

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Zanzi For Congress

Report Covering the Period:

From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	46885.04	321832.54
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	46885.04	321832.54
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	60918.77	307640.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	60918.77	307640.59
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	30178.85	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	23045.60	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Zanzi For Congress

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)	<input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> (date after general election)
<input type="text" value="35072.00"/> (ii) Unitemized		through <input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> (last day of reporting period)
(iii) Total of contributions from individuals		
<input type="text" value="39617.00"/>	<input type="text" value="295902.00"/>	<input type="text" value="100.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="250.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="6200.00"/>	<input type="text" value="19075.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
1068.04	6605.54	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
46885.04	321832.54	100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
1840.93	20945.60	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
1840.93	20945.60	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
48725.97	342778.14	100.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Write or Type Committe Name

Zanzi For Congress

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
60918.77	307640.59	5840.64
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

60918.77	307640.59	5840.64
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

46885.04	321832.54	100.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

60918.77	307640.59	5840.64
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	42371.65
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	48725.97
25. SUBTOTAL(add Line 23 and Line 24)	91097.62
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	60918.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	30178.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 7 / 67
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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)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Daniel DeLuca

Mailing Address 3555 Veterans Memorial Hwy

City Ronkonkoma State NY Zip Code 11779-7651

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 61218.C722

Amount of Each Receipt this Period
 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address Po Box 565

City Nesconset State NY Zip Code 11767

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 61218.C751

Amount of Each Receipt this Period
 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Alfred A. Angelo

Mailing Address 83 Old Country Rd

City East Quogue State NY Zip Code 11942-3802

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 61218.C757

Amount of Each Receipt this Period
 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Douglas Armer

Mailing Address 63 East Ninth Street 11c

City State Zip Code
New York NY 10003

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

Name of Employer Capital Trust Occupation Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61218.C732

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alice J. Bertolotti

Mailing Address PO Box 112

City State Zip Code
Wading River NY 11792-0112

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61218.C748

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Chris M. Bevilacqua

Mailing Address 240 Riverside Blvd Apt 8C

City State Zip Code
New York NY 10069-1028

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

Name of Employer Farrell Fritz, Pc Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61218.C749

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2350.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Joshua Brestein

Mailing Address 345 East 80th Street Apt. 4h

City State Zip Code
New York NY 10021

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

Name of Employer Information Requested Occupation
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61218.C736

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Edward Broidy

Mailing Address 45 Broidy Ln

City State Zip Code
Southampton NY 11968-5422

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

Name of Employer Self-employed Occupation
Self-employed

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61218.C776

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 11 Worth Street Ste. 4a

City State Zip Code
New York NY 10013

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

Name of Employer Calise & Associates Occupation
Investor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61218.C727

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Andrew Cangemi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address PO Box 714		Transaction ID: 61218.C767	
City State Zip Code Quogue NY 11959-0714		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Efforts	Occupation Best Efforts		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Fred Colin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 1520 Northern Blvd		Transaction ID: 61218.C824	
City State Zip Code Manhasset NY 11030		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Colin Development Llc	Occupation Developer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) C. Louis C. Corso		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address PO Box 1044		Transaction ID: 61218.C759	
City State Zip Code Cutchoque NY 11935-0675		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Self-employed		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1850.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial) Luba Corso		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address PO Box 1044		Transaction ID: 61218.C760	
City State Zip Code Cutchoque NY 11935-0675	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Homemaker Nap	Election Cycle-to-Date ▼ 1500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Brooks Cowan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 540 Brickell Key Dr		Transaction ID: 61218.C703	
City State Zip Code Miami FL 33131-2697	Amount of Each Receipt this Period 222.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Information Requested Information Requested	Election Cycle-to-Date ▼ 222.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Giovanna Cugnasca		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 254 E. 68th St., Apt. 16a		Transaction ID: 61218.C726	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Self-employed Marketing Consultant	Election Cycle-to-Date ▼ 750.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1972.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Michael Dancu

Mailing Address 145 Rockefeller Plaza Ste 2255

City State Zip Code
New York NY 10111

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

Name of Employer Information Requested Occupation
Partner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61218.C743

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Armando De Armas

Mailing Address 6355 NW 36th St # 506

City State Zip Code
Miami FL 33166-7027

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

Name of Employer Information Requested Occupation
Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61218.C710

