

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 American Society of Pension Professionals & Actuaries PAC

ADDRESS (number and street) 4245 N Fairfax Drive Suite 750 Arlington VA 22203 1637 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00333104 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2006 through 07 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 Mr. Brian H. Graff, Esq.

Signature of Treasurer Electronically Filed by Mr. Brian H. Graff, Esq. Date 08 18 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Society of Pension Professionals & Actuaries PAC

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	7

D	D
3	1

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		172110.89
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	149178.57									
(c) Total Receipts (from Line 19) .....	6351.67	31994.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	155530.24	204105.24								
7. Total Disbursements (from Line 31) .....	12572.97	61147.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	142957.27	142957.27								
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

American Society of Pension Professionals & Actuaries PAC

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	7

D	D
3	1

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	4141.67	24091.67
(i) Itemized (use Schedule A) .....	2210.00	7902.68
(ii) Unitemized .....	6351.67	31994.35
(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) .....	6351.67	31994.35
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)) .....	6351.67	31994.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6351.67	31994.35

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	72.97	1733.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	72.97	1733.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	12500.00	58914.60
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	500.00
(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	500.00
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))..	12572.97	61147.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12572.97	61147.97

**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) .....	6351.67	31994.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6351.67	31494.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	72.97	1733.37
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	72.97	1733.37

# 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)  
American Society of Pension Professionals & Actuaries PAC

**A.** Full Name (Last, First, Middle Initial)  
Kerry Boyce

Mailing Address 7098 E Cochise Road  
Suite 200

City State Zip Code  
Scottsdale AZ 85253-4517

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

Name of Employer Boyce & Associates, Inc. Occupation Pension consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

Transaction ID: SA11A1.7029

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Donna Brewster

Mailing Address 7575 Tyler Blvd, Suite A-4

City State Zip Code  
Mentor OH 44060-4882

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

Name of Employer Brewster & Brewster, Inc. Occupation Pension consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 18 / 2006

Transaction ID: SA11A1.6999

Amount of Each Receipt this Period  
41.67

**C.** Full Name (Last, First, Middle Initial)  
Alex M Brucker

Mailing Address 10880 Wilshire Blvd, Suite 2210

City State Zip Code  
Los Angeles CA 90024-4101

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

Name of Employer Brucker Morra, APC Occupation Pension consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

Transaction ID: SA11A1.7031

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1541.67
<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 7 / 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	

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NAME OF COMMITTEE (In Full)  
American Society of Pension Professionals & Actuaries PAC

**A.** Full Name (Last, First, Middle Initial)  
Joseph M Gordon

Mailing Address 1007 Slater Road, Suite 200

City State Zip Code  
Durham NC 27703-8057

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

Name of Employer Occupation  
Gordon Smith Pension Advisors Pension consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: SA11A1.7000

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Craig P Hoffman

Mailing Address 1660 Prudential Drive Suite 400

City State Zip Code  
Jacksonville FL 32207

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

Name of Employer Occupation  
SunGard Corbel Pension consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: SA11A1.7034

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Sheldon H Smith

Mailing Address 555 17th Street, Suite 3200

City State Zip Code  
Denver CO 80202-3950

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

Name of Employer Occupation  
Holland & Hart, LLP Pension consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: SA11A1.7030

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<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 8 / 11
	(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)  
American Society of Pension Professionals & Actuaries PAC

**A.** Full Name (Last, First, Middle Initial)  
Christine M Stroud

Mailing Address 8952 SW 212th Terrace

City State Zip Code  
Miami FL 33189-3866

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

Name of Employer  
Stroud Consulting Services, Inc

Occupation  
Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: SA11A1.7040

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Lynn M Young

Mailing Address 2415 E Cambelback Road  
Suite 960

City State Zip Code  
Phoenix AZ 85016-4209

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

Name of Employer  
Coble Pension Group, LLC

Occupation  
Pension consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2006

Transaction ID: SA11A1.7002

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4141.67

**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)  
American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: SB21B.7024</b>	
Mailing Address Post Office Box 53852		Date of Disbursement MM / DD / YYYY 07 / 05 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 4.18
Purpose of Disbursement Credit card service fees		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) <b>B. SunTrust Bank</b>		<b>Transaction ID: SB21B.7025</b>	
Mailing Address Post Office Box 85024		Date of Disbursement MM / DD / YYYY 07 / 10 / 2006	
City Richmond	State VA	Zip Code 23285-5024	Amount of Each Disbursement this Period 68.79
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) ..... ►

72.97

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

72.97

# 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)  
American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial) <b>A. Ben Cardin for Senate</b>		<b>Transaction ID: SB23.7023</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address Post Office Box 65056		Amount of Each Disbursement this Period 2000.00
City Baltimore State MD Zip Code 21209	Purpose of Disbursement Contribution Candidate Name Cardin, Benjamin L Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Freedom Project, The</b>		<b>Transaction ID: SB23.7017</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 111 C Street SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Candidate Name 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) ▼		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Friends of Joe Lieberman</b>		<b>Transaction ID: SB23.7009</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address Post Office Box 231294 State House Square		Amount of Each Disbursement this Period 2500.00
City State House Square State CT Zip Code 06123	Purpose of Disbursement Contribution Candidate Name Joseph I Lieberman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<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)  
American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial) <b>A. Mark Pryor for US Senate</b>		<b>Transaction ID: SB23.7020</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address Post Office Box 2720		Amount of Each Disbursement this Period 1000.00
City Little Rock State AR Zip Code 72203	Purpose of Disbursement Contribution Candidate Name Mark Lunsford Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 00	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Mike DeWine for US Senate</b>		<b>Transaction ID: SB23.7012</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address Post Office Box 340188		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43234	Purpose of Disbursement Contribution Candidate Name Richard Michael DeWine Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Putnam for Congress</b>		<b>Transaction ID: SB23.7019</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address Post Office Box 2257		Amount of Each Disbursement this Period 1000.00
City Bartow State FL Zip Code 33831	Purpose of Disbursement Contribution Candidate Name Adam H Putnam 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: 12	
Category/Type		
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>12500.00</b>