | CA                                  | 93065                                                                                                 |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> SA11AI.4633                                                                    |
| Name of Employer<br>EDO Corporation                                                                                             |                                                                     | Occupation<br>Sr. Program Manager   | Amount of Each Receipt this Period                                                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼            | <input type="text" value="250.00"/>                                                                   |
|                                                                                                                                 |                                                                     | <input type="text" value="250.00"/> | Payroll Deduction-\$10 Weekly                                                                         |

|                                                                                                                                 |                                                                     |                                     |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>B.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MILO HYDE                |                                     | Date of Receipt                                                                                       |
|                                                                                                                                 | Mailing Address 713 Donnington Drive                                |                                     | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2005"/> |
|                                                                                                                                 | City                                                                | State                               | Zip Code                                                                                              |
|                                                                                                                                 | Chesapeake                                                          | VA                                  | 23320                                                                                                 |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> SA11AI.4595                                                                    |
| Name of Employer<br>EDO Corporation                                                                                             |                                                                     | Occupation<br>Group VP              | Amount of Each Receipt this Period                                                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼            | <input type="text" value="480.00"/>                                                                   |
|                                                                                                                                 |                                                                     | <input type="text" value="480.00"/> | Payroll Deduction-\$40 Weekly                                                                         |

|                                                                                                                                 |                                                                     |                                                    |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>C.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>FREDERIC LANES           |                                                    | Date of Receipt                                                                                       |
|                                                                                                                                 | Mailing Address 1206 Gates Court                                    |                                                    | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2005"/> |
|                                                                                                                                 | City                                                                | State                                              | Zip Code                                                                                              |
|                                                                                                                                 | Morris Plains                                                       | NJ                                                 | 07950                                                                                                 |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                                    | <b>Transaction ID:</b> SA11AI.4585                                                                    |
| Name of Employer<br>EDO Corporation                                                                                             |                                                                     | Occupation<br>Corp Director of Business Operations | Amount of Each Receipt this Period                                                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼                           | <input type="text" value="260.00"/>                                                                   |
|                                                                                                                                 |                                                                     | <input type="text" value="260.00"/>                | Payroll Deduction-\$10 Weekly                                                                         |

|                                                                  |                                     |
|------------------------------------------------------------------|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="990.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**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)  
 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)  
EDO CORPORATION PAC

**A.** Full Name (Last, First, Middle Initial)  
DANIEL LAROSE

Mailing Address 793 Melrose Terrace

City State Zip Code  
Newport News VA 23608

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

Name of Employer Occupation  
EDO Corporation Business Area Manager

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

**Transaction ID:** SA11AI.4584

Amount of Each Receipt this Period  
260.00

Payroll Deduction-\$10 Weekly

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH LEE

Mailing Address 35 Ralphs Way

City State Zip Code  
Hollister CA 95023

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

Name of Employer Occupation  
EDO Corporation Director Business Development

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

**Transaction ID:** SA11AI.4643

Amount of Each Receipt this Period  
250.00

Payroll Deduction-\$10 Weekly

**C.** Full Name (Last, First, Middle Initial)  
ROBERT LUKACHINSKI

Mailing Address 135 Old Winkle Point Road

City State Zip Code  
Eatons Neck NY 11768

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

Name of Employer Occupation  
EDO Corporation General Manager

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 104.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

**Transaction ID:** SA11AI.4582

Amount of Each Receipt this Period  
104.00

Payroll Deduction-\$4 Weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **614.00**

**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 11 / 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             |                              |

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

|                                                                                                                                 |                                                            |                                     |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>BRUCE MACLEAN   |                                     | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                 | Mailing Address 43 Riualto Drive                           |                                     | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                 | City                                                       | State                               | Zip Code                                                                                                                                                                                    |
|                                                                                                                                 | Clayton                                                    | CA                                  | 94517-1719                                                                                                                                                                                  |
|                                                                                                                                 | FEC ID number of contributing federal political committee. |                                     | <input type="text"/> C <input type="text"/>                                                                                                                                                 |
| Name of Employer<br>EDO Corporation                                                                                             |                                                            | Occupation<br>Business Area Manager | Transaction ID: SA11AI.4645                                                                                                                                                                 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                            | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period                                                                                                                                                          |
|                                                                                                                                 |                                                            | <input type="text"/> 250.00         | <input type="text"/> 250.00                                                                                                                                                                 |
|                                                                                                                                 |                                                            |                                     | Payroll Deduction-\$10 Weekly                                                                                                                                                               |

