

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name **Lantern Project**

(b) Address (number and street)  check if different than previously reported  
**1735 Market Street, Suite A425**

(c) City, State and ZIP Code  
**Philadelphia, PA 19103**

(d) Name of Employer or Principal Place of Business  
**N/A**

(e) Occupation  
**N/A**

### 2. FEC Identification Number

**C**

3. Is This Statement  **New** or  **Amended**

4. Covering Period **09** / **19** / **2006** through **09** / **22** / **2006**

5. (a) Date of Public Distribution(s) **09** / **22** / **2006** (b) Communication Title **Capitol**

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes  No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes  No

### 8. Custodian of Records

(a) Name **Alicia Alexion**

(b) Address (number and street)  
**1735 Market Street, Suite A425**

(c) City, State and ZIP Code  
**Philadelphia, PA 19103**

(d) Name of Employer or Principal Place of Business  
**Self-employed**

(e) Occupation  
**Consultant**

9. Total Donations This Statement **1 6 0 2 0 0 0 0 0**

10. Total Disbursements/Obligations This Statement **1 1 2 5 0 0 0 0**

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Alicia Alexion

SIGNATURE 

DATE 9/27/06

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

25039181824

List of Person(s) Sharing/Exercising Control  
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

<b>A.</b> (a) Name Alicia Alexion	
(b) Address (number and street) 1735 Market Street, Suite A425	
(c) City, State and ZIP Code Philadelphia, PA 19103	
(d) Name of Employer or Principal Place of Business Self-employed	(e) Occupation Consultant
<b>B.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>C.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>D.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>E.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

25039191825

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Liz Mednick</p> <p>Mailing Address of Donor 1900 Rittenhouse Square</p> <p>City Philadelphia State PA Zip 19103</p>	<p>Date of Receipt 08 / 03 / 2005</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> Kitchen Table Group</p> <p>Mailing Address of Donor 1133 15th Street, NW, Suite 350</p> <p>City Washington DC State Zip 20005</p>	<p>Date of Receipt 08 / 18 / 2005</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> Boerfel for Senate</p> <p>Mailing Address of Donor P.O. Box 26098</p> <p>City Philadelphia State PA Zip 19128</p>	<p>Date of Receipt 05 / 03 / 2005</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> Peter Buttenwieser</p> <p>Mailing Address of Donor 8325 Saint Martins Lane</p> <p>City Phildephia State PA Zip 19118</p>	<p>Date of Receipt 05 / 26 / 2005</p> <p>Amount 7 5 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> Sam Pond</p> <p>Mailing Address of Donor 1618 Market Street, 35th Floor</p> <p>City Philadelphia State PA Zip 19103</p>	<p>Date of Receipt 08 / 11 / 2005</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 9)</p>	

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**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> George Martin</p> <p><b>Mailing Address of Donor</b> P.O. Box 15</p> <p><b>City</b> Birchrunville      <b>State</b> PA      <b>Zip</b> 19421</p>	<p><b>Date of Receipt</b> 07 / 11 / 2005</p> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> Henry Jordan</p> <p><b>Mailing Address of Donor</b> 1465 Horseshoe Trail</p> <p><b>City</b> Chester Springs      <b>State</b> PA      <b>Zip</b> 19425</p>	<p><b>Date of Receipt</b> 07 / 21 / 2005</p> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> Bayard Storey</p> <p><b>Mailing Address of Donor</b> 1919 Brandywine Street</p> <p><b>City</b> Philadelphia      <b>State</b> PA      <b>Zip</b> 19130</p>	<p><b>Date of Receipt</b> 07 / 21 / 2005</p> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> Constance Williams</p> <p><b>Mailing Address of Donor</b> 307 Brentford Road</p> <p><b>City</b> Haverford      <b>State</b> PA      <b>Zip</b> 19041</p>	<p><b>Date of Receipt</b> 07 / 21 / 2005</p> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> Kevin Garcia</p> <p><b>Mailing Address of Donor</b> 717 N. Harwood Street Suite 22200</p> <p><b>City</b> Dallas      <b>State</b> TX      <b>Zip</b> 75201</p>	<p><b>Date of Receipt</b> 07 / 22 / 2005</p> <p><b>Amount</b> 1 0 0 0 0 0</p>

