



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
IRL PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		14799.27
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	350147.58									
(c) Total Receipts (from Line 19) .....	22725.00	504015.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	372872.58	518814.27								
7. Total Disbursements (from Line 31) .....	7528.42	153470.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	365344.16	365344.16								
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  
IRL PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	22150.00	444030.00
(i) Itemized (use Schedule A) .....	575.00	6985.00
(ii) Unitemized .....	22725.00	451015.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	53000.00
(c) Other Political Committees (such as PACs) .....	22725.00	504015.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	22725.00	504015.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22725.00	504015.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	2528.42	21470.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2528.42	21470.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	124000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	8000.00
(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	8000.00
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))..	7528.42	153470.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7528.42	153470.11

**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 .....	22725.00	504015.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	8000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22725.00	496015.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2528.42	21470.11
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2528.42	21470.11

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 13  
(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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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)  
IRL PAC

**A.**

Full Name (Last, First, Middle Initial) Mr. Richard Alger		Date of Receipt MM / DD / YYYY 11 / 22 / 2005	
Mailing Address 18001 SW 285 Street		Transaction ID: SA11AI.4997	
City Homestead	State FL	Zip Code 33030	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation Farmer	Aggregate Year-to-Date 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**B.**

Full Name (Last, First, Middle Initial) Juan Carlos Bermudez		Date of Receipt MM / DD / YYYY 11 / 22 / 2005	
Mailing Address 8300 NW 53rd Street Suite 300		Transaction ID: SA11AI.4970	
City Miami	State FL	Zip Code 33166	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self-employed	Occupation Attorney	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**C.**

Full Name (Last, First, Middle Initial) Mr. Aldo Busot		Date of Receipt MM / DD / YYYY 11 / 25 / 2005	
Mailing Address 4840 Biltmore Drive		Transaction ID: SA11AI.4983	
City Coral Gables	State FL	Zip Code 33146	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self-employed	Occupation Attorney	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 13  
(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)  
IRL PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Ranley Desir</p> <p>Mailing Address 7901 SW 67th Terrace</p> <p>City State Zip Code Miami FL 33143</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Center for Advanced Cardiology</p> <p>Occupation Cardiologist</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 6 / 2 0 0 5</span></p> <p><b>Transaction ID:</b> SA11AI.4985</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Paul Katz</p> <p>Mailing Address 1415 Sunset Harbour Drive #205</p> <p>City State Zip Code Miami Beach FL 33139</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Mount Sinai Medical Center</p> <p>Occupation Chief Medical Officer</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 0 4 / 2 0 0 5</span></p> <p><b>Transaction ID:</b> SA11AI.4991</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) David Magidson</p> <p>Mailing Address 1030 Valencia</p> <p>City State Zip Code Coral Gables FL 33134</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Abramson &amp; Magidson, PA</p> <p>Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 5 / 2 0 0 5</span></p> <p><b>Transaction ID:</b> SA11AI.5006</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2400.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
IRL PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Aleyda C. Mas</p> <p>Mailing Address 11855 SW60th Avenue</p> <p>City State Zip Code Miami FL 33156</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Housewife Housewife</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 23 / 2005</p> <p><b>Transaction ID:</b> SA11AI.4963</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">5000.00</span></p> <p>contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Jose Ramon Mas</p> <p>Mailing Address 3155 N.W. 77th Avenue Suite 150</p> <p>City State Zip Code Miami FL 33122</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation MasTech Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 22 / 2005</p> <p><b>Transaction ID:</b> SA11AI.4964</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">3000.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Alexander Mendez</p> <p>Mailing Address 12805 SW 108 Avenue</p> <p>City State Zip Code Miami FL 33176</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Mount Sinai Medical Center Chief Nursing Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 01 / 2005</p> <p><b>Transaction ID:</b> SA11AI.4995</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">8250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 9 / 13
	<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)  
IRL PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen Moyer	Date of Receipt MM / DD / YYYY 11 / 02 / 2005
	Mailing Address 7400 SW 57th Terrace	<b>Transaction ID:</b> SA11AI.4993
	City State Zip Code Miami FL 33143	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Mount Sinai Medical Center      Occupation Chief Nursing Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General      Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼      250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Aaron Perry	Date of Receipt MM / DD / YYYY 11 / 30 / 2005
	Mailing Address 5133 N Bay Road	<b>Transaction ID:</b> SA11AI.4989
	City State Zip Code Miami Beach FL 33140	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Mount Sinai Medical Center      Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General      Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼      250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward Rosasco	Date of Receipt MM / DD / YYYY 11 / 04 / 2005
	Mailing Address P.O. Box 331063	<b>Transaction ID:</b> SA11AI.4972
	City State Zip Code Coconut Grove FL 33233	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Retired      Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General      Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼      500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
IRL PAC

**A.** Full Name (Last, First, Middle Initial)  
Jocelyn Simkovitz  
Mailing Address 8885 SW 78th Court  
City Miami State FL Zip Code 33156  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Housewife Occupation Housewife  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 11 / 23 / 2005  
Transaction ID: SA11AI.5000  
Amount of Each Receipt this Period 5000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Leonard Simkovitz  
Mailing Address 8885 SW 78th Court  
City Miami State FL Zip Code 33156  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Aviation Capital Leasing Inc. Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3500.00  
Date of Receipt 11 / 25 / 2005  
Transaction ID: SA11AI.5001  
Amount of Each Receipt this Period 3000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Steven Sorrenreich  
Mailing Address 5775 SW 131 Terrace  
City Miami State FL Zip Code 33156  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mount Sinai Medical Center Occupation Admisnistrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 11 / 16 / 2005  
Transaction ID: SA11AI.4987  
Amount of Each Receipt this Period 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
IRL PAC

**A.**

Full Name (Last, First, Middle Initial) Jay Tome		Date of Receipt MM / DD / YYYY 11 / 22 / 2005
Mailing Address 8300 NW 53rd Street Suite 300		Transaction ID: SA11AI.4968
City Miami	State FL	Zip Code 33166
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Eladio Valdes		Date of Receipt MM / DD / YYYY 11 / 08 / 2005
Mailing Address P.O. Box 960598		Transaction ID: SA11AI.4966
City Miami	State FL	Zip Code 33296
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Valdes Farm Inc	Occupation Agriculture	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	22150.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 13

<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)  
IRL PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Angie Printing</p> <p>Mailing Address 6341 North West 87 Avenue</p> <p>City Miami State FL Zip Code 33178</p> <p>Purpose of Disbursement Printing for PAC fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5015</p> <p>Date of Disbursement 11 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 1754.97</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 9501 Burke Road</p> <p>City Burke State VA Zip Code 22015</p> <p>Purpose of Disbursement Postage for PAC mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5014</p> <p>Date of Disbursement 11 / 15 / 2005</p> <p>Amount of Each Disbursement this Period 773.45</p> <p>001 Category/ Type</p>

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

2528.42

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

2528.42

**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 13 / 13

<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)  
IRL PAC

A.

Full Name (Last, First, Middle Initial)  
NORMAN, RALPH WARREN JR

Mailing Address 907 MAPLE HILL LANE

City State Zip Code  
ROCK HILL SC 29732

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: SC District: 05

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.5012  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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