

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2006 FEB -6 A 9:20

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

SURGE TO SIXTY

ADDRESS (number and street)

P.O. Box 7072

Check if different than previously reported. (ACC)

HICKSVILLE

NY

11802-7072

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00410282

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)
[X] January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election, Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S), Runoff (12R)

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 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

Jessica C. Sutliff

Signature of Treasurer

Jessica C. Sutliff

Date

01 29 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. 12/2004

2603898015

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Surge To Sixty

Report Covering the Period:

From:

07 01 2005

To:

12 31 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1.	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	60997	
(c) Total Receipts (from Line 19).....	101395	837563
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	162392	837563
7. Total Disbursements (from Line 31).....	155193	830364
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7199	7199
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	56594	



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

2603898816

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Surge To Sixty

Report Covering the Period:

From:

07 01 2005

To:

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).....	41895	444112
(ii) Unitemized.....	59500	393451
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	101395	837563
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	101395	837563
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	101395	837563
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	101395	837563

26038980817

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	155193	830364
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	155193	830364
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	155193	830364
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	155193	830364

2603898818

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)	1,053,950	8,415,630
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,053,950	8,415,630
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,551,930	8,303,640
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,551,930	8,303,640

26038980819

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

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

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)
Surge To Sixty

A. Johnson, Bruce
 Full Name (Last, First, Middle Initial)
 Mailing Address
52 Penzance Court
 City **Safety Harbor** State **FL** Zip Code **34695**
 Name of Employer **Self-Employed** Occupation **Investor**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **85000**

Date of Receipt **09 / 14 / 2005**
 Amount of Each Receipt this Period **35000**

B. Sutliff, Jessica C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
P.O. Box 7072
 City **Hicksville, NY** State **NY** Zip Code **11802-7072**
 Name of Employer **Self-Employed** Occupation **Consultant**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt **08 / 04 / 2005**
 Amount of Each Receipt this Period **327.94**
 Memo: Payment to Monarch Graphics for printing services, 1065 Islip Ave, Central Islip, NY 11722. To be reimbursed. Amount included on Schedule D.

C. Sutliff, Jessica C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
P.O. Box 7072
 City **Hicksville** State **NY** Zip Code **11802-7072**
 Name of Employer **Self-Employed** Occupation **Consultant**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt **08 / 12 / 2005**
 Amount of Each Receipt this Period **238.00**
 Memo: Payment to Crowley Lists, 12818 Roadrunner Drive, Penn Valley, CA 95946. To be reimbursed. Amount included on Schedule D

SUBTOTAL of Receipts This Page (optional) **35000**
 TOTAL This Period (last page this line number only)

2603880820

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF 3					
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
Surge To Sixty

Full Name (Last, First, Middle Initial) A. Sutliff, Jessica, C.		Date of Receipt 07 20 2005
Mailing Address P.O. Box 7072		Amount of Each Receipt this Period 342.00
City Hicksville	State Zip Code NY 11802-7072	
FEC ID number of contributing federal political committee. C		Memo: Payment to Postmaster Hicksville for Postage, Reimbursed 12/29/2005. Associated entry on Schedule B.
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Sutliff, Jessica, C.		Date of Receipt 07 20 2005
Mailing Address P.O. Box 7072		Amount of Each Receipt this Period 42.69
City Hicksville	State Zip Code NY 11802-7072	
FEC ID number of contributing federal political committee. C		Memo: Payment to Vonage for Phone Service, Reimbursed 12/29/2005. Associated entry on Schedule B.
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Sutliff, Jessica, C.		Date of Receipt 08 20 2005
Mailing Address P.O. Box 7072		Amount of Each Receipt this Period 42.69
City Hicksville	State Zip Code NY 11802-7072	
FEC ID number of contributing federal political committee. C		Memo: Payment to Vonage for Phone Service, Reimbursed 12/29/2005. Associated entry on Schedule B.
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

26038980821

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 3 OF 3	
	<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

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)
Surge To Sixty

A. Full Name (Last, First, Middle Initial)
Sutliff, Jessica, C

Mailing Address
P.O. Box 7072

City **Hicksville** State **NY** Zip Code **11802-7072**

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

Name of Employer **Self-Employed** Occupation **Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 / 20 / 2005

Amount of Each Receipt this Period
42.69

Memo: Payment to Vonage for Phone Service, Reimbursed 12/29/2005. Associated entry on Schedule B.