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<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p>.....</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line 9)</p>	<p>.....</p>

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> S. Daniel Abraham</p> <p><b>Mailing Address of Donor</b> 777 South Flagler Drive East Tower, 10th Floor</p> <p><b>City</b> West Palm Beach      <b>State</b> FL      <b>Zip</b> 33401</p>	<p><b>Date of Receipt</b> 07 / 29 / 2009</p> <p><b>Amount</b> 1 0 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> Phoebe Driscoll</p> <p><b>Mailing Address of Donor</b> 720 Swedesford Road</p> <p><b>City</b> Ambler      <b>State</b> PA      <b>Zip</b> 19002</p>	<p><b>Date of Receipt</b> 08 / 02 / 2005</p> <p><b>Amount</b> 1 0 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> Arthur J. Glatfelter</p> <p><b>Mailing Address of Donor</b> 8379 Fieldstone Lane</p> <p><b>City</b> Dallastown      <b>State</b> PA      <b>Zip</b> 17313</p>	<p><b>Date of Receipt</b> 08 / 02 / 2005</p> <p><b>Amount</b> 1 5 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> Doris R. Greenberg</p> <p><b>Mailing Address of Donor</b> 8470 Limekin Pike Apt. 1114B</p> <p><b>City</b> Wyncote      <b>State</b> PA      <b>Zip</b> 19095</p>	<p><b>Date of Receipt</b> 08 / 02 / 2005</p> <p><b>Amount</b> 1 0 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> Daniel Berger</p> <p><b>Mailing Address of Donor</b> 1622 Locust Street</p> <p><b>City</b> Philadelphia      <b>State</b> PA      <b>Zip</b> 19103</p>	<p><b>Date of Receipt</b> 08 / 31 / 2005</p> <p><b>Amount</b> 2 5 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	
<p><b>TOTAL This Period (last page this line number only)</b> ..... (carry total from last page to Line 9)</p>	

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**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Berger &amp; Montague</p> <p><b>Mailing Address of Donor</b> 1622 Locust Street</p> <p><b>City</b> Philadelphia      <b>State</b> PA      <b>Zip</b> 19103</p>	<p><b>Date of Receipt</b> 08 / 31 / 2005</p> <p><b>Amount</b> 5 0 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> Mel Helfeitz</p> <p><b>Mailing Address of Donor</b> 304 South 12th Street</p> <p><b>City</b> Philadelphia      <b>State</b> PA      <b>Zip</b> 19107</p>	<p><b>Date of Receipt</b> 08 / 31 / 2005</p> <p><b>Amount</b> 2 0 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> H. Laddie Montague, Jr.</p> <p><b>Mailing Address of Donor</b> 619-21 Kenilworth Street</p> <p><b>City</b> Philadelphia      <b>State</b> PA      <b>Zip</b> 19147</p>	<p><b>Date of Receipt</b> 08 / 31 / 2005</p> <p><b>Amount</b> 2 5 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> Barbra Streisand</p> <p><b>Mailing Address of Donor</b> 21650 Oxnard Street Suite 1925</p> <p><b>City</b> Woodland Hills      <b>State</b> CA      <b>Zip</b> 91367</p>	<p><b>Date of Receipt</b> 09 / 23 / 2005</p> <p><b>Amount</b> 2 5 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> Bob Sillerman</p> <p><b>Mailing Address of Donor</b> 650 Madison Avenue</p> <p><b>City</b> New York      <b>State</b> NY      <b>Zip</b> 10022</p>	<p><b>Date of Receipt</b> 11 / 09 / 2005</p> <p><b>Amount</b> 1 0 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	
<p><b>TOTAL This Period (last page this line number only)</b> ..... (carry total from last page to Line 9)</p>	

