

**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

CAP PAC

ADDRESS (number and street)  
▼

38 IVY ST SE

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00388959

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

11

07

2006

in the  
State of

DC

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

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

Deborah Hart

Signature of Treasurer

Electronically Filed by Deborah Hart

Date

10

25

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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
CAP PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		4444.80
(b) Cash on Hand at Beginning of Reporting Period .....	5770.72	
(c) Total Receipts (from Line 19) .....	17000.00	53210.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22770.72	57654.80
7. Total Disbursements (from Line 31) .....	14200.00	49084.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8570.72	8570.72
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
CAP 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	0.00	5000.00
(i) Itemized (use Schedule A) .....	0.00	60.00
(ii) Unitemized .....	0.00	5060.00
(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) .....	17000.00	48150.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	17000.00	53210.00
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)) .....	17000.00	53210.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17000.00	53210.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		200.00	1984.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		200.00	1984.08
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		14000.00	47100.00
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))..		14200.00	49084.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		14200.00	49084.08

**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) .....	17000.00	53210.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17000.00	53210.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	200.00	1984.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	200.00	1984.08

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

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

FOR LINE NUMBER: PAGE 6 / 11

(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)

CAP PAC

Full Name (Last, First, Middle Initial)

**A.** AMERICAN NURSES' ASSOCIATION PAC (ANA-PAC) (FKA N-CAP)

Mailing Address 600 MARYLAND AVENUE SW SUITE 100W

City State Zip Code  
 WASHINGTON DC 20024

FEC ID number of contributing  
federal political committee.

**C** C00017525

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

Transaction ID: SA11C.4461

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION

Mailing Address 1300 L Street NW

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00010322

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11C.4448

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND

Mailing Address 1680 Capital One Drive  
 Attn: 19050-1204

City State Zip Code  
 McLean VA 22102

FEC ID number of contributing  
federal political committee.

**C** C00326595

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

Transaction ID: SA11C.4462

Amount of Each Receipt this Period

2000.00

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

7000.00

**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 / 11

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAP PAC

**A.** Full Name (Last, First, Middle Initial)  
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS

Mailing Address 101 Constitution Ave NW  
Tenth Floor West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: SA11C.4465

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee. **C** C00105981

Name of Employer Occupation

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 7 / 2 0 0 6

Transaction ID: SA11C.4467

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M Street NW Suite 540

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: SA11C.4469

Amount of Each Receipt this Period

1500.00

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

7500.00

**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: PAGE 8 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAP PAC

**A.** Full Name (Last, First, Middle Initial)  
UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)

Mailing Address 14600 Detroit Ave

City State Zip Code  
Cleveland OH 44107

FEC ID number of contributing  
federal political committee.

**C** C00001636

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: SA11C.4470

Amount of Each Receipt this Period

2500.00

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

2500.00

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

17000.00



# **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)

PAGE 9 / 11

<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)

CAP PAC

Full Name (Last, First, Middle Initial)

**A.** Evans & Katz LLC

Mailing Address 1831 Bay St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4447

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

200.00

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

200.00

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

200.00

# **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)

PAGE 10 / 11

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

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NAME OF COMMITTEE (In Full)  
CAP PAC

<p>Full Name (Last, First, Middle Initial) <b>A. MEJIAS FOR CONGRESS</b></p> <p>Mailing Address 124 SUNRISE DRIVE</p> <p>City N MASSAPEQUA State NY Zip Code 11758</p> <p>Purpose of Disbursement Contribution <input type="text"/></p> <p>Candidate Name DAVID L MEJIAS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: NY District: 03</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: SB23.4457</b>            Date of Disbursement            M M / D D / Y Y Y Y            1 0 / 1 6 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period            1000.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. MEJIAS FOR CONGRESS</b></p> <p>Mailing Address 124 SUNRISE DRIVE</p> <p>City N MASSAPEQUA State NY Zip Code 11758</p> <p>Purpose of Disbursement Contribution <input type="text"/></p> <p>Candidate Name DAVID L MEJIAS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: NY District: 03</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: SB23.4458</b>            Date of Disbursement            M M / D D / Y Y Y Y            1 0 / 1 7 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period            1000.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. MOUL FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address PO BOX 85445</p> <p>City LINCOLN State NE Zip Code 68501</p> <p>Purpose of Disbursement Contribution <input type="text"/></p> <p>Candidate Name MAXINE B MOUL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: NE District: 01</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: SB23.4451</b>            Date of Disbursement            M M / D D / Y Y Y Y            1 0 / 1 2 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period            1000.00</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>3000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p></p>

# **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 11 / 11

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

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NAME OF COMMITTEE (In Full)  
CAP PAC

Full Name (Last, First, Middle Initial)

## **A. NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY**

Mailing Address 88 3RD AVE

City State Zip Code  
BROOKLYN NY 11217

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4450

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. NEW YORK STATE DEMOCRATIC COMMITTEE**

Mailing Address 60 Madison Avenue  
Suite 1201

City State Zip Code  
New York NY 10010

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4459

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 1 7 / 2 0 0 6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. SKINNER FOR CONGRESS 06**

Mailing Address 6623 Telegraph Rd #303

City State Zip Code  
Bloomfield Hills MI 48301

Purpose of Disbursement  
Contribution

Candidate Name  
NANCY ANN SKINNER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: SB23.4453

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

11000.00

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

14000.00