B. Full Name (Last, First, Middle Initial)
Sutliff, Jessica, C

Mailing Address
P.O. Box 7072

City **Hicksville** State **NY** Zip Code **11802-7072**

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

Name of Employer **Self-Employed** Occupation **Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **145.85**

Date of Receipt
12 / 31 / 2005

Amount of Each Receipt this Period
68.95

**In-Kind (Value of web hosting services and domain name)
Note: Aggregate Year-to-date does not include memo entries.**

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	68.95
TOTAL This Period (last page this line number only)	418.95

26038980822

**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 1 OF 5
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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)
Surge To Sixty

A. Postmaster Hicksville

Full Name (Last, First, Middle Initial)

Mailing Address: **Hicksville MPO**

City: **Hicksville** State: **NY** Zip Code: **11801**

Purpose of Disbursement: **Postage**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **07 / 22 / 2005**

Amount of Each Disbursement this Period: **790**

Category/Type: **001**

B. Staples

Full Name (Last, First, Middle Initial)

Mailing Address: **90 Jericho Turnpike**

City: **Jericho** State: **NY** Zip Code: **11753**

Purpose of Disbursement: **Office Supplies**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **07 / 27 / 2005**

Amount of Each Disbursement this Period: **15477**

Category/Type: **001**

C. Postmaster Hicksville

Full Name (Last, First, Middle Initial)

Mailing Address: **Hicksville MPO**

City: **Hicksville** State: **NY** Zip Code: **11801**

Purpose of Disbursement: **Postage for PAC Fundraising**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **07 / 27 / 2005**

Amount of Each Disbursement this Period: **29432**

Category/Type: **003**

SUBTOTAL of Disbursements This Page (optional).....▶ **45699**

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

26038980825

**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 2 OF 5
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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)
Surge To Sixty

A. Postmaster Hicksville

Full Name (Last, First, Middle Initial)

Mailing Address: **Hicksville MPO**

City: **Hicksville** State: **NY** Zip Code: **11801**

Purpose of Disbursement: **Postage for PAC Fundraising** Category/Type: **003**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **08 / 10 / 2005**

Amount of Each Disbursement this Period: **235.00**

B. Staples

Full Name (Last, First, Middle Initial)

Mailing Address: **Voice Road and Glen Cove Road**

City: **Carle Place** State: **NY** Zip Code: **11514**

Purpose of Disbursement: **Office Supplies** Category/Type: **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **08 / 11 / 2005**

Amount of Each Disbursement this Period: **26.07**

C. Staples

Full Name (Last, First, Middle Initial)

Mailing Address: **1885 Hyland Blvd**

City: **Staten Island** State: **NY** Zip Code: **10305**

Purpose of Disbursement: **Office Supplies** Category/Type: **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **08 / 13 / 2005**

Amount of Each Disbursement this Period: **113.58**

SUBTOTAL of Disbursements This Page (optional) **374.65**

TOTAL This Period (last page this line number only) **374.65**

26038980824

**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 3 OF 5				
	<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