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**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> SEIU</p> <hr/> <p><b>Mailing Address of Donor</b> 1313 L Street, NW</p> <hr/> <p><b>City</b> Washington      <b>State</b> DC      <b>Zip</b> 20005</p>	<p><b>Date of Receipt</b> 12 / 06 / 2005</p> <hr/> <p><b>Amount</b> 1 0 0 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> John Tischman</p> <hr/> <p><b>Mailing Address of Donor</b> 666 Fifth Avenue</p> <hr/> <p><b>City</b> New York      <b>State</b> NY      <b>Zip</b> 10103</p>	<p><b>Date of Receipt</b> 01 / 30 / 2006</p> <hr/> <p><b>Amount</b> 5 0 0 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> Law Cullman</p> <hr/> <p><b>Mailing Address of Donor</b> 757 Third Avenue</p> <hr/> <p><b>City</b> New York      <b>State</b> NY      <b>Zip</b> 10017</p>	<p><b>Date of Receipt</b> 02 / 02 / 2006</p> <hr/> <p><b>Amount</b> 1 0 0 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> Richard Ziman</p> <hr/> <p><b>Mailing Address of Donor</b> 11601 Wilshire Blvd., Suite 400</p> <hr/> <p><b>City</b> Los Angeles      <b>State</b> CA      <b>Zip</b> 90025</p>	<p><b>Date of Receipt</b> 03 / 16 / 2006</p> <hr/> <p><b>Amount</b> 1 0 0 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> SEIU</p> <hr/> <p><b>Mailing Address of Donor</b> 1313 L Street, NW</p> <hr/> <p><b>City</b> Washington      <b>State</b> DC      <b>Zip</b> 20005</p>	<p><b>Date of Receipt</b> 03 / 31 / 2006</p> <hr/> <p><b>Amount</b> 1 5 0 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p> <hr/> <p><b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 9)</p>	

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**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Hugh Nestbrook</p> <p>Mailing Address of Donor 158 South Prospect Drive</p> <p>City State Zip Coral Gables FL 33133</p>	<p>Date of Receipt 07 / 17 / 2006</p> <p>Amount 25000.00</p>
<p><b>B. Full Name of Donor</b> Bernard Rapoport</p> <p>Mailing Address of Donor P.O. Box 21900</p> <p>City State Zip Waco TX 76702</p>	<p>Date of Receipt 07 / 25 / 2006</p> <p>Amount 1000.00</p>
<p><b>C. Full Name of Donor</b> Philadelphia Federation of Teachers</p> <p>Mailing Address of Donor 1816 Chestnut Street</p> <p>City State Zip Philadelphia PA 19103</p>	<p>Date of Receipt 07 / 25 / 2006</p> <p>Amount 30000.00</p>
<p><b>D. Full Name of Donor</b> S. Daniel Abraham</p> <p>Mailing Address of Donor 777 South Flagler Drive, East Tower, 10th Floor</p> <p>City State Zip West Palm Beach FL 33401</p>	<p>Date of Receipt 07 / 26 / 2006</p> <p>Amount 25000.00</p>
<p><b>E. Full Name of Donor</b> Henry Jordan</p> <p>Mailing Address of Donor 1465 Horseshoe Trail</p> <p>City State Zip Chester Springs PA 19425</p>	<p>Date of Receipt 08 / 01 / 2006</p> <p>Amount 10000.00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p> <p><b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 9)</p>	

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**SCHEDULE 9-A**  
**Donation(s) Received**