|                                                                                                                                 |                                                               |                               |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>ARTHUR L. MAITLAND |                               | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                 | Mailing Address 5359 Indian Hills Drive                       |                               | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                 | City                                                          | State                         | Zip Code                                                                                                                                                                                    |
|                                                                                                                                 | Simi Valley                                                   | CA                            | 93063                                                                                                                                                                                       |
|                                                                                                                                 | FEC ID number of contributing federal political committee.    |                               | <input type="text"/> C <input type="text"/>                                                                                                                                                 |
| Name of Employer<br>EDO Corporation                                                                                             |                                                               | Occupation<br>Program Manager | Transaction ID: SA11AI.4634                                                                                                                                                                 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                               | Aggregate Year-to-Date ▼      | Amount of Each Receipt this Period                                                                                                                                                          |
|                                                                                                                                 |                                                               | <input type="text"/> 250.00   | <input type="text"/> 250.00                                                                                                                                                                 |
|                                                                                                                                 |                                                               |                               | Payroll Deduction-\$10 Weekly                                                                                                                                                               |

|                                                                                                                                 |                                                               |                                       |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>RICHARD D. MCINNIS |                                       | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                 | Mailing Address 9503 Waterline Drive                          |                                       | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                 | City                                                          | State                                 | Zip Code                                                                                                                                                                                    |
|                                                                                                                                 | Burke                                                         | VA                                    | 22015                                                                                                                                                                                       |
|                                                                                                                                 | FEC ID number of contributing federal political committee.    |                                       | <input type="text"/> C <input type="text"/>                                                                                                                                                 |
| Name of Employer<br>EDO Corporation                                                                                             |                                                               | Occupation<br>Director Govt Relations | Transaction ID: SA11AI.4578                                                                                                                                                                 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                               | Aggregate Year-to-Date ▼              | Amount of Each Receipt this Period                                                                                                                                                          |
|                                                                                                                                 |                                                               | <input type="text"/> 260.00           | <input type="text"/> 260.00                                                                                                                                                                 |
|                                                                                                                                 |                                                               |                                       | Payroll Deduction-\$10 Weekly                                                                                                                                                               |

|                                                                  |                             |
|------------------------------------------------------------------|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 760.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

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

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

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

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

**A.** Full Name (Last, First, Middle Initial)  
DAVID R. MCINTIRE

Mailing Address 4469 Faraone Court

City San Jose State CA Zip Code 95136

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

Name of Employer EDO Corporation Occupation Director of Contracts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2005  
Transaction ID: SA11AI.4646  
Amount of Each Receipt this Period 500.00  
Payroll Deduction-\$20 Weekly

**B.** Full Name (Last, First, Middle Initial)  
GARY MILLER

Mailing Address 12778 Chapparral Ave

City Saratoga State CA Zip Code 95070-3640

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

Name of Employer EDO Corporation Occupation Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2005  
Transaction ID: SA11AI.4648  
Amount of Each Receipt this Period 250.00  
Payroll Deduction-\$10 Weekly

**C.** Full Name (Last, First, Middle Initial)  
MATHEW MILLER

Mailing Address 348 Fairway Blvd

City Panama City State FL Zip Code 32407

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

Name of Employer EDO Corporation Occupation Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 30 / 2005  
Transaction ID: SA11AI.4592  
Amount of Each Receipt this Period 540.00  
Payroll Deduction-\$10 Weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1290.00

**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)

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

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
ALF E. MYGLAND

Mailing Address 230 Bow Drive

City State Zip Code  
Hauppauge NY 11788

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

Name of Employer Occupation  
EDO Corporation Corp Director of Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID:** SA11AI.4587

Amount of Each Receipt this Period  
260.00

Payroll Deduction-\$10 Weekly

**B.**

Full Name (Last, First, Middle Initial)  
LARRY D. NEWSOME

Mailing Address 18301 Tolusa Court

City State Zip Code  
Morgan Hill CA 95037

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

Name of Employer Occupation  
EDO Corporation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID:** SA11AI.4649

Amount of Each Receipt this Period  
500.00

Payroll Deduction-\$20 Weekly

**C.**

Full Name (Last, First, Middle Initial)  
TERRELL R. OTIS

Mailing Address 5001 36th Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
EDO Corporation Director Int'l Programs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
130.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID:** SA11AI.4577

