

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 OCT 16 A 11:08
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

TERBIPAC

PO BOX 348322

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CORAL GABLES

FL

33234

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00417576

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

In the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

In the State of

5. Covering Period

07 01 2006

through

09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

BRIAN SCHIANO

Signature of Treasurer

Brian Schiano

Date

10 12 2006

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

26039221241

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TERRE PAC

Report Covering the Period: From: **07 01 2006** To: **09 30 2006**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		6565.06
(b) Cash on Hand at Beginning of Reporting Period.....	1965.70	
(c) Total Receipts (from Line 19).....	37,651.45	57,906.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	39,117.15	58,471.84
7. Total Disbursements (from Line 31).....	26,298.75	45,713.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12,814.40	12,814.40
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	—	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	—	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

26039221242

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TERRI PAC

Report Covering the Period: From: **07 01 2006** To: **09 30 2006**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17,350.00	24,554.20
(ii) Unitemized.....	20,301.45	24,852.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	37,651.45	49,406.78
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	37,651.45	51,906.78
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	37,651.45	51,906.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37,651.45	51,906.78

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,500.00	11,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	18,798.75	34,713.44
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26,298.75	45,713.44
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	26,298.75	45,713.44

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

iii. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37,651.45	51,906.78
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37,651.45	51,906.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

26039221245

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

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

FOR LINE NUMBER: (check only one)		PAGE	OF 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TERA PAC

A. Full Name (Last, First, Middle Initial)
HODDEMAKER, ED

Mailing Address
BEST EFFORTS

City State Zip Code
TX TX

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
B.E. B.E.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 21 2006

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GASBY, JACQUELINE

Mailing Address
11 WESTMINSTER PL

City State Zip Code
OLD TAPPAN NJ 07675

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BEST EFFORTS BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 21 2006

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HILL HOUSE, JAMES

Mailing Address
1901 McCALL RD.

City State Zip Code
AUSTIN TX 78703

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
JO HOUSE ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 15 2006

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶ **1,250.00**

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

26039221246

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 10	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
TERRI PAC

Full Name (Last, First, Middle Initial) A. ANSIN, RON		Date of Receipt MM / DD / YYYY 08 / 11 / 2006
Mailing Address 132 LITTLETON RD.		Amount of Each Receipt this Period 5,000.00
City HARVARD	State Zip Code MA 01451	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,000.00
Name of Employer MARY / SELF	Occupation BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5,000.00	

Full Name (Last, First, Middle Initial) B. BEYANT, KAREN		Date of Receipt MM / DD / YYYY 08 / 17 / 2006
Mailing Address 1285 POKER FLAT PL.		Amount of Each Receipt this Period 250.00
City SAN JOSE	State Zip Code CA 95120	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BEST EFFORTS	Occupation BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. OLLIVER, THOMAS		Date of Receipt MM / DD / YYYY 08 / 16 / 2006
Mailing Address PO BOX 1205		Amount of Each Receipt this Period 1,000.00
City BOLA GRANDE	State Zip Code FL 33921	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

SUBTOTAL of Receipts This Page (optional).....▶	6,250.00
TOTAL This Period (last page this line number only).....▶	

26039221247

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 3 OF 10	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
TERRI PAC

Full Name (Last, First, Middle Initial) A. GAINES, STOKLTON		Date of Receipt M M / D D / Y Y Y Y 08 16 2006
Mailing Address 17039 AVE. DE SANTA YNEZ		Amount of Each Receipt this Period 250.00
City PACIFIC PALISADES	State Zip Code CA 90272	
FEC ID number of contributing federal political committee. C		
Name of Employer UNK	Occupation MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. HIRSH, RICHARD		Date of Receipt M M / D D / Y Y Y Y 08 16 2006
Mailing Address 100 WEST 57 ST. #204		Amount of Each Receipt this Period 250.00
City NEW YORK	State Zip Code NY 10019	
FEC ID number of contributing federal political committee. C		
Name of Employer BEST EFFORTS / SELF	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MOORE, DONOVAN		Date of Receipt M M / D D / Y Y Y Y 08 17 2006
Mailing Address 170 COLUMBIA HTS.		Amount of Each Receipt this Period 500.00
City BROOKLYN	State Zip Code NY 11201	
FEC ID number of contributing federal political committee. C		
Name of Employer UNKNOWN	Occupation LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1,000.00
TOTAL This Period (last page this line number only).....▶	