26039191335

<b>A. Full Name of Donor</b> Bayard Storey <hr/> <b>Mailing Address of Donor</b> 1919 Brandywine Street <hr/> <table border="0"> <tr> <td><b>City</b></td> <td><b>State</b></td> <td><b>Zip</b></td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19130</td> </tr> </table>	<b>City</b>	<b>State</b>	<b>Zip</b>	Philadelphia	PA	19130	<b>Date of Receipt</b> 08 / 07 / 2006 <hr/> <b>Amount</b> 1 0 0 0 0 0
<b>City</b>	<b>State</b>	<b>Zip</b>					
Philadelphia	PA	19130					
<b>B. Full Name of Donor</b> UFCW Local 1776 <hr/> <b>Mailing Address of Donor</b> 3031 Walton Road <hr/> <table border="0"> <tr> <td><b>City</b></td> <td><b>State</b></td> <td><b>Zip</b></td> </tr> <tr> <td>Plymouth Meeting</td> <td>PA</td> <td>19462</td> </tr> </table>	<b>City</b>	<b>State</b>	<b>Zip</b>	Plymouth Meeting	PA	19462	<b>Date of Receipt</b> 08 / 07 / 2006 <hr/> <b>Amount</b> 1 6 5 0 0 0 0
<b>City</b>	<b>State</b>	<b>Zip</b>					
Plymouth Meeting	PA	19462					
<b>C. Full Name of Donor</b> APSCUF <hr/> <b>Mailing Address of Donor</b> 319 North Front Street <hr/> <table border="0"> <tr> <td><b>City</b></td> <td><b>State</b></td> <td><b>Zip</b></td> </tr> <tr> <td>Harrisburg</td> <td>PA</td> <td>17108</td> </tr> </table>	<b>City</b>	<b>State</b>	<b>Zip</b>	Harrisburg	PA	17108	<b>Date of Receipt</b> 08 / 07 / 2006 <hr/> <b>Amount</b> 2 5 0 0 0 0
<b>City</b>	<b>State</b>	<b>Zip</b>					
Harrisburg	PA	17108					
<b>D. Full Name of Donor</b> Pittsburgh Federation of Teachers (Local 400 Political <del>Action Fund</del> <b>Mailing Address of Donor</b> 10 South 19th Street <hr/> <table border="0"> <tr> <td><b>City</b></td> <td><b>State</b></td> <td><b>Zip</b></td> </tr> <tr> <td>Pittsburgh</td> <td>PA</td> <td>15203</td> </tr> </table>	<b>City</b>	<b>State</b>	<b>Zip</b>	Pittsburgh	PA	15203	<b>Date of Receipt</b> 08 / 07 / 2006 <hr/> <b>Amount</b> 1 0 0 0 0 0 0
<b>City</b>	<b>State</b>	<b>Zip</b>					
Pittsburgh	PA	15203					
<b>E. Full Name of Donor</b> PA State Council of Operating Engineers <hr/> <b>Mailing Address of Donor</b> 300 Saline Street <hr/> <table border="0"> <tr> <td><b>City</b></td> <td><b>State</b></td> <td><b>Zip</b></td> </tr> <tr> <td>Pittsburgh</td> <td>PA</td> <td>15207</td> </tr> </table>	<b>City</b>	<b>State</b>	<b>Zip</b>	Pittsburgh	PA	15207	<b>Date of Receipt</b> 08 / 10 / 2006 <hr/> <b>Amount</b> 2 5 0 0 0 0 0
<b>City</b>	<b>State</b>	<b>Zip</b>					
Pittsburgh	PA	15207					
<b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶							
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line B)							



**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Teamsters, Chapter 830 DRIVE</p> <hr/> <p>Mailing Address of Donor 12298 Townsend Road</p> <hr/> <p>City State Zip Philadelphia PA 19103</p>	<p>Date of Receipt 09 / 01 / 2006</p> <hr/> <p>Amount 5 0 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> Teamsters Local 623 PAC</p> <hr/> <p>Mailing Address of Donor 4369 Richmond Street</p> <hr/> <p>City State Zip Philadelphia PA 19137</p>	<p>Date of Receipt 09 / 05 / 2006</p> <hr/> <p>Amount 2 0 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> William Miles</p> <hr/> <p>Mailing Address of Donor 2500 Meadow Lane Drive</p> <hr/> <p>City State Zip Easton PA 18040</p>	<p>Date of Receipt 09 / 07 / 2005</p> <hr/> <p>Amount 1 0 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> Evan Segal</p> <hr/> <p>Mailing Address of Donor 107 Dogwood Lane</p> <hr/> <p>City State Zip Pittsburgh PA 15236</p>	<p>Date of Receipt 09 / 11 / 2006</p> <hr/> <p>Amount 1 0 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> Food Driver Salesman Dairy Local 463 PAC</p> <hr/> <p>Mailing Address of Donor 1375 Virginia Drive</p> <hr/> <p>City State Zip Fort Washington PA 19034</p>	<p>Date of Receipt 09 / 11 / 2006</p> <hr/> <p>Amount 5 0 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p> <hr/> <p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line 9)</p>	