Amount of Each Receipt this Period  
130.00

Payroll Deduction-\$5 Weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **890.00**

**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"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13                                             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

|                                                                                                                                 |                                                                        |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>FRANK W. OTTO               |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2005 |
|                                                                                                                                 | Mailing Address 4 Cedar Road                                           |                                    | <b>Transaction ID:</b> SA11AI.4579                  |
|                                                                                                                                 | City<br>Wading River                                                   | State<br>NY                        | Zip Code<br>11792                                   |
|                                                                                                                                 | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>520.00        |
|                                                                                                                                 | Name of Employer<br>EDO Corporation                                    | Occupation<br>VP/COO               | Payroll Deduction-\$20 Weekly                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                        | Aggregate Year-to-Date ▼<br>520.00 |                                                     |

|                                                                                                                                 |                                                                        |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| <b>B.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>LISA PALUMBO                |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2005 |
|                                                                                                                                 | Mailing Address 10 Kennilworth Road                                    |                                    | <b>Transaction ID:</b> SA11AI.4580                  |
|                                                                                                                                 | City<br>Rye                                                            | State<br>NY                        | Zip Code<br>10580                                   |
|                                                                                                                                 | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>130.00        |
|                                                                                                                                 | Name of Employer<br>EDO Corporation                                    | Occupation<br>VP/Corp Counsel      | Payroll Deduction-\$5 Weekly                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                        | Aggregate Year-to-Date ▼<br>130.00 |                                                     |

|                                                                                                                                 |                                                                        |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| <b>C.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>TERRANCE J. SCHMIDT         |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2005 |
|                                                                                                                                 | Mailing Address 104 Aurora Lane                                        |                                    | <b>Transaction ID:</b> SA11AI.4652                  |
|                                                                                                                                 | City<br>Los Gatos                                                      | State<br>CA                        | Zip Code<br>95032                                   |
|                                                                                                                                 | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00        |
|                                                                                                                                 | Name of Employer<br>EDO Corporation                                    | Occupation<br>Director Operations  | Payroll Deduction-\$10 Weekly                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                        | Aggregate Year-to-Date ▼<br>250.00 |                                                     |

|                                                                  |   |        |
|------------------------------------------------------------------|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 900.00 |
| <b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

**A.** Full Name (Last, First, Middle Initial)  
JAMES M. SMITH

Mailing Address 35 Arrowhead Court

City State Zip Code  
North Hills NY 11030

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

Name of Employer Occupation  
EDO Corporation Chmn/Pres/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID:** SA11AI.4573

Amount of Each Receipt this Period  
780.00

Payroll Deduction-\$30 Weekly

**B.** Full Name (Last, First, Middle Initial)  
SEAN SMITH

Mailing Address 35 Arrowhead Court

City State Zip Code  
North Hills NY 11030

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

Name of Employer Occupation  
EDO Corporation Asst Corporate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 130.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID:** SA11AI.4581

Amount of Each Receipt this Period  
130.00

Payroll Deduction-\$5 Weekly

**C.** Full Name (Last, First, Middle Initial)  
GARY D. SPRINGFIELD

Mailing Address 758 North 3500 West

City State Zip Code  
West Point UT 84015

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

Name of Employer Occupation  
EDO Corporation General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2005

**Transaction ID:** SA11AI.4614

Amount of Each Receipt this Period  
260.00

Payroll Deduction-\$20 Weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1170.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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|                                                    |
|----------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br>EDO CORPORATION PAC |
|----------------------------------------------------|

|           |                                                                                                                                 |                                                                                                       |
|-----------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>NORMA J. WOLF                                                                        | Date of Receipt                                                                                       |
|           | Mailing Address 341 Havenside Ave                                                                                               | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2005"/> |
|           | City State Zip Code<br>Newbury Park CA 91320                                                                                    | <b>Transaction ID:</b> SA11AI.4635                                                                    |
|           | FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    | Amount of Each Receipt this Period<br><input type="text" value="250.00"/>                             |
|           | Name of Employer Occupation<br>EDO Corporation Business Development Manager                                                     | Payroll Deduction-\$5 Weekly                                                                          |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="250.00"/>                                       |

|                                                                  |                                      |
|------------------------------------------------------------------|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="250.00"/>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="9708.25"/> |