Amount of Each Receipt this Period
2100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Erza De Armas

Mailing Address 6355 NW 36th St # 506

City State Zip Code
Miami FL 33166-7027

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

Name of Employer Self-employed Occupation
Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61218.C711

Amount of Each Receipt this Period
2100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Richard Donnelly

Mailing Address 205 N Coleman Rd

City State Zip Code
Centereach NY 11720-3062

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

Name of Employer Information Requested Occupation
Occupation Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61218.C815

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Angel Fang

Mailing Address 30 Newport Pkwy Apt 901

City State Zip Code
Jersey City NJ 07310-1560

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61218.C724

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1150 Valor Ridge Way

City State Zip Code
Kennesaw GA 30152

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

Name of Employer Golden South Construction, Llc Occupation Construction Management

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61218.C735

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
John Heilshorn

Mailing Address 175 E 79th St Apt 5A

City State Zip Code
New York NY 10021-0432

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

Name of Employer Information Requested Occupation
Partner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61218.C796

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Susan Heilshorn

Mailing Address 175 E 79th St Apt 5A

City State Zip Code
New York NY 10021-0432

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

Name of Employer Information Requested Occupation
Partner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61218.C797

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jerome B. Higgins

Mailing Address 78 Old Field Rd

City State Zip Code
Setauket NY 11733-1646

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

Name of Employer Self-employed Occupation
Veterinarian

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61218.C772

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Wendy Hoey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 176 Brixton Rd		Transaction ID: 61218.C745	
City State Zip Code Garden City NY 11530-1324	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Efforts	Occupation Best Efforts		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Robert W. Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 788 Columbus Ave Apt 6P		Transaction ID: 61218.C768	
City State Zip Code New York NY 10025-5940	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Efforts	Occupation Best Efforts		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Micahel Kammerman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 2 Teakwood Lane		Transaction ID: 61218.C714	
City State Zip Code Rockville Centre NY 11570	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kammerman Industries	Occupation Sales		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Michael K. Kane

Mailing Address 330 East 43rd St., Ste. 601 United

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
Kib Services Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 6

Transaction ID: 61218.C800

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alon Kapen

Mailing Address 80 Prospect Rd.

City State Zip Code
Centerport NY 11721

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

Name of Employer Occupation
Farrell, Fritz Llp Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61218.C754

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 195 14th Street, Ne Unit 2005

City State Zip Code
Atlanta GA 30309

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

Name of Employer Occupation
Smith, Currie And Hancock, Llp Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61218.C733

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Joshua Leventhal		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 148 W. 23rd St. Apt. 3h		Transaction ID: 61218.C723	
City State Zip Code New York NY 10011		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Bear Stearns Investment Banker			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Alexandra Levy		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 111 W 67 No. 26A		Transaction ID: 61218.C709	
City State Zip Code New York NY 10023		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested Information Requested			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Peter Malucky		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 197 Colony Dr.		Transaction ID: 61218.C725	
City State Zip Code Holbrook NY 11741		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested Information Requested			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Anthony Marinatos

Mailing Address 5396 Oak Bay Dr. N.

City State Zip Code
Jacksonville FL 32277

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

Name of Employer: Chartwell Capital Management
Occupation: Investment Professional

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 61218.C762

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alexander Markowitz

Mailing Address 1465 Canterbury Rd

City State Zip Code
Lakewood NJ 08701-1553

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

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: 61218.C719

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kyle L. Mcclung

Mailing Address 13115 Via Roma Court

City State Zip Code
Jacksonville FL 32224

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

Name of Employer: Chartwell Capital Management
Occupation: Investing Professional

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 61218.C763

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial) John C. McGiff Mailing Address 5 Bay Rd Rear City East Patchogue State NY Zip Code 11772-6201 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 61218.C766 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 200.00

B. Full Name (Last, First, Middle Initial) Chuck Merritt Mailing Address 34 Summit Ct City Plainview State NY Zip Code 11803-1445 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 61218.C718 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial) Robert Perry Mailing Address 3616b The Strand City Manhattan Beach State CA Zip Code 90266 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 61218.C713 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 1500.00