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**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Teamsters Joint Council #53 PAC</p> <hr/> <p>Mailing Address of Donor 3460 N. Delaware Avenue, Suite 310</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19134</td> </tr> </table>	City	State	Zip	Philadelphia	PA	19134	<p>Date of Receipt 09 / 11 / 2006</p> <hr/> <p>Amount 5 0 0 0 00</p>
City	State	Zip					
Philadelphia	PA	19134					
<p><b>B. Full Name of Donor</b> Teamsters Local 107 PAC</p> <hr/> <p>Mailing Address of Donor 2845 Southampton Road</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19154</td> </tr> </table>	City	State	Zip	Philadelphia	PA	19154	<p>Date of Receipt 09 / 11 / 2006</p> <hr/> <p>Amount 1 0 0 0 0 00</p>
City	State	Zip					
Philadelphia	PA	19154					
<p><b>C. Full Name of Donor</b> Teamsters Local Union 77 PAC</p> <hr/> <p>Mailing Address of Donor Executive Plaza, Suite 301</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Fort Washington</td> <td>PA</td> <td>19034</td> </tr> </table>	City	State	Zip	Fort Washington	PA	19034	<p>Date of Receipt 09 / 11 / 2006</p> <hr/> <p>Amount 2 0 0 0 00</p>
City	State	Zip					
Fort Washington	PA	19034					
<p><b>D. Full Name of Donor</b> Teamsters Local 169 Political Action Fund</p> <hr/> <p>Mailing Address of Donor 1355 West Cheltenham Avenue</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Elkins Park</td> <td>PA</td> <td>19027</td> </tr> </table>	City	State	Zip	Elkins Park	PA	19027	<p>Date of Receipt 09 / 11 / 2006</p> <hr/> <p>Amount 1 0 0 0 00</p>
City	State	Zip					
Elkins Park	PA	19027					
<p><b>E. Full Name of Donor</b> Teamsters Local 503 PAC</p> <hr/> <p>Mailing Address of Donor 2813 Brown Street</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19130</td> </tr> </table>	City	State	Zip	Philadelphia	PA	19130	<p>Date of Receipt 09 / 11 / 2006</p> <hr/> <p>Amount 1 0 0 0 00</p>
City	State	Zip					
Philadelphia	PA	19130					
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p> <hr/> <p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line 9)</p>							

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**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Teamsters Local 500 PAC</p> <hr/> <p>Mailing Address of Donor 3450 N. Delaware Avenue, Suite 301</p> <hr/> <p>City State Zip Philadelphia PA 19134</p>	<p>Date of Receipt 09 / 11 / 2006</p> <hr/> <p>Amount 4 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> Peter Lewis</p> <hr/> <p>Mailing Address of Donor 6300 Wilson Mills Road</p> <hr/> <p>City State Zip Mayfield Village OH 44143</p>	<p>Date of Receipt 09 / 13 / 2006</p> <hr/> <p>Amount 1 0 0 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> Scranton Federation of Teachers COPE</p> <hr/> <p>Mailing Address of Donor 431 Wyoming Avenue</p> <hr/> <p>City State Zip Scranton PA 18503</p>	<p>Date of Receipt 09 / 22 / 2006</p> <hr/> <p>Amount 5 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>
<p><b>E. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶</p> <hr/> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 9)</p>	

28039191940

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> The Campaign Group		<b>Date of Disbursement or Obligation</b> 2006 09 22	
<b>Mailing Address of Payee</b> 1600 Locust Street		<b>Amount</b> 112500.00	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code</b> 19103	<b>Communication Date</b> 2006 09 22
<b>Name of Employer</b> N/A		<b>Occupation</b> N/A	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Buy & Production (Capitol)			
<b>Name of Federal Candidate</b> Rick Santorum	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>		<b>Date of Disbursement or Obligation</b>	
<b>Mailing Address of Payee</b>		<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Communication Date</b>
<b>Name of Employer</b>		<b>Occupation</b>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b>			
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		112500.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)			

280391841

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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<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
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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