

# 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  
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

ADDRESS (number and street) 14000 NW 58TH COURT  
 Check if different than previously reported. (ACC)  
MIAMI LAKES FL 33014

2. **FEC IDENTIFICATION NUMBER** C00423996  
**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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ 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 07 01 2006 through 09 30 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 Irving Escalante

Signature of Treasurer Electronically Filed by Irving Escalante Date 10 13 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

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		0.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	20000.00									
(c) Total Receipts (from Line 19) .....	6000.00	26000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	26000.00	26000.00								
7. Total Disbursements (from Line 31) .....	18000.00	18000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8000.00	8000.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

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	6000.00	26000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6000.00	26000.00
(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) .....	6000.00	26000.00
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)) .....	6000.00	26000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6000.00	26000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	18000.00	18000.00
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))..	18000.00	18000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18000.00	18000.00

**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) .....	6000.00	26000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6000.00	26000.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<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)  
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Full Name (Last, First, Middle Initial) <b>A.</b> J. T. Hill		Date of Receipt M M / D D / Y Y Y Y Y 07 / 05 / 2006
Mailing Address 1225 Malaga		Transaction ID: SA11A1.4154
City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer The Protective Group	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Paul E. Tierney, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2006
Mailing Address 645 Madison Ave. 20th Floor		Transaction ID: SA11A1.4110
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Development Capital LLC	Occupation Partner	
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) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	6000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Full Name (Last, First, Middle Initial) <b>A. BILL NELSON FOR U S SENATE</b>		<b>Transaction ID: SB23.4112</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 500 RED SAIL WAY		Amount of Each Disbursement this Period 2000.00
City SATELITE BEACH	State FL	
Zip Code 32937	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name BILL NELSON		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 00		

Full Name (Last, First, Middle Initial) <b>B. CHET EDWARDS FOR CONGRESS</b>		<b>Transaction ID: SB23.4120</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 1000.00
City WACO	State TX	
Zip Code 76702	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name CHET EDWARDS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 17		

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO ELECT MCHUGH</b>		<b>Transaction ID: SB23.4139</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 228 SOUTH WASHINGTON STREET SUITE 115		Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name JOHN M MCHUGH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 23		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO RE-ELECT CONGRESSMAN DUNCAN HUNTER</b>		<b>Transaction ID:</b> SB23.4117 Date of Disbursement
Mailing Address 9340 FUERTE DRIVE SUITE 302 9340 Fuerte Drive Suite 302		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City LA MESA State CA Zip Code 91941	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period
Candidate Name DUNCAN HUNTER	<input type="text" value="011"/> Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DEFEND AMERICA PAC</b>		<b>Transaction ID:</b> SB23.4137 Date of Disbursement
Mailing Address P.O. Box 2626		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Tuscaloosa State AL Zip Code 35403	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period
Candidate Name	<input type="text" value="011"/> Category/Type	<input type="text" value="1000.00"/>
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. FRIENDS OF JIM SAXTON</b>		<b>Transaction ID:</b> SB23.4134 Date of Disbursement
Mailing Address PO BOX 795		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Mount Holly State NJ Zip Code 08060	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period
Candidate Name H. J SAXTON	<input type="text" value="011"/> Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOE LIEBERMAN</b>		<b>Transaction ID: SB23.4145</b> Date of Disbursement
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City STATE HOUSE SQUARE	State CT	Zip Code 06123
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name JOSEPH I LIEBERMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 00	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ROGER WICKER</b>		<b>Transaction ID: SB23.4123</b> Date of Disbursement
Mailing Address P.O. Box 874		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Tupelo	State MS	Zip Code 38802
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name ROGER F. WICKER		
Office Sought: <input checked="" 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: MS	District: 01	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. FUND FOR A CONSERVATIVE FUTURE</b>		<b>Transaction ID: SB23.4132</b> Date of Disbursement
Mailing Address PO BOX 96		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement Contribution	<input type="text" value="011"/> 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:	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Full Name (Last, First, Middle Initial)

**A. GENE TAYLOR FOR CONGRESS COMMITTEE**

**Transaction ID:** SB23.4142

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	6

Mailing Address Post Office Box 38  
POST OFFICE BOX 38

Amount of Each Disbursement this Period

1000.00
---------

City Bay St. Louis State MS Zip Code 39520

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name  
GENE MR. TAYLOR

Office Sought:  House  
 Senate  
 President  
State: MS District: 04

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. HAYES FOR CONGRESS**

**Transaction ID:** SB23.4107

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	6

Mailing Address Post Office Box 2000

Amount of Each Disbursement this Period

1000.00
---------

City Concord State NC Zip Code 28026

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name  
ROBERT CANNON HAYES

Office Sought:  House  
 Senate  
 President  
State: NC District: 08

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. HOBSON FOR CONGRESS**

**Transaction ID:** SB23.4126

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	6

Mailing Address 82 West Columbia

Amount of Each Disbursement this Period

1000.00
---------

City Springfield State OH Zip Code 45503

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name  
DAVID LEE HOBSON

Office Sought:  House  
 Senate  
 President  
State: OH District: 07

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

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

3000.00
---------

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

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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)

<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)  
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Full Name (Last, First, Middle Initial) <b>A. KENDRICK MEEK CAMPAIGN FOR CONGRESS</b>		<b>Transaction ID: SB23.4148</b> Date of Disbursement
Mailing Address 111 NW 183rd Street Suite 325		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Miami	State FL	Zip Code 33169
Purpose of Disbursement Contribution		<input type="text" value="2000.00"/>
Candidate Name KENDRICK B MEEK		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 17	

Full Name (Last, First, Middle Initial) <b>B. ROS-LEHTINEN FOR CONGRESS</b>		<b>Transaction ID: SB23.4129</b> Date of Disbursement
Mailing Address P O Box 52-2784		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City MIAMI	State FL	Zip Code 33152
Purpose of Disbursement Contribution		<input type="text" value="1000.00"/>
Candidate Name ILEANA ROS-LEHTINEN		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 18	

Full Name (Last, First, Middle Initial) <b>C. SNYDER FOR CONGRESS CAMPAIGN COMMITTEE</b>		<b>Transaction ID: SB23.4151</b> Date of Disbursement
Mailing Address PO Box 250998		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Little Rock	State AR	Zip Code 72225
Purpose of Disbursement Contribution		<input type="text" value="1000.00"/>
Candidate Name VICTOR FREDERICK SNYDER		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="18000.00"/>