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Raul F. Pino

Mailing Address 4447 SW 15th St

City State Zip Code
Miami FL 33134-3706

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61218.C784

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alexandra V. Preate

Mailing Address 245 E 63rd St

City State Zip Code
New York NY 10021-7466

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 6

Transaction ID: 61218.C790

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 60 East 12th St.
Apt. 4b

City State Zip Code
New York NY 10003

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

Name of Employer Deloitte Tax Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61218.C701

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Richard Rubin

Mailing Address 25 Long Acre Ln

City State Zip Code
Dix Hills NY 11746-7925

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

Name of Employer Information Requested Occupation
Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61218.C716

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Ryan

Mailing Address 46 Valley Rd

City State Zip Code
Manhasset NY 11030-1437

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

Name of Employer Information Requested Occupation
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 6

Transaction ID: 61218.C798

Amount of Each Receipt this Period
400.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 46 Valley Rd

City State Zip Code
Manhasset NY 11030-1437

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

Name of Employer Information Requested Occupation
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 6

Transaction ID: 61218.C799

Amount of Each Receipt this Period
400.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial) Paul Salib		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 756 Washington St Apt 2c		Transaction ID: 61218.C704	
City State Zip Code New York NY 10014		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Red Stone Partners	Occupation Real Estate		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Vilma Sanchez-Levin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 525 Alhambra Cir		Transaction ID: 61218.C785	
City State Zip Code Miami FL 33134-4903		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Efforts	Occupation Best Efforts		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Louis Jon Schepp		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 165 Circle Dr		Transaction ID: 61218.C721	
City State Zip Code Manhasset NY 11030-1100		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Liberty Mutual	Occupation Lawyer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Marcia Schiller

Mailing Address 75 Rockefeller Plz Fl 27

City State Zip Code
New York NY 10019-6908

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61218.C740

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alfons Schmider

Mailing Address 26 Heather Ln

City State Zip Code
Levittown NY 11756-3333

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

Name of Employer Information Requested Occupation Information Requested
Member

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61218.C712

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 24637 Nettle Mill Sq

City State Zip Code
Stone Ridge VA 20105-2992

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: 61218.C729

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Mary pat Thurston		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 555 5th Ave		Transaction ID: 61218.C705	
City State Zip Code New York NY 10017-2416		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. J. Bing Tien		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 115 E 34th St		Transaction ID: 61218.C708	
City State Zip Code New York NY 10016-4629		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. M Elizabeth Weiss		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1304 Hawthorne Ln		Transaction ID: 61218.C717	
City State Zip Code Hinsdale IL 60521-2956		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Italo Zanzi, SR

Mailing Address 157 Hemlock Rd

City State Zip Code
Manhasset NY 11030-1231

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2100.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 61218.C791

Amount of Each Receipt this Period
2100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James Ziglar

Mailing Address 437 Community Dr

City State Zip Code
Manhasset NY 11030-3817

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61218.C734

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	35072.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Irene Chung		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 3 Abner St		Transaction ID: 61218.C771	
City State Zip Code Los Angeles CA 90032	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed Occupation Self-employed	Election Cycle-to-Date ▼ 2100.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Know-how And Integrity For Our National		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address PO Box 40366		Transaction ID: 61218.C750	
City State Zip Code Washington DC 20016-0366	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Peter Chung		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 3 Abner St		Transaction ID: 61218.C770	
City State Zip Code Los Angeles CA 90032	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed Occupation Self-employed	Election Cycle-to-Date ▼ 2100.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5200.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 67	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Zanzi For Congress

Full Name (Last, First, Middle Initial) A. The Commonwealth Pac	
Mailing Address 45 School St Fl 2	
City Boston	State MA
Zip Code 02108-3206	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 11 / 02 / 2006
Transaction ID: 61218.C769
Amount of Each Receipt this Period 1000.00
Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	6200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 67	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 12
<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Italo Zanzi

Mailing Address 57 Elliott Place

City State Zip Code
Smithtown NY 11787

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

Name of Employer Major League Baseball
Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23991.23

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61218.C825

Amount of Each Receipt this Period
1068.04

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1068.04
TOTAL This Period (last page this line number only)	▶	1068.04

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Full Name (Last, First, Middle Initial)
Italo Zanzi

Mailing Address 57 Elliott Place

City State Zip Code
Smithtown NY 11787-

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

Name of Employer Major League Baseball Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25832.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61218.C828

Amount of Each Receipt this Period
121.95

Loans Made/Guaranteed by Cand.
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Italo Zanzi