26039221248

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 10	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
TERRI PAC

Full Name (Last, First, Middle Initial) A. THOMPSON, HUGH		Date of Receipt M M / D D / Y Y Y Y 08 23 2006
Mailing Address 1050 CHEROKEE ST. # 401		Amount of Each Receipt this Period 250.00
City DENVER	State Zip Code CO 80204	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. LAZAR, RICHARD		Date of Receipt M M / D D / Y Y Y Y 08 19 2006
Mailing Address 3432 N. CLAREMONT AV.		Amount of Each Receipt this Period 200.00
City CHICAGO	State Zip Code IL 60618	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer BEST EFFORTS	Occupation BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. SAUERS, TAMMY		Date of Receipt M M / D D / Y Y Y Y 08 16 2006
Mailing Address 9 JUDSON ST.		Amount of Each Receipt this Period 200.00
City SAVANNAH	State Zip Code GA 31410	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer BEST EFFORTS	Occupation BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

26039221249

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 5 OF 10	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
TERRI PAC

Full Name (Last, First, Middle Initial) A. SAXON, KEN		Date of Receipt MM/DD/YYYY 09/07/2006
Mailing Address 270 SANTA ROSA LN.		Amount of Each Receipt this Period 500.00
City SANTA BARBARA	State Zip Code CA 93108	
FEC ID number of contributing federal political committee. C		
Name of Employer FARM CAPITAL	Occupation INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. GELBACH, JONAN		Date of Receipt MM/DD/YYYY 09/06/2006
Mailing Address 706 SHEL ST.		Amount of Each Receipt this Period 250.00
City TALLAHASSEE	State Zip Code FL 32303	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation PROFESSOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. HARVEY, DONNA		Date of Receipt MM/DD/YYYY 08/23/2006
Mailing Address 7414 VAN DYKE RD		Amount of Each Receipt this Period 250.00
City ODESSA	State Zip Code FL 33556	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1,000.00
TOTAL This Period (last page this line number only).....▶	

26039221250

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

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

FOR LINE NUMBER:
(check only one)

PAGE **6** OF **10**

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

TERRI PAC

Full Name (Last, First, Middle Initial) A. GRAVINK, DEWITT		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address 1122 EDWARDS ST.		Amount of Each Receipt this Period 250.00
City HOUSTON	State Zip Code TX 77007	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. HILL, VICTORIA		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 22618 LOCUST WAY		Amount of Each Receipt this Period 250.00
City BRIER	State Zip Code WA 98036	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation RN-DISABLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. BARRETT, GINI		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 1499 MARION AVE		Amount of Each Receipt this Period 250.00
City DEVORE	State Zip Code CA 92407	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WESTERN U. COLLEGE	Occupation PROFESSOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

750.00

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

26039221251

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

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

FOR LINE NUMBER: PAGE **7** OF **10**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TERRI PAC

A. Full Name (Last, First, Middle Initial)
SHELAT, THOMAS

Mailing Address
2160 N. PANTOPS DR.

City State Zip Code
CHARLOTTESVILLE VA 22911

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BEST EFFORTS MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM/DD/YYYY
08 16 2006

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WALLACE, DEBORAH

Mailing Address
1036 BORDEN DR.

City State Zip Code
ROSELLE IL 60172

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
RUSH UNIVERSITY THERAPIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM/DD/YYYY
08 16 2006

Amount of Each Receipt this Period
250.00

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

Mailing Address
4567 DIAZ DR.

City State Zip Code
FREMONT CA 94536

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BEST EFFORTS ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3,500.00

Date of Receipt
MM/DD/YYYY
07 07 2006

Amount of Each Receipt this Period
1,000.00

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

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

1,500.00

26039221252

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 OF 10		
	(check only one)	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
TERRI PAC

