

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1625 K STREET NW SUITE 210
 Check if different than previously reported. (ACC)
WASHINGTON DC 20006

2. **FEC IDENTIFICATION NUMBER** C00112680
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
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 10 01 2006 through 10 31 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 Valerie Dulk Jacobs

Signature of Treasurer Electronically Filed by Valerie Dulk Jacobs Date 11 16 2009

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		28216.26
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	20274.01									
(c) Total Receipts (from Line 19)	21416.00	63657.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41690.01	91873.82								
7. Total Disbursements (from Line 31)	36660.81	86844.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5029.20	5029.20								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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)	3855.00	24361.37
(ii) Unitemized	7553.50	17733.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11408.50	42094.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10000.00	21500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21408.50	63594.87
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7.50	62.69
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21416.00	63657.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21416.00	63657.56

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3160.81	5844.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3160.81	5844.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	81000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36660.81	86844.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36660.81	86844.62

DETAILED SUMMARY PAGE
of Disbursements

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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)	21408.50	63594.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21408.50	63594.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3160.81	5844.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3160.81	5844.62

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Lotte Bailyn		Date of Receipt MM / DD / YYYY 10 / 03 / 2006
Mailing Address 170 Clifton Street		Transaction ID: SA11AI.12391
City Belmont	State MA	Zip Code 02478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 305.00
Name of Employer MIT	Occupation Professor	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

B.

Full Name (Last, First, Middle Initial) Mr. Harold Gislason		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 19850 Labrador Street		Transaction ID: SA11AI.12408
City Chatsworth	State CA	Zip Code 91311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unitone	Occupation Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) John Ladd		Date of Receipt MM / DD / YYYY 10 / 17 / 2006
Mailing Address 72 Taber Ave		Transaction ID: SA11AI.12398
City Providence	State RI	Zip Code 02906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer n/a	Occupation n/a	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	1155.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Mr Bob Lucore</p> <p>Mailing Address 601 Ellsworth Drive</p> <p>City State Zip Code Silver Spring MD 20910</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer na Occupation na</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6</p> <p>Transaction ID: SA11AI.12402</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms. Elaine Newman</p> <p>Mailing Address 3001 Veazey Terrace, N.W. Apartment 402</p> <p>City State Zip Code Washington DC 20008</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation N/A</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6</p> <p>Transaction ID: SA11AI.12416</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Marvin Rich</p> <p>Mailing Address 303 West 66th St. #12-FE</p> <p>City State Zip Code New York NY 10023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Rich Solutions Occupation Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6</p> <p>Transaction ID: SA11AI.12394</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr Brewster Smith		Date of Receipt
	Mailing Address 316 Escalona Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 0 6
	City	State	Zip Code
	Santa Cruz	CA	95060
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12524
Name of Employer none		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 350.00	Contribution

B.	Full Name (Last, First, Middle Initial) Mr. Melvin Traylor, Jr.		Date of Receipt
	Mailing Address 1555 Oak Avenue Apt. 502		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 0 / 2 0 0 6
	City	State	Zip Code
	Evanston	IL	60201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12414
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	Contribution

C.	Full Name (Last, First, Middle Initial) Ms Carol Van Sant		Date of Receipt
	Mailing Address 502 North Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 7 / 2 0 0 6
	City	State	Zip Code
	Chapel Hill	NC	27514-3725
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12397
Name of Employer none		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Frances Williams		Date of Receipt																					
	Mailing Address 605 Locust Ln. N		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		3	0		2	0	0	6														
	City State Zip Code West Chester PA 19380		Transaction ID: SA11AI.12590																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00																						
Name of Employer n/a Occupation n/a		Contribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00																						

B.	Full Name (Last, First, Middle Initial) Dr. Rhonda Wright		Date of Receipt																					
	Mailing Address 3363 Narrow Lane Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	3		2	0	0	6														
	City State Zip Code Montgomery AL 36111		Transaction ID: SA11AI.12385																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00																						
Name of Employer Montgomery Pathology Associates Occupation Pathologist		Contribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00																						

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	3855.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 23
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INT'L BROTH	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6
	Mailing Address 25 Louisiana Ave. NW	Transaction ID: SA11C.13925
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6
	Mailing Address 1775 K STREET N.W.	Transaction ID: SA11C.12419
	City State Zip Code WASHINGTON DC 20006	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	10000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 23

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

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NAME OF COMMITTEE (In Full)

AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Doyle Printing & offset Co.

Mailing Address 6911 Old Landover Road

City Landover State MD Zip Code 20785

Purpose of Disbursement
Printing

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.13824

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

3130.21

SUBTOTAL of Disbursements This Page (optional)

3130.21

TOTAL This Period (last page this line number only)