Mailing Address 57 Elliott Place

City State Zip Code
Smithtown NY 11787-

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

Name of Employer Major League Baseball Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
27551.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61218.C827

Amount of Each Receipt this Period
1718.98

Loans Made/Guaranteed by Cand.
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1840.93
TOTAL This Period (last page this line number only)	▶	1840.93

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 67

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Cablevision		Transaction ID: 61218.E420 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 150 Crossways Park Drive		Amount of Each Disbursement this Period 103.49
City Woodbury State NY Zip Code 11797-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HQ CABLE TV	Candidate Name	HQ CABLE TV
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Diane Caudullo		Transaction ID: 61218.E436 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 103 Stethem Dr		Amount of Each Disbursement this Period 800.00
City Centereach State NY Zip Code 11720-4083	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING FEES-VOLUNTEER STRATEGY	Candidate Name	CONSULTING FEES-VOLUNTEER STRATEGY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Diane Caudullo		Transaction ID: 61218.E462 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 103 Stethem Dr		Amount of Each Disbursement this Period 197.29
City Centereach State NY Zip Code 11720-4083	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: (SEE BELOW)	Candidate Name	REIMBURSEMENT: (SEE BELOW)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1100.78
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Us Postmaster		Transaction ID: 61218.E465 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 25 Rt 111 Po Box 9998		Amount of Each Disbursement this Period 197.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Smithtown State NY Zip Code 11787-	<input type="checkbox"/> [MEMO ITEM] MEMO: POSTAGE	
Purpose of Disbursement POSTAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Diane Caudullo		Transaction ID: 61218.E463 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 103 Stethem Dr		Amount of Each Disbursement this Period 48.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Centereach State NY Zip Code 11720-4083	<input type="checkbox"/> REIMBURSEMENT: PAPERBAGS AND DOUGHN	
Purpose of Disbursement REIMBURSEMENT: PAPERBAGS AND DOUGHN	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Diane Caudullo		Transaction ID: 61218.E461 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 103 Stethem Dr		Amount of Each Disbursement this Period 68.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Centereach State NY Zip Code 11720-4083	<input type="checkbox"/> REIMBURSEMENT: (SEE BELOW)	
Purpose of Disbursement REIMBURSEMENT: (SEE BELOW)	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	116.37
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Comfort Ride Taxi		Transaction ID: 61218.E464 Date of Disbursement 11 / 16 / 2006
Mailing Address 454 Riverly		Amount of Each Disbursement this Period 68.00
City Riverhead State NY Zip Code 11901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER TAXI RIDES	Candidate Name	[MEMO ITEM] MEMO: VOLUNTEER TAXI RIDES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Anne Marie Chaplin		Transaction ID: 61218.E413 Date of Disbursement 11 / 01 / 2006
Mailing Address 2329 Rt. 112		Amount of Each Disbursement this Period 400.00
City Medford State NY Zip Code 11763-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HQ RENT	Candidate Name	HQ RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matthew Coleman		Transaction ID: 61218.E419 Date of Disbursement 11 / 01 / 2006
Mailing Address 132 Lafayette Place		Amount of Each Disbursement this Period 1500.00
City Woodmere State NY Zip Code 11598-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING FEES - MATT COLEMAN	Candidate Name	CONSULTING FEES - MATT COLEMAN
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1900.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Matthew Coleman		Transaction ID: 61218.E450 Date of Disbursement 11 / 01 / 2006
Mailing Address 132 Lafayette Place		Amount of Each Disbursement this Period 95.75
City Woodmere State NY Zip Code 11598-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT FOR GASOLINE		REIMBURSEMENT FOR GASOLINE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matthew Coleman		Transaction ID: 61218.E451 Date of Disbursement 11 / 01 / 2006
Mailing Address 132 Lafayette Place		Amount of Each Disbursement this Period 33.55
City Woodmere State NY Zip Code 11598-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT FOR EVENT SODA		REIMBURSEMENT FOR EVENT SODA
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matthew Coleman		Transaction ID: 61218.E452 Date of Disbursement 11 / 01 / 2006
Mailing Address 132 Lafayette Place		Amount of Each Disbursement this Period 10.65
City Woodmere State NY Zip Code 11598-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: (SEE BELOW)		REIMBURSEMENT: (SEE BELOW)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	139.95
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 61218.E453 Date of Disbursement 11 / 01 / 2006
Mailing Address 776 8th Ave		Amount of Each Disbursement this Period 10.65
City New York State NY Zip Code 10036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PENS AND EVELOPES	Candidate Name	[MEMO ITEM] MEMO: PENS AND EVELOPES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Comfort Ride Taxi		Transaction ID: 61218.E407 Date of Disbursement 11 / 07 / 2006
Mailing Address 454 Riverly		Amount of Each Disbursement this Period 37.00
