

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

ADDRESS (number and street) PO BOX 40385

Check if different than previously reported. (ACC) WASHINGTON DC 20016

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

C00427930

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

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

Election on 11 07 2006 in the State of

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

Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher J. Ward

Signature of Treasurer Electronically Filed by Christopher J. Ward Date 01 30 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							
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	6									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td>7000.00</td></tr></table>	7000.00										
7000.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td>14825.18</td></tr></table>	14825.18	<table border="1" style="width: 100%;"><tr><td>21825.18</td></tr></table>	21825.18								
14825.18												
21825.18												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td>21825.18</td></tr></table>	21825.18	<table border="1" style="width: 100%;"><tr><td>21825.18</td></tr></table>	21825.18								
21825.18												
21825.18												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td>9109.95</td></tr></table>	9109.95	<table border="1" style="width: 100%;"><tr><td>9109.95</td></tr></table>	9109.95								
9109.95												
9109.95												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td>12715.23</td></tr></table>	12715.23	<table border="1" style="width: 100%;"><tr><td>12715.23</td></tr></table>	12715.23								
12715.23												
12715.23												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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

DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14725.18	19725.18
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14825.18	19825.18
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14825.18	21825.18
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)) .....	14825.18	21825.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14825.18	21825.18

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9109.95	9109.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	9109.95	9109.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9109.95	9109.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9109.95	9109.95

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14825.18	21825.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14825.18	21825.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9109.95	9109.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9109.95	9109.95

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

**A.** Full Name (Last, First, Middle Initial)  
Jan S. Armfield

Mailing Address 1567 Saucon Valley Rd

City State Zip Code  
Bethlehem PA 18015

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

Name of Employer Occupation  
Wachovia Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** SA11A1.4125

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Curtis H. Barnette

Mailing Address 1112 Prospect Ave

City State Zip Code  
Bethlehem PA 18018

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

Name of Employer Occupation  
Skadeen Arps Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** SA11A1.4121

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Robert J. Bennett

Mailing Address 970 N 38th St

City State Zip Code  
Allentown PA 18104

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

Name of Employer Occupation  
Bennett Cars Auto Dealer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** SA11A1.4160

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Robert T. Girling		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 872 Robin Hood Dr		<b>Transaction ID:</b> SA11A1.4164	
City Allentown	State PA	Zip Code 18103	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth Grosse, Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 376 Indian Creek Rd		<b>Transaction ID:</b> SA11A1.4166	
City Telford	State PA	Zip Code 18969	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Developer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) William H. Grube		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 4910 S 5th St		<b>Transaction ID:</b> SA11A1.4225	
City Emmaus	State PA	Zip Code 18049	Amount of Each Receipt this Period 4975.18
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NVEC	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4975.18		

In-kind - Catering Costs

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6475.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 13
	<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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. William F. Hecht</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3920 Ravenswood Rd		<b>Transaction ID: SA11A1.4119</b>	
City State Zip Code Allentown PA 18103	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Mervin A. Heller, Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2755 Century Blvd		<b>Transaction ID: SA11A1.4127</b>	
City State Zip Code Wyomissing PA 19610	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Leisawitz Heller	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Kenneth A. Longacre</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3115 State St Box 389		<b>Transaction ID: SA11A1.4117</b>	
City State Zip Code Telford PA 18989	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Farm & Home Oil Co	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. James H. Miller</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 1730 Penns Crossing		<b>Transaction ID: SA11A1.4158</b>	
City State Zip Code Allentown PA 18104	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PPL Corporation	Occupation Chairman, President, CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Charles H. Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 3849 Township Line Rd		<b>Transaction ID: SA11A1.4156</b>	
City State Zip Code Bethlehem PA 18020	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Anthony J. Salvaggio</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1432 Cedarwood Rd		<b>Transaction ID: SA11A1.4123</b>	
City State Zip Code Allentown PA 18104	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Computer Aid Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 13	
	(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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

**A.** Full Name (Last, First, Middle Initial)  
Shirley A. Schneck

Mailing Address 4125 Oakwood Circle

City	State	Zip Code
Schnecksville	PA	18078

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	6

Transaction ID: SA11A1.4162

Amount of Each Receipt this Period

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14725.18

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. William H. Grube</b>		<b>Transaction ID:</b> SB21B.4227 Date of Disbursement 10 / 17 / 2006
Mailing Address 4910 S 5th St		Amount of Each Disbursement this Period 4975.18
City Emmaus State PA Zip Code 18049	Purpose of Disbursement In-kind - Catering Costs	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Shawn Millan</b>		<b>Transaction ID:</b> SB21B.4106 Date of Disbursement 10 / 11 / 2006
Mailing Address 5405 Snowdrift Rd		Amount of Each Disbursement this Period 229.77
City Orefield State PA Zip Code 18069	Purpose of Disbursement Reimbursements (see below)	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Murray Perskie Associates</b>		<b>Transaction ID:</b> SB21B.4112 Date of Disbursement 10 / 11 / 2006
Mailing Address 741 Alexander Rd		Amount of Each Disbursement this Period 3905.00
City Princeton State NJ Zip Code 08540	Purpose of Disbursement Generic Printing	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9109.95</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: SB21B.4110 Date of Disbursement 10 / 11 / 2006	
Mailing Address 2138 W Union Blvd		Amount of Each Disbursement this Period 180.03	
City Bethlehem State PA Zip Code 18018	Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Transaction ID: SB21B.4108 Date of Disbursement 10 / 11 / 2006	
Mailing Address 17 S Commerce Way		Amount of Each Disbursement this Period 49.14	
City Leigh Valley State PA Zip Code 18002	Purpose of Disbursement Postage	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9109.95</b>

Image# 27930091484

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

Please note that this amendment was caused by late notification by an in-kind donor to the Committee. The in-kind took place on October 17, 2006 but the donor did not notify the Committee until late December.

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