Full Name (Last, First, Middle Initial) A. GOSBEE, GREGORY		Date of Receipt 08 16 2006
Mailing Address 129 EAGLES NEST LN.		Amount of Each Receipt this Period 1,000.00
City MONROEVILLE	State Zip Code PA 15146	
FEC ID number of contributing federal political committee. C		
Name of Employer BEST EFFORTS	Occupation NUCLEAR ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) B. BERGSMAN, JOEL		Date of Receipt 08 16 2006
Mailing Address 7360 STONE CT.		Amount of Each Receipt this Period 500.00
City ST. LEONARD	State Zip Code MD 20685	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. GORELICK, KENNETH		Date of Receipt 08 16 2006
Mailing Address 1 MAPLEWOOD DR.		Amount of Each Receipt this Period 250.00
City NEWTON SQUARE	State Zip Code PA 19073	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1,750.00
TOTAL This Period (last page this line number only).....▶	

26039221253

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 10	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
TERRI PAC

A. RHEA, MICHELLE

Full Name (Last, First, Middle Initial)
Mailing Address
355 MALAGA DR.

City **SANTA BARBARA** State **CA** Zip Code **93108**

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

Name of Employer **SELF** Occupation **WRITER, INVESTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,000.00

Date of Receipt
MM/DD/YYYY
08 20 2006

Amount of Each Receipt this Period
2,000.00

B. MASSARI, FERDINAND

Full Name (Last, First, Middle Initial)
Mailing Address
268 E. FAULKILL RD.

City **HYDE PARK** State **NY** Zip Code **12538**

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

Name of Employer **COLEY PHARMA** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM/DD/YYYY
08 16 2006

Amount of Each Receipt this Period
500.00

C. WRIGHT, MERRILL

Full Name (Last, First, Middle Initial)
Mailing Address
1526 LAKESIDE AVE. S.

City **SEATTLE** State **WA** Zip Code **98144**

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

Name of Employer Occupation **INVESTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM/DD/YYYY
08 16 2006

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **3,000.00**

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

26039221254

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

TECH PAC

Full Name (Last, First, Middle Initial)

A. **NORTON, THOMAS**

Mailing Address

2175 HILSDALE CIR.

City

BOULDER

State

CO

Zip Code

80305

FEC ID number of contributing federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
08 03 2006

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

200.00

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

17,350.00

26030221255

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF 10
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 25 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
Terri PAC

Full Name (Last, First, Middle Initial) A. Indigo Design		Date of Disbursement 07 18 2006
Mailing Address P.O. Box 158		Amount of Each Disbursement this Period 286.25
City Newburgh	State IN	
Zip Code 47630		
Purpose of Disbursement Website updates		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. The November Group		Date of Disbursement 07 18 2006
Mailing Address P.O. Box 348281		Amount of Each Disbursement this Period 367.79
City Coral Gables	State FL	
Zip Code 33234		
Purpose of Disbursement Reimbursement - Room Rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. The November Group		Date of Disbursement 07 19 2006
Mailing Address P.O. Box 348281		Amount of Each Disbursement this Period 488.18
City Coral Gables	State FL	
Zip Code 33234		
Purpose of Disbursement Reimbursement - Travel Expenses		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1,422.22
TOTAL This Period (last page this line number only).....▶	

26039221256

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Terri PAC

A. The November Group

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. Box 348281**

City: **Coral Gables** State: **FL** Zip Code: **33234**

Purpose of Disbursement: **Reimbursement - Travel Expenses**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **07 / 25 / 2006**

Amount of Each Disbursement this Period: **429.57**

B. The November Group

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. Box 348281**

City: **Coral Gables** State: **FL** Zip Code: **33234**

Purpose of Disbursement: **Reimbursement - Travel (Meals/Ents)**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **07 / 27 / 2006**

Amount of Each Disbursement this Period: **248.83**

C. Verizon

Full Name (Last, First, Middle Initial)

Mailing Address: **140 West Street**

City: **New York** State: **NY** Zip Code: **10007**

Purpose of Disbursement: **Cell phone bill**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **08 / 03 / 2006**

Amount of Each Disbursement this Period: **96.11**

SUBTOTAL of Disbursements This Page (optional): **774.51**

TOTAL This Period (last page this line number only): _____

26039221257

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

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

FOR LINE NUMBER:
(check only one)
 21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Terri PAC

A. The November Group

Full Name (Last, First, Middle Initial): **The November Group**

Date of Disbursement: **08 05 2006**

Mailing Address: **P.O. Box 348281**

City: **Coral Gables** State: **FL** Zip Code: **33234**

Purpose of Disbursement: **Reimbursement - Travel Expenses**

Candidate Name: _____

Category/Type: _____

Amount of Each Disbursement this Period: **288.01**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