3130.21

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANGIE PACCIONE FOR CONGRESS	Transaction ID: SB23.13844 Date of Disbursement
	Mailing Address PO Box 1292	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Ft. Collins State CO Zip Code 80522	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name ANGIE PACCIONE FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS	Transaction ID: SB23.13878 Date of Disbursement
	Mailing Address P.O. Box 8508	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name ARCURI FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE	Transaction ID: SB23.13826 Date of Disbursement
	Mailing Address P.O. BOX 21093	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City CATONSVILLE State MD Zip Code 21228	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name BEN CARDIN FOR SENATE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BETTY SUTTON FOR CONGRESS	Transaction ID: SB23.13861
	Mailing Address 1700 W. Market St. #155	Date of Disbursement 10 / 30 / 2006
	City Akron State OH Zip Code 44313	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name BETTY SUTTON FOR CONGRESS	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHERROD BROWN	Transaction ID: SB23.13835
	Mailing Address 37905 HERON LN	Date of Disbursement 10 / 05 / 2006
	City AVON LAKE State OH Zip Code 44011	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name SHERROD BROWN	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS	Transaction ID: SB23.13838
	Mailing Address P.O. Box A	Date of Disbursement 10 / 24 / 2006
	City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name CARNEY FOR CONGRESS	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) ROBERT P JR CASEY <hr/> Mailing Address PO BOX 1177 <hr/> City HARRISBURG State PA Zip Code 17108 <hr/> Purpose of Disbursement Contribution Candidate Name ROBERT P JR CASEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13834 Date of Disbursement 10 / 05 / 2006
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Christine Jennings For Congress <hr/> Mailing Address 426 Partridge Circle <hr/> City Sarasota State FL Zip Code 34236 <hr/> Purpose of Disbursement Contribution Candidate Name Christine Jennings For Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13872 Date of Disbursement 10 / 31 / 2006
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE <hr/> Mailing Address P.O. Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement Contribution Candidate Name CITIZENS FOR ALTMIRE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13842 Date of Disbursement 10 / 24 / 2006
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Darcy Burner for Congress	Transaction ID: SB23.13839 Date of Disbursement
	Mailing Address 603 Stewart Street #819	<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
	City Seattle State WA Zip Code 98101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Darcy Burner for Congress	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DONNELLY FOR CONGRESS	Transaction ID: SB23.13856 Date of Disbursement
	Mailing Address PO BOX 515	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City BUFFALO State NY Zip Code 14223	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name DONNELLY FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELLSWORTH FOR CONGRESS	Transaction ID: SB23.13873 Date of Disbursement
	Mailing Address P.O. Box 62	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47701	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name ELLSWORTH FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FARRELL FOR CONGRESS	Transaction ID: SB23.13855
	Mailing Address P.O. Box 5136	Date of Disbursement 10 / 27 / 2006
	City Westport State CT Zip Code 06881	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name FARRELL FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE	Transaction ID: SB23.13866
	Mailing Address 224 18th Street P.O. Box 4183	Date of Disbursement 10 / 30 / 2006
	City Rock Island State IL Zip Code 61204	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name FRIENDS OF PHIL HARE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) JOHN JOSEPH HALL	Transaction ID: SB23.13879
	Mailing Address PO BOX 377	Date of Disbursement 10 / 31 / 2006
	City DOVER PLAINS State NY Zip Code 12522	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name JOHN JOSEPH HALL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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)

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS</p> <p>Mailing Address PO Box 8446</p> <p>City Asheville State NC Zip Code 28814</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name HEATH SHULER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 11</p>	<p>Transaction ID: SB23.13840 Date of Disbursement 10 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JILL DERBY FOR CONGRESS</p> <p>Mailing Address PO BOX 1901</p> <p>City Minden State NV Zip Code 89423</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name JILL DERBY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 02</p>	<p>Transaction ID: SB23.13863 Date of Disbursement 10 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Judy Feder for Congress</p> <p>Mailing Address 1514 HARDWOOD LANE</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Judy Feder for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 10</p>	<p>Transaction ID: SB23.13881 Date of Disbursement 10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name KAGEN 4 CONGRESS Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2006 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼</p> <p>State: WI District: 08</p>	<p>Transaction ID: SB23.13858 Date of Disbursement: 10 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) KILROY FOR CONGRESS</p> <p>Mailing Address 550 E. Walnut Street Ste 305</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name KILROY FOR CONGRESS Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2006 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 15</p>	<p>Transaction ID: SB23.13860 Date of Disbursement: 10 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS</p> <p>Mailing Address P.O. Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name KISSELL FOR CONGRESS Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2006 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 08</p>	<p>Transaction ID: SB23.13845 Date of Disbursement: 10 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) KLOBUCHAR FOR MINNESOTA <hr/> Mailing Address PO BOX 4146 PO BOX 4146 <hr/> City ST PAUL State MN Zip Code 55104 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name KLOBUCHAR FOR MINNESOTA Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 00	Transaction ID: SB23.13825 Date of Disbursement 10 / 05 / 2006 <hr/> Amount of Each Disbursement this Period 2000.00	
	B. Full Name (Last, First, Middle Initial) LAMPSON FOR CONGRESS <hr/> Mailing Address P.O. Box 58606 <hr/> City Houston State TX Zip Code 77258 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name LAMPSON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 22	Transaction ID: SB23.13883 Date of Disbursement 10 / 31 / 2006 <hr/> Amount of Each Disbursement this Period 1000.00
	C. Full Name (Last, First, Middle Initial) LOIS MURPHY FOR CONGRESS <hr/> Mailing Address P.O. Box 312 <hr/> City Narberth State PA Zip Code 19072 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name LOIS MURPHY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06	Transaction ID: SB23.13843 Date of Disbursement 10 / 24 / 2006 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**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)

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MCCASKILL FOR MISSOURI <hr/> Mailing Address PO BOX 6771 <hr/> City ST LOUIS State MO Zip Code 63144 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name MCCASKILL FOR MISSOURI <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13837 Date of Disbursement 10 / 20 / 2006 <hr/> Amount of Each Disbursement this Period 1500.00	
	B. Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS <hr/> Mailing Address 6520 Village Parkway Second Floor <hr/> City Dublin State CA Zip Code 94568 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name MCNERNEY FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13847 Date of Disbursement 10 / 25 / 2006 <hr/> Amount of Each Disbursement this Period 500.00
	C. Full Name (Last, First, Middle Initial) MEJIAS FOR CONGRESS <hr/> Mailing