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**FEC
FORM 3X**

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

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.
SUSQUEHANNA BANCSHARES, INC. PAC

ADDRESS (number and street) **26 NORTH CEDAR STREET**
 Check if different than previously reported. (ACG)
LITITZ PA 17543

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C 00387290 **LITITZ PA 17543**

3. IS THIS REPORT NEW (N) OR AMENDED (A) **M9**

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

5. Covering Period **08 01 2006** through **08 31 2006**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **MICHAEL P. SQUIERDO**

Signature of Treasurer *Michael P. Squierdo, Treasurer* Date **09 15 2006**

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

Office Use Only **5/20** **9/20** **FEC FORM 3X**
(Rev. 02/2003)

20030134420

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SUSQUEHANNA BANCSHARES, INC. PAC

Report Covering the Period:

From:

08 / 01 / 2006

To:

08 / 31 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		7 2 0 5 9 6
(b) Cash on Hand at Beginning of Reporting Period.....	1 1 0 2 8 9 6	
(c) Total Receipts (from Line 19).....	2 5 0 0 0	2 1 1 2 3 0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1 1 2 7 8 9 6	2 8 3 2 8 9 6
7. Total Disbursements (from Line 31).....	2 2 2 5 0 0	1 9 2 7 5 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9 0 5 3 9 6	9 0 5 3 9 6
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0 0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0 0 0	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

SUSQUEHANNA BANCSHARES, INC. PAC

Report Covering the Period: From:

MM / DD / YYYY
08 / 01 / 2006

To:

MM / DD / YYYY
08 / 31 / 2006

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2 5 0 0 0	1 5 5 0 0 0 0
(ii) Unitemized.....		5 6 2 3 0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2 5 0 0 0	2 1 1 2 3 0 0
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	2 5 0 0 0	2 1 1 2 3 0 0
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b)).....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2 5 0 0 0	2 1 1 2 3 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2 5 0 0 0	2 1 1 2 3 0 0

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	[REDACTED]	
(ii) Non-Federal Share	[REDACTED]	
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees	[REDACTED]	
23. Contributions to Federal Candidates/Committees and Other Political Committees	2 0 0 0 - 0 0	7 0 0 0 0 0
24. Independent Expenditures (use Schedule E)	[REDACTED]	
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	[REDACTED]	
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	2 2 5 0 0	1 2 2 7 5 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	[REDACTED]	
(ii) "Levin" Share	[REDACTED]	
(b) Federal Election Activity Paid Entirely With Federal Funds	[REDACTED]	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2, 2 2 5 0 0	1 9 2 7 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2 2 2 5 0 0	1 9 2 7 5 0 0

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2 5 0 0 0	2 1 1 2 3 0 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2 5 0 0 0	2 1 1 2 3 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

200701034424

**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 6 OF 8	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
SUSQUEHANNA BANCSHARES, INC. PAC

A. Full Name (Last, First, Middle Initial)
WARGO, AVA M.

Mailing Address
9 COLUMBIA AVENUE

City **VINELAND, NJ** State Zip Code **08360**

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

Name of Employer **SUSQUEHANNA PATRIOT BANK** Occupation **SVP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000

Date of Receipt
08 / 01 / 2006

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ **250.00**

20070105103422

**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 7 OF 8

<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)
SUSQUEHANNA BANCSHARES, INC. PAC

Full Name (Last, First, Middle Initial) A. ABA BANKPAC		Date of Disbursement M M / D D / Y Y Y Y 08 14 2006
Mailing Address 1120 CONNECTICUT AVENUE, NW		Amount of Each Disbursement this Period 2 0 0 0 0 0
City WASHINGTON, DC	State DC	
Zip Code 20036		
Purpose of Disbursement ANNUAL CONTRIBUTION		Category/ Type 011
Candidate Name N/A		
Office Sought: N/A	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	2,000.00

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**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 8 OF 8

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

SUSQUEHANNA BANCSHARES, INC. PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
08 01 2006

A. COMMITTEE TO RE-ELECT BARBARA J. KLINE

Mailing Address

218 EAST HORNER STREET

City

State

Zip Code

EBENSBURG, PA 15931

Purpose of Disbursement

GOLF OUTING & DINNER

011

Category/
Type

Amount of Each Disbursement this Period

1 5 0 0 0

Candidate Name

BARBARA J. KLINE

Office Sought:

COUNTY

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: PA

District: LANC

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
08 22 2006

B. FRIENDS OF MIKE BRUBAKER

Mailing Address

1002 LITITZ PIKE, SUITE 222

City

State

Zip Code

LITITZ, PA 17543

Purpose of Disbursement

BASEBALL FUNDRAISER

011

Category/
Type

Amount of Each Disbursement this Period

7 5 0 0

Candidate Name

MIKE BRUBAKER

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: PA

District: 36th

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

C.
Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

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

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

2 2 5 0 0

200301094427

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