City Riverhead State NY Zip Code 11901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAXI RIDE	Candidate Name	TAXI RIDE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Comfort Ride Taxi		Transaction ID: 61218.E408 Date of Disbursement 11 / 07 / 2006
Mailing Address 454 Riverly		Amount of Each Disbursement this Period 97.00
City Riverhead State NY Zip Code 11901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAXI RIDES - VOLUNTEERS	Candidate Name	TAXI RIDES - VOLUNTEERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	134.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Comfort Ride Taxi		Transaction ID: 61218.E411 Date of Disbursement MM / DD / YYYY 11 / 16 / 2006
Mailing Address 454 Riverly		Amount of Each Disbursement this Period 20.00
City Riverhead State NY Zip Code 11901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAXI RIDE Candidate Name	Category/Type	TAXI RIDE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Data Tech Solutions		Transaction ID: 61218.E423 Date of Disbursement MM / DD / YYYY 10 / 25 / 2006
Mailing Address 2133 Fifth Ave.		Amount of Each Disbursement this Period 7903.54
City Ronkonkoma State NY Zip Code 11779-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING MAILER Candidate Name	Category/Type	PRINTING MAILER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Data Tech Solutions		Transaction ID: 61218.E424 Date of Disbursement MM / DD / YYYY 11 / 01 / 2006
Mailing Address 2133 Fifth Ave.		Amount of Each Disbursement this Period 3570.00
City Ronkonkoma State NY Zip Code 11779-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING MAILER Candidate Name	Category/Type	PRINTING MAILER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11493.54
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. ESP Publications		Transaction ID: 61218.E466 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 120 Lake Ave S # 22		Amount of Each Disbursement this Period 1312.50
City Nesconset State NY Zip Code 11767-1047	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISEMENTS	Candidate Name	ADVERTISEMENTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fed Ex Kinkos		Transaction ID: 61218.E456 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address Po Box 672085		Amount of Each Disbursement this Period 16.60
City Dallas State TX Zip Code 75267-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FLS Connect		Transaction ID: 61218.E437 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 2401 W Behrend Dr Ste 7		Amount of Each Disbursement this Period 2400.00
City Phoenix State AZ Zip Code 85027-4143	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ELECTION CALLS	Candidate Name	ELECTION CALLS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3729.10
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Globa Cafe		Transaction ID: 61218.E449 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 377 Alhambra Cir		Amount of Each Disbursement this Period 1068.04
City Miami State FL Zip Code 33134-5003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ROOM RENTAL	Candidate Name	ROOM RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Graphic Impressions		Transaction ID: 61218.E438 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 398 Main Street		Amount of Each Disbursement this Period 559.42
City Islip State NY Zip Code 11751-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILING SUPPLIES	Candidate Name	MAILING SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Alison Karppi		Transaction ID: 61218.E422 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 532 Renee Drive		Amount of Each Disbursement this Period 2000.00
City Bayport State NY Zip Code 11705-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING FEES	Candidate Name	CONSULTING FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3627.46
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Lipa Full Name (Last, First, Middle Initial) Lipa Mailing Address Po Box 888 City Hicksville State NY Zip Code 11802- Purpose of Disbursement HQ UTILITIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61218.E440 Date of Disbursement 11 / 17 / 2006 Amount of Each Disbursement this Period 286.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HQ UTILITIES
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B. Long Island Coalition For Life Full Name (Last, First, Middle Initial) Long Island Coalition For Life Mailing Address PO Box 223 City Ronkonkoma State NY Zip Code 11779-0223 Purpose of Disbursement AD PLACEMENTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61218.E454 Date of Disbursement 10 / 24 / 2006 Amount of Each Disbursement this Period 418.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD PLACEMENTS
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C. Long Island Press Full Name (Last, First, Middle Initial) Long Island Press Mailing Address 3075 Veterans Memorial Hwy City Ronkonkoma State NY Zip Code 11779-7667 Purpose of Disbursement ADVERTISEMENTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61218.E455 Date of Disbursement 10 / 26 / 2006 Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISEMENTS
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SUBTOTAL of Disbursements This Page (optional) ▶	1505.18
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Paul Majeski Full Name (Last, First, Middle Initial) Mailing Address 1435 Bray Ave. City Laurel State NY Zip Code 11948-		Transaction ID: 61218.E416 Date of Disbursement 11 / 09 / 2006 Amount of Each Disbursement this Period 1400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING FEES- PAUL MAJESKI
Purpose of Disbursement CONSULTING FEES- PAUL MAJESKI 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:		Category/Type Amount of Each Disbursement this Period 1400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING FEES- PAUL MAJESKI