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)
Surge To Sixty

Full Name (Last, First, Middle Initial) A. Sutliff, Jessica, C		Date of Disbursement 12 / 29 / 2005
Mailing Address P.O. Box 7072		Amount of Each Disbursement this Period 59814
City Hicksville	State NY	
Zip Code 11802-7072		Please see next seven items.
Purpose of Disbursement Postage for Fundraising Phone Service (Reimbursement)		
Candidate Name		Category/Type
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. Postmaster Hicksville		Date of Disbursement 07 / 20 / 2005
Mailing Address Hicksville MPO		Amount of Each Disbursement this Period 34200
City Hicksville	State NY	
Zip Code 11801		Memo: Postage Reimbursement Jessica Sutliff 12/29/2005
Purpose of Disbursement Postage for PAC Fundraising		
Candidate Name		Category/Type 003
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. Vonage		Date of Disbursement 07 / 20 / 2005
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 4269
City Holmdel	State NJ	
Zip Code 07733		Memo: Phone Service Reimbursement Jessica Sutliff 12/29/2005
Purpose of Disbursement Monthly Phone Service		
Candidate Name		Category/Type 001
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).....▶	59814
TOTAL This Period (last page this line number only).....▶	

2603898025

**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 4 OF 5
	<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	

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)
Surge To Sixty

A. Vonage

Full Name (Last, First, Middle Initial)

Mailing Address: **23 Main Street**

City: **Holmdel** State: **NJ** Zip Code: **07733**

Purpose of Disbursement: **Monthly Phone Service** Category/Type: **001**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **08/20/2005**

Amount of Each Disbursement this Period: **42.69**

Memo: Phone Service Reimbursement
Jessica Sutliff 12/29/2005

B. Vonage

Full Name (Last, First, Middle Initial)

Mailing Address: **23 Main Street**

City: **Holmdel** State: **NJ** Zip Code: **07733**

Purpose of Disbursement: **Monthly Phone Service** Category/Type: **001**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **09/20/2005**

Amount of Each Disbursement this Period: **42.69**

Memo: Phone Service Reimbursement
Jessica Sutliff 12/29/2005

C. Vonage

Full Name (Last, First, Middle Initial)

Mailing Address: **23 Main Street**

City: **Holmdel** State: **NJ** Zip Code: **07733**

Purpose of Disbursement: **Monthly Phone Service** Category/Type: **001**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **10/20/2005**

Amount of Each Disbursement this Period: **42.69**

Memo: Phone Service Reimbursement
Jessica Sutliff 12/29/2005

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

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

2503898826

**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 5 OF 5
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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)
Surge To Sixty

A. Full Name (Last, First, Middle Initial)
Vonage

Mailing Address
23 Main Street

City **Holmdel** State **NJ** Zip Code **07733**

Purpose of Disbursement
Monthly Phone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
11 20 2005

Amount of Each Disbursement this Period
4269

Category/Type
001

Memo: Phone Service Reimbursement
Jessica Sutliff 12/29/2005

B. Full Name (Last, First, Middle Initial)
Vonage

Mailing Address
23 Main Street

City **Holmdel** State **NJ** Zip Code **07733**

Purpose of Disbursement
Monthly Phone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
12 21 2005

Amount of Each Disbursement this Period
4269

Category/Type
001

Memo: Phone Service Reimbursement
Jessica Sutliff 12/29/2005

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

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

142978

2603898827

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Surge To Sixty

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Sutliff, Jessica, C.</i>	Nature of Debt (Purpose): <i>Paid for Committee Expenses that are to be reimbursed. \$327.94 for printing and \$238.00 for mailing lists. Memo entries on Schedule A.</i>
Mailing Address <i>P.O. Box 7072</i>	
City State Zip Code <i>Hicksville NY 11802-7072</i>	

Outstanding Balance Beginning This Period <i>000</i>	Amount Incurred This Period <i>565.94</i>	Payment This Period <i>000</i>	Outstanding Balance at Close of This Period <i>565.94</i>
---	--	-----------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

1) SUBTOTALS This Period This Page (optional).....▶	<i>565.94</i>
2) TOTALS This Period (last page this line number only).....▶	<i>565.94</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<i>000</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<i>565.94</i>

2603898028

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 type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" 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 checked="" 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

JEI
 PREPARER
 (3/2005)

2/6/06
 DATE PREPARED

2603898029