# 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)  
EDO CORPORATION PAC

|    |                                                                                                                                   |                                                                                                                                                      |
|----|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>ACKERMAN FOR CONGRESS                                                                  | Transaction ID: SB23.4698<br>Date of Disbursement<br>06 / 15 / 2005                                                                                  |
|    | Mailing Address<br>PO BOX 15616<br>SOUTHEAST STATION                                                                              | Amount of Each Disbursement this Period<br>1000.00                                                                                                   |
|    | City<br>WASHINGTON                                                                                                                | State<br>DC                                                                                                                                          |
|    | Zip Code<br>20003                                                                                                                 |                                                                                                                                                      |
|    | Purpose of Disbursement<br>FUNDRAISER                                                                                             | Category/<br>Type                                                                                                                                    |
|    | Candidate Name<br>GARY L ACKERMAN                                                                                                 |                                                                                                                                                      |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: NY District: 06                                                                                                            |                                                                                                                                                      |

|    |                                                                                                                                   |                                                                                                                                                      |
|----|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>BILL NELSON FOR U S SENATE                                                             | Transaction ID: SB23.4720<br>Date of Disbursement<br>02 / 15 / 2005                                                                                  |
|    | Mailing Address<br>500 RED SAIL WAY                                                                                               | Amount of Each Disbursement this Period<br>1000.00                                                                                                   |
|    | City<br>SATELITE BEACH                                                                                                            | State<br>FL                                                                                                                                          |
|    | Zip Code<br>32937                                                                                                                 |                                                                                                                                                      |
|    | Purpose of Disbursement<br>FUNDRAISER                                                                                             | Category/<br>Type                                                                                                                                    |
|    | Candidate Name<br>BILL NELSON                                                                                                     |                                                                                                                                                      |
|    | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: FL District: 00                                                                                                            |                                                                                                                                                      |

|    |                                                                                                                                   |                                                                                                                                                      |
|----|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>BUCK MCKEON FOR CONGRESS                                                               | Transaction ID: SB23.4721<br>Date of Disbursement<br>02 / 28 / 2005                                                                                  |
|    | Mailing Address<br>23942 Lyons Ave #105                                                                                           | Amount of Each Disbursement this Period<br>1000.00                                                                                                   |
|    | City<br>Santa Clarita                                                                                                             | State<br>CA                                                                                                                                          |
|    | Zip Code<br>91321                                                                                                                 |                                                                                                                                                      |
|    | Purpose of Disbursement<br>FUNDRAISER                                                                                             | Category/<br>Type                                                                                                                                    |
|    | Candidate Name<br>BUCK MCKEON                                                                                                     |                                                                                                                                                      |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: CA District: 25                                                                                                            |                                                                                                                                                      |

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 3000.00 |
| <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)

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
EDO CORPORATION PAC

|    |                                                                                                                                                       |                                                                                                                                                      |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>FEINSTEIN FOR SENATE                                                                                       | Transaction ID: SB23.4700<br>Date of Disbursement<br>06 / 10 / 2005                                                                                  |
|    | Mailing Address 420 C Street, NE<br>Lower Level                                                                                                       | Amount of Each Disbursement this Period<br>5000.00                                                                                                   |
|    | City Washington State DC Zip Code 20002                                                                                                               |                                                                                                                                                      |
|    | Purpose of Disbursement FUNDRAISER                                                                                                                    | Category/Type                                                                                                                                        |
|    | Candidate Name DIANNE FEINSTEIN                                                                                                                       |                                                                                                                                                      |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 00 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                                       |                                                                                                                                                      |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>FITZPATRICK FOR CONGRESS                                                                                   | Transaction ID: SB23.4697<br>Date of Disbursement<br>06 / 24 / 2005                                                                                  |
|    | Mailing Address 115 North Broad Street                                                                                                                | Amount of Each Disbursement this Period<br>1000.00                                                                                                   |
|    | City Doylestown State PA Zip Code 18901                                                                                                               |                                                                                                                                                      |
|    | Purpose of Disbursement FUNDRAISER                                                                                                                    | Category/Type                                                                                                                                        |
|    | Candidate Name MICHAEL G FITZPATRICK                                                                                                                  |                                                                                                                                                      |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 08 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                                       |                                                                                                                                                      |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>FRIENDS OF CAROLYN MCCARTHY                                                                                | Transaction ID: SB23.4717<br>Date of Disbursement<br>02 / 15 / 2005                                                                                  |
|    | Mailing Address 151 Linden Road                                                                                                                       | Amount of Each Disbursement this Period<br>1000.00                                                                                                   |
|    | City Mineola State NY Zip Code 11501                                                                                                                  |                                                                                                                                                      |
|    | Purpose of Disbursement FUNDRAISER                                                                                                                    | Category/Type                                                                                                                                        |
|    | Candidate Name CAROLYN MCCARTHY                                                                                                                       |                                                                                                                                                      |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 04 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 7000.00 |
| <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)