B. Radison Holtsville Full Name (Last, First, Middle Initial) Mailing Address 1730 N Ocean Ave. City Holtsville State NY Zip Code 11742-1839		Transaction ID: 61218.E446 Date of Disbursement 10 / 23 / 2006 Amount of Each Disbursement this Period 1718.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ROOM RENTAL
Purpose of Disbursement ROOM RENTAL 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:		Category/Type Amount of Each Disbursement this Period 1718.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ROOM RENTAL

C. Roosevelt Strategy Group Full Name (Last, First, Middle Initial) Mailing Address 600 Johnson Ave. Ste. A2 City Bohemia State NY Zip Code 11716-		Transaction ID: 61218.E427 Date of Disbursement 10 / 21 / 2006 Amount of Each Disbursement this Period 19482.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TV SPOT ADS
Purpose of Disbursement TV SPOT ADS 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:		Category/Type Amount of Each Disbursement this Period 19482.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TV SPOT ADS

SUBTOTAL of Disbursements This Page (optional) ▶	22601.38
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. Roosevelt Strategy Group		Transaction ID: 61218.E429 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 600 Johnson Ave. Ste. A2		Amount of Each Disbursement this Period 6000.00
City Bohemia State NY Zip Code 11716-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TV SPOT ADS	Candidate Name	TV SPOT ADS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Roosevelt Strategy Group		Transaction ID: 61218.E430 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 600 Johnson Ave. Ste. A2		Amount of Each Disbursement this Period 500.00
City Bohemia State NY Zip Code 11716-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA PLACEMENT AND DEVELOPMENT	Candidate Name	MEDIA PLACEMENT AND DEVELOPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Roosevelt Strategy Group		Transaction ID: 61218.E428 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 600 Johnson Ave. Ste. A2		Amount of Each Disbursement this Period 5000.00
City Bohemia State NY Zip Code 11716-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RADIO ADS	Candidate Name	RADIO ADS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 776 8th Ave City New York State NY Zip Code 10036- Purpose of Disbursement COPIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61218.E405 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 14.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COPIES
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B. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 776 8th Ave City New York State NY Zip Code 10036- Purpose of Disbursement COPIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61218.E406 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 0.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COPIES
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C. Strategic Planning Systems Inc Full Name (Last, First, Middle Initial) Strategic Planning Systems Inc Mailing Address 150 Knickerbocker Ave. City Bohemia State NY Zip Code 11716- Purpose of Disbursement CD LISTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61218.E433 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 839.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CD LISTS
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SUBTOTAL of Disbursements This Page (optional) ▶	854.63
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial) A. T-Mobile Wireless		Transaction ID: 61218.E410 Date of Disbursement MM / DD / YYYY 11 / 07 / 2006
Mailing Address 76 Court St		Amount of Each Disbursement this Period 360.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brooklyn State NY Zip Code 11201-5000	Purpose of Disbursement WIRELESS SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WIRELESS SERVICE

Full Name (Last, First, Middle Initial) B. Times Beacon Record		Transaction ID: 61218.E435 Date of Disbursement MM / DD / YYYY 10 / 30 / 2006
Mailing Address 185 Route 25a		Amount of Each Disbursement this Period 425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Setauket State NY Zip Code 11733-2946	Purpose of Disbursement AD PLACEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AD PLACEMENT