B. Peak Strategy Group

Full Name (Last, First, Middle Initial): **Peak Strategy Group**

Date of Disbursement: **08 11 2006**

Mailing Address: **P.O. Box 5501040**

City: **Fort Lauderdale** State: **FL** Zip Code: **33355**

Purpose of Disbursement: **Printing - Business Cards**

Candidate Name: _____

Category/Type: _____

Amount of Each Disbursement this Period: **378.16**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

C. The November Group

Full Name (Last, First, Middle Initial): **The November Group**

Date of Disbursement: **08 15 2006**

Mailing Address: **P.O. Box 348281**

City: **Coral Gables** State: **FL** Zip Code: **33234**

Purpose of Disbursement: **Reimbursement - Airfare**

Candidate Name: _____

Category/Type: _____

Amount of Each Disbursement this Period: **395.59**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional).....▶ **1,061.76**

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

26039221258

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

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 10

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Terri PAC

Full Name (Last, First, Middle Initial)

A. The November Group

Date of Disbursement

08 / 16 / 2006

Mailing Address

P.O. Box 348281

City

Coral Gables

State

FL

Zip Code

33234

Purpose of Disbursement

Reimbursement - Airfare

Amount of Each Disbursement this Period

359.60

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Parsons-Wilson

Date of Disbursement

08 / / /

Mailing Address

City

VOID

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

VOID

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. The November Group

Date of Disbursement

08 / 18 / 2006

Mailing Address

P.O. Box 348281

City

Coral Gables

State

FL

Zip Code

33234

Purpose of Disbursement

Travel & Accounting Fees - Reimbursement

Amount of Each Disbursement this Period

862.30

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

1,221.90

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

26039221253

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 5 OF 10
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
Terri PAC

Full Name (Last, First, Middle Initial) A. Junco Partners		Date of Disbursement 08 21 2006
Mailing Address 2399 SW 26th Lane		Amount of Each Disbursement this Period 1,000.00
City Miami	State FL	
Zip Code 33133		Category/Type
Purpose of Disbursement DVD Production		
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:	

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement 08 21 2006
Mailing Address 5000 Biscayne Blvd		Amount of Each Disbursement this Period 10.00
City Miami	State FL	
Zip Code 33137		Category/Type
Purpose of Disbursement Wire Fee		
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:	

Full Name (Last, First, Middle Initial) C. Bank of America		Date of Disbursement 08 31 2006
Mailing Address 5000 Biscayne Blvd		Amount of Each Disbursement this Period 08
City Miami	State FL	
Zip Code 33137		Category/Type
Purpose of Disbursement Overdraft Protection Fee		
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:	

SUBTOTAL of Disbursements This Page (optional).....▶	1,010.08
TOTAL This Period (last page this line number only).....▶	

25039221260

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

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

FOR LINE NUMBER: (check only one)
 21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Terri PAC

A. **Bank of America**
 Mailing Address: **5000 Biscayne Blvd**
 City: **Miami** State: **FL** Zip Code: **33137**
 Purpose of Disbursement: **Bank Fees**
 Candidate Name: _____
 Date of Disbursement: **08 31 2006**
 Amount of Each Disbursement this Period: **16.00**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

B. **The November Group**
 Mailing Address: **P.O. Box 348281**
 City: **Coral Gables** State: **FL** Zip Code: **33234**
 Purpose of Disbursement: **Consulting Fees**
 Candidate Name: _____
 Date of Disbursement: **08 28 2006**
 Amount of Each Disbursement this Period: **3,000.00**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

C. **Frederick Polls**
 Mailing Address: **2101 Wilson Blvd #104**
 City: **Arlington** State: **VA** Zip Code: **22201**
 Purpose of Disbursement: **Research**
 Candidate Name: _____
 Date of Disbursement: **08 28 2006**
 Amount of Each Disbursement this Period: **3,456.50**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional)..... **6,472.50**
 TOTAL This Period (last page this line number only).....

26039221261

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 7 OF 10
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
Terri PAC

Full Name (Last, First, Middle Initial) A. The November Group		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address P.O. Box 348281		Amount of Each Disbursement this Period 3,000.00
City Coral Gables	State FL	
Zip Code 33234		
Purpose of Disbursement Consulting Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 15	

Full Name (Last, First, Middle Initial) B. Shays for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 98 East Avenue		Amount of Each Disbursement this Period 1,000.00
City Norwalk	State CT	
Zip Code 06851		
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Chris Shays		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 04	

Full Name (Last, First, Middle Initial) C. Cranley for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 3621 Harrison Ave		Amount of Each Disbursement this Period 1,000.00
City Cincinnati	State OH	
Zip Code 45211		
Purpose of Disbursement Contribution		Category/ Type
Candidate Name John Cranley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 01	

SUBTOTAL of Disbursements This Page (optional).....▶	5,000.00
TOTAL This Period (last page this line number only).....▶	

26039221262

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Terri PAC

A. **Massa for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address: **60 East Market Street, Suite 244**

City: **Corning** State: **NY** Zip Code: **14830**

Purpose of Disbursement: **Contribution**

Candidate Name: **Eric Massa**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NY** District: **29th**

Date of Disbursement: **09/13/2006**

Amount of Each Disbursement this Period: **1,000.00**

Category/Type

B. **Murphy for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address: **7500 Bristol Pike**

City: **Levittown** State: **PA** Zip Code: **19057**

Purpose of Disbursement: **Contribution**

Candidate Name: **Patrick Murphy**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **PA** District: **08**

Date of Disbursement: **09/13/2006**

Amount of Each Disbursement this Period: **1,000.00**

Category/Type

C. **Stender for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address: **211 Park Ave**

City: **Scotch Plains** State: **NJ** Zip Code: **07076**

Purpose of Disbursement: **Contribution**

Candidate Name: **Linda Stender**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NJ** District: **07**

Date of Disbursement: **09/13/2006**

Amount of Each Disbursement this Period: **1,000.00**

Category/Type

SUBTOTAL of Disbursements This Page (optional) **3,000.00**

TOTAL This Period (last page this line number only)

26039221263

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Terri PAC

A. Full Name (Last, First, Middle Initial) **Miller for Congress** Date of Disbursement
Mailing Address **P.O. Box 10322** **09 / 13 / 2006**
City **Raleigh** State **NC** Zip Code **27605**
Purpose of Disbursement **Contribution** Amount of Each Disbursement this Period
Candidate Name **Brad Miller** **2,500.00**
Office Sought: House Disbursement For: Primary General
 Senate Other (specify) Other (specify) President
State: **NC** District: **13**

B. Full Name (Last, First, Middle Initial) **Indigo Design** Date of Disbursement
Mailing Address **P.O. Box 158** **09 / 22 / 2006**
City **Newburgh** State **IN** Zip Code **47630**
Purpose of Disbursement **Website updates** Amount of Each Disbursement this Period
Candidate Name **Website updates** **232.05**
Office Sought: House Disbursement For: Primary General
 Senate Other (specify) Other (specify) President
State: District:

C. Full Name (Last, First, Middle Initial) **The November Group** Date of Disbursement
Mailing Address **P.O. Box 348281** **09 / 22 / 2006**
City **Coral Gables** State **FL** Zip Code **33234**
Purpose of Disbursement **Consulting Fees** Amount of Each Disbursement this Period
Candidate Name **Consulting Fees** **1,500.00**
Office Sought: House Disbursement For: Primary General
 Senate Other (specify) Other (specify) President
State: District:

SUBTOTAL of Disbursements This Page (optional) **4,232.05**
TOTAL This Period (last page this line number only)

26039221264

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 OF 10

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (in Full)

Terri PAC

Full Name (Last, First, Middle Initial)

A. **Pay PAL**

Mailing Address

Box 45950

City

Omaha

State

NE

Zip Code

68145

Purpose of Disbursement

Fees

Candidate Name

Category/Type

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

199.01

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **OnTime Fundraiser**

Mailing Address

8190 W. 26th Ave, #102

City

Miami

State

FL

Zip Code

33016

Purpose of Disbursement

Fundraising Fees

Candidate Name

Category/Type

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

2,184.72

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Date of Disbursement

Amount of Each Disbursement this Period

2383.73

26298.75

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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