PAGE 19 / 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 |

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>FRIENDS OF HILLARY</p> <p>Mailing Address 1717 K STREET NW SUITE 309A</p> <p>City WASHINGTON State DC Zip Code 20036</p> <p>Purpose of Disbursement FUNDRAISER</p> <p>Candidate Name HILLARY RODHAM CLINTON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 00</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23.4704</p> <p>Date of Disbursement<br/>06 / 10 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>LOFGREN FOR CONGRESS</p> <p>Mailing Address P.O. Box 8180 Suite 350</p> <p>City San Jose State CA Zip Code 95155</p> <p>Purpose of Disbursement FUNDRAISER</p> <p>Candidate Name ZOE LOFGREN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 16</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                | <p><b>Transaction ID:</b> SB23.4714</p> <p>Date of Disbursement<br/>02 / 28 / 2005</p> <p>Amount of Each Disbursement this Period<br/>500.00</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>MATHESON FOR CONGRESS</p> <p>Mailing Address PO Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement FUNDRAISER</p> <p>Candidate Name JIM MR. MATHESON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: UT District: 02</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> SB23.4718</p> <p>Date of Disbursement<br/>02 / 15 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>MATHESON FOR CONGRESS                                                                                                                                                                                                                                                                                                                                                                                                               | Transaction ID: SB23.4706<br>Date of Disbursement<br>06 / 10 / 2005 |
|    | Mailing Address PO Box 521048 Suite A<br>City Salt Lake City State UT Zip Code 84152<br>Purpose of Disbursement FUNDRAISER<br>Candidate Name JIM MR. MATHESON<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: UT District: 02<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period<br>1000.00                  |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>MIKE HONDA FOR CONGRESS                                                                                                                                                                                                                                                                                                                                                                                                           | Transaction ID: SB23.4709<br>Date of Disbursement<br>04 / 22 / 2005 |
|    | Mailing Address 50 W. San Fernando St. Ste. 350<br>City San Jose State CA Zip Code 95113<br>Purpose of Disbursement FUNDRAISER<br>Candidate Name MIKE HONDA<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 15<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period<br>500.00                   |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>MURTHA FOR CONGRESS                                                                                                                                                                                                                                                                                                                                                                                                           | Transaction ID: SB23.4711<br>Date of Disbursement<br>04 / 22 / 2005 |
|    | Mailing Address Suite 220 551 Main Street BT FINANCIAL PLAZA SUITE 220<br>City JOHNSTOWN State PA Zip Code 15901<br>Purpose of Disbursement FUNDRAISER<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period<br>5000.00                  |

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 6500.00 |
| <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)

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
EDO CORPORATION PAC

**A.** Full Name (Last, First, Middle Initial)  
STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address PO Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement  
FUNDRAISER

Candidate Name  
STEVE ISRAEL

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Transaction ID: SB23.4715

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address PO Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement  
FUNDRAISER

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.4712

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address PO Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement  
FUNDRAISER

Candidate Name  
STEVE ISRAEL

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Transaction ID: SB23.4702

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

5500.00

**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 |

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NAME OF COMMITTEE (In Full)  
EDO CORPORATION PAC

A.

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

Transaction ID: SB23.4708

Date of Disbursement

Mailing Address P.O. Box 10003

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 8 |   | 2 | 0 | 0 | 5 |

City State Zip Code  
Merrillville IN 46411

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement  
FUNDRAISER

Category/  
Type

Candidate Name  
PETER JOHN VISCLOSKY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IN District: 01

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

5000.00

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

29500.00

Image# 28990536419

Form/Schedule: **F3XA**  
Transaction ID:

Reclassified 2/15/05 contributions for Friends of Carolyn McCarthy, Matheson for Congress, and Steve Israel for Congress from 2008 General Election to 2006 General Election.

\*\*\*\*\*