Full Name (Last, First, Middle Initial) C. Ken Trepeta		Transaction ID: 61218.E418 Date of Disbursement MM / DD / YYYY 11 / 08 / 2006
Mailing Address 6036 Richmond Hwy, 608		Amount of Each Disbursement this Period 312.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22303-	Purpose of Disbursement CONSULTING FEES-POLICY RESEARCH Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTING FEES-POLICY RE-SEARCH

SUBTOTAL of Disbursements This Page (optional) ▶	1097.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

A. Us Postmaster Full Name (Last, First, Middle Initial) Mailing Address 25 Rt 111 Po Box 9998 City Smithtown State NY Zip Code 11787- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61218.E409 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 93.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
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B. Italo Zanzi Full Name (Last, First, Middle Initial) Mailing Address 57 Elliott Place City Smithtown State NY Zip Code 11787- Purpose of Disbursement REIMBURSEMENT: VILLAGE TIMES SUBSCR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61218.E470 Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: VILLAGE TI-MES SUBSCR
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C. Italo Zanzi Full Name (Last, First, Middle Initial) Mailing Address 57 Elliott Place City Smithtown State NY Zip Code 11787- Purpose of Disbursement REIMBURSEMENT: NAPPER TANDYS REST. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61218.E468 Date of Disbursement 11 / 06 / 2006 Amount of Each Disbursement this Period 184.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: NAPPER TAN-DYS REST.
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SUBTOTAL of Disbursements This Page (optional) ▶	312.43
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
Zanzi For Congress

A. Italo Zanzi Full Name (Last, First, Middle Initial) Mailing Address 57 Elliott Place City Smithtown State NY Zip Code 11787-		Transaction ID: 61218.E469 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 260.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: (SEE BELOW)
Purpose of Disbursement REIMBURSEMENT: (SEE BELOW) 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:		Category/Type REIMBURSEMENT: (SEE BELOW)

B. Radison Holtsville Full Name (Last, First, Middle Initial) Mailing Address 1730 N Ocean Ave City Holtsville State NY Zip Code 11742-1839		Transaction ID: 61218.E447 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 260.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ELECTION NIGHT ROOM
Purpose of Disbursement ELECTION NIGHT ROOM 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:		Category/Type

C. Italo Zanzi Full Name (Last, First, Middle Initial) Mailing Address 57 Elliott Place City Smithtown State NY Zip Code 11787-		Transaction ID: 61218.E471 Date of Disbursement 11 / 21 / 2006 Amount of Each Disbursement this Period 273.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: (SEE BELOW)
Purpose of Disbursement REIMBURSEMENT: (SEE BELOW) 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:		Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	533.30
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 67

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Zanzi For Congress

Full Name (Last, First, Middle Initial)

A. Us Postmaster

Mailing Address 25 Rt 111 Po Box 9998

City Smithtown State NY Zip Code 11787-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61218.E472

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		2	1		2	0	0	6

Amount of Each Disbursement this Period

273.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

60645.12

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 46 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS61218.C827

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 57 Elliott Place		
City Smithtown State NY ZIP Code 11787-		
Original Amount of Loan 9008.70	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9008.70

TERMS

Date Incurred MM DD YY YY 07 14 2006	Date Due 20060714	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	9008.70
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 47 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60921.C2

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1627.59	0.00	1627.59

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 1 8 Y Y Y Y 2 0 0 6	20061101	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	1627.59
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 48 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60921.C3

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	
Original Amount of Loan <input type="text" value="345.90"/>	Cumulative Payment To Date <input type="text" value="0.00"/>
Balance Outstanding at Close of This Period <input type="text" value="345.90"/>	

TERMS

Date Incurred M M 02 D D 25 Y Y Y Y 2006	Date Due <input type="text" value="20061101"/>	Interest Rate <input type="text" value=".0000"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="345.90"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 49 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60921.C4

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
421.60	0.00	421.60

TERMS

Date Incurred MM DD YY 03 02 2006	Date Due 20061101	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	421.60
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 50 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60921.C5

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
178.60	0.00	178.60

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 1 5 Y Y Y Y 2 0 0 6	20061101	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	178.60
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 51 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C295

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 57 Elliott Place		
City Smithtown State NY ZIP Code 11787-		
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2573.69	0.00	2573.69

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 1 Y Y Y Y 2 0 0 6	20061101	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	2573.69
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 52 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C310

