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**FEC
FORM 3X**

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

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

[Empty box for mailing label]

IBEW - LU 313 PAC

ADDRESS (number and street)

653 SKIPPACK PIKE SUITE 300

C/O RESNICK AMSTERDAM LESHNER, PC

Check if different than previously reported. (ACC)

BLUE BELL

PA

19422

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

c00143396

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 type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on

[Empty boxes for election date]

in the State of

[Empty box for state]

(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

[Empty boxes for election date]

in the State of

[Empty box for state]

5. Covering Period

07

01

2005

through

12

31

2005

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 DOUG DRUMMOND

Signature of Treasurer Electronically Filed by DOUG DRUMMOND

Date 01 27 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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FEC FORM 3X
(Rev. 02/2003)

2603891755

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
IBEW - LU 313 PAC

Report Covering the Period: From:

MM	DD	YYYY
07	01	2005

 To:

MM	DD	YYYY
12	31	2005

	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>YYYY</td></tr><tr><td>2005</td></tr></table>	YYYY	2005		30604.68
YYYY				
2005				
(b) Cash on Hand at Beginning of Reporting Period	28307.37			
(c) Total Receipts (from Line 19)	20078.32	20261.01		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48385.69	50865.69		
7. Total Disbursements (from Line 31)	11295.00	13775.00		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37090.69	37090.69		
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00			
10. Debts and Obligations owed BY 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

26038991756

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
IBEW - LU 313 PAC

Report Covering the Period: From:

MM	DD	YYYY
07	01	2005

 To:

MM	DD	YYYY
12	31	2005

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)	0.00	0.00
(ii) Unitemized	0.00	0.00
(ii) 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)	20043.25	20043.25
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20043.25	20043.25
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.)	35.07	217.76
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))	20078.32	20261.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20078.32	20261.01

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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.....	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.....	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. 441 a(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.....	11295.00	13775.00
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))..	11295.00	13775.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11295.00	13775.00

00
10
20
30
40
50
60
70
80
90

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	20043.25	20043.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20043.25	20043.25
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

2603891739

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 10	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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)
IBEW - LU 313 PAC

A. Full Name (Last, First, Middle Initial)
EWOD PAC

Mailing Address 314 W BASIN RD

City	State	Zip Code
NEW CASTLE	DE	19720

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20043.25

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 29 / 2005

Transaction ID: SA11C.4175

Amount of Each Receipt this Period
 20043.25

SUBTOTAL of Receipts This Page (optional)	20043.25
TOTAL This Period (last page this line number only)	20043.25

26033891788

**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 / 10

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
IBEW - LU 313 PAC

Full Name (Last, First, Middle Initial) A. CLARK COUNTY COUNCIL		Transaction ID: SB29.4157 Date of Disbursement
Mailing Address 814 W BASIN RD		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2005"/>
City NEW CASTLE	State DE	Zip Code 19720
Purpose of Disbursement	<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

Full Name (Last, First, Middle Initial) B. DELAWARE DEMOCRATIC CHAIRMANS CLUB		Transaction ID: SB29.4159 Date of Disbursement
Mailing Address 19 E COMMONS BLVD		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2005"/>
City NEW CASTLE	State DE	Zip Code 19720
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name DELAWARE DEMOCRATIC CHAIRMANS CLUB		
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

Full Name (Last, First, Middle Initial) C. FRIENDS OF EUGENE PARRINGTON		Transaction ID: SB29.4164 Date of Disbursement
Mailing Address 87 ISLAND BLVD		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2005"/>
City SAYVILLE	State NY	Zip Code 11782
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name FRIENDS OF EUGENE PARRINGTON		
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

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5300.00"/>
TOTAL This Period (last page this line number only)	

2005091701

**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 / 10

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
IBEW - LU 313 PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN CARNEY		Transaction ID: SB29.4154	
Mailing Address PO BOX 738		Date of Disbursement 09 / 13 / 2005	
City WILMINGTON	State DE	Zip Code 19899	Amount of Each Disbursement this Period 450.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name FRIENDS OF JOHN CARNEY			
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. FRIENDS OF JOHN CARNEY		Transaction ID: SB29.4171	
Mailing Address PO BOX 738		Date of Disbursement 12 / 16 / 2005	
City WILMINGTON	State DE	Zip Code 19899	Amount of Each Disbursement this Period 525.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name FRIENDS OF JOHN CARNEY			
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. HOUSE DEMOCRATS		Transaction ID: SB29.4155	
Mailing Address 801 W BASIN RD		Date of Disbursement 09 / 13 / 2005	
City NEW CASTLE	State DE	Zip Code 19720	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name HOUSE DEMOCRATS			
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)	1175.00
TOTAL This Period (last page this line number only)	

26038981762

**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 / 10

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
IBEW - LU 313 PAC

Full Name (Last, First, Middle Initial) A. IBEW - COPE		Transaction ID: SB29.4172 Date of Disbursement MM / DD / YYYY 12 / 16 / 2005	
Mailing Address 1125 15TH ST		Amount of Each Disbursement this Period 3860.00	
City WASHINGTON	State DC	Zip Code 20005	011 Category/ Type
Purpose of Disbursement			
Candidate Name IBEW - COPE			
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. JOE DILLON		Transaction ID: SB29.4168 Date of Disbursement MM / DD / YYYY 11 / 18 / 2005	
Mailing Address 314 W BASIN RD		Amount of Each Disbursement this Period 50.00	
City NEW CASTLE	State DE	Zip Code 19720	012 Category/ Type
Purpose of Disbursement			
Candidate Name JOE DILLON			
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. MICHAEL EAKER FUND		Transaction ID: SB29.4166 Date of Disbursement MM / DD / YYYY 09 / 16 / 2005	
Mailing Address 4185 LEACH HILL RD		Amount of Each Disbursement this Period 200.00	
City KENNEDY	State NY	Zip Code 14747	011 Category/ Type
Purpose of Disbursement			
Candidate Name MICHAEL EAKER FUND			
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)	4110.00
TOTAL 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)

PAGE 10 / 10

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
IBEW - LU 313 PAC

Full Name (Last, First, Middle Initial) A. SOKOLA FOR SENATE		Transaction ID: SB29.4170 Date of Disbursement MM / DD / YYYY 12 / 16 / 2005
Mailing Address 24 BEECH DR		Amount of Each Disbursement this Period 500.00
City NEWARK	State DE	
Zip Code 19711	Purpose of Disbursement	011 Category/ Type
Candidate Name PEOPLE FOR MCDOWELL	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: DE District:	

Full Name (Last, First, Middle Initial) B. TRIBUTE TO PAUL SARBANES		Transaction ID: SB29.4162 Date of Disbursement MM / DD / YYYY 09 / 16 / 2005
Mailing Address PO BOX 190		Amount of Each Disbursement this Period 50.00
City WARWICK	State MD	
Zip Code 21912	Purpose of Disbursement	011 Category/ Type
Candidate Name TRIBUTE TO PAUL SARBANES	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. WOMENS DEMOCRATIC CLUB OF CECIL COUNTY		Transaction ID: SB29.4161 Date of Disbursement MM / DD / YYYY 09 / 16 / 2005
Mailing Address 111 GINA LANE		Amount of Each Disbursement this Period 160.00
City ELKTON	State MD	
Zip Code 21921	Purpose of Disbursement	011 Category/ Type
Candidate Name WOMENS DEMOCRATIC CLUB OF CECIL COUNTY	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)	710.00
TOTAL This Period (last page this line number only)	11295.00

2503881784

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>1-31-06</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jm10</i> PREPARER	<i>2-9-06</i> DATE PREPARED

20030921785