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
761.25	0.00	761.25

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="04"/> <input type="text" value="03"/> <input type="text" value="2006"/>	<input type="text" value="20061101"/>	<input type="text" value=".0000"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="761.25"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 53 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C296

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
383.00	0.00	383.00

TERMS

Date Incurred MM DD YY YY 05 04 2006	Date Due 20061101	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	383.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 54 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C297

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	
Original Amount of Loan <input type="text" value="270.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>
Balance Outstanding at Close of This Period <input type="text" value="270.00"/>	

TERMS

Date Incurred M M 05 D D 23 Y Y Y Y 2006	Date Due <input type="text" value="20061101"/>	Interest Rate <input type="text" value=".0000"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="270.00"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 55 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C298

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
162.10	0.00	162.10

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 30 Y Y Y Y 2006	20061101	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	162.10
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 56 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C299

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	
Original Amount of Loan 1792.20	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 1792.20	

TERMS

Date Incurred M M 05 D D 31 Y Y Y Y 2006	Date Due 20061101	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	1792.20
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 57 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C300

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
168.00	0.00	168.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 2006	20061101	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	168.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 58 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C301

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10.71	0.00	10.71

TERMS

Date Incurred MM DD YY 06 26 2006	Date Due 20061101	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="10.71"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 59 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C302

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	
Original Amount of Loan <input type="text" value="806.82"/>	Cumulative Payment To Date <input type="text" value="0.00"/>
Balance Outstanding at Close of This Period <input type="text" value="806.82"/>	

TERMS

Date Incurred M M 05 D D 10 Y Y Y Y 2006	Date Due <input type="text" value="20061101"/>	Interest Rate <input type="text" value=".0000"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="806.82"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 60 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C303

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
113.30	0.00	113.30

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 11 Y Y Y Y 2006	20061101	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="113.30"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 61 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C304

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	
Original Amount of Loan <input type="text" value="29.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>
Balance Outstanding at Close of This Period <input type="text" value="29.00"/>	

TERMS

Date Incurred M M 05 D D 12 Y Y Y Y 2006	Date Due <input type="text" value="20061101"/>	Interest Rate <input type="text" value=".0000"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="29.00"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 62 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C305

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	
Original Amount of Loan <input type="text" value="113.30"/>	Cumulative Payment To Date <input type="text" value="0.00"/>
Balance Outstanding at Close of This Period <input type="text" value="113.30"/>	

TERMS

Date Incurred M M 05 D D 23 Y Y Y Y 2006	Date Due <input type="text" value="20061101"/>	Interest Rate <input type="text" value=".0000"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="113.30"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 63 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C306

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	
Original Amount of Loan 295.79	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 295.79	

TERMS

Date Incurred M M 04 D D 10 Y Y Y Y 2006	Date Due 20061101	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	295.79
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 64 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C307

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1507.81	0.00	1507.81

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 13 Y Y Y Y 2006	20061101	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	1507.81
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 65 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C308

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 57 Elliott Place	
City Smithtown State NY ZIP Code 11787-	
Original Amount of Loan <input type="text" value="364.30"/>	Cumulative Payment To Date <input type="text" value="0.00"/>
Balance Outstanding at Close of This Period <input type="text" value="364.30"/>	

TERMS

Date Incurred M M 05 D D 18 Y Y Y Y 2006	Date Due <input type="text" value="20061101"/>	Interest Rate <input type="text" value=".0000"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="364.30"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 66 / 67
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Zanzi For Congress

Transaction ID: LS60920.C309

LOAN SOURCE Full Name (Last, First, Middle Initial) Italo Mr. Zanzi	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 57 Elliott Place		
City Smithtown State NY ZIP Code 11787-		
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11.94	0.00	11.94

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 18 Y Y Y Y 2006	20061101	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="11.94"/>
TOTALS This Period (last page in this line only)	<input type="text" value="20945.60"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

(Use separate schedule(s) for each numbered line)	PAGE 67 / 67	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Zanzi For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor City Transport Management, Inc.	Nature of Debt (Purpose): Car Purchase
Mailing Address 54-18 Broadway	
City State ZIP Code Woodside NY 11377-	

Outstanding Balance Beginning This Period	Transaction ID: LS60921.E13	
2100.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2100.00

1) SUBTOTALS This Period This Page (optional).....	2100.00
2) TOTALS This Period (last page this line number only).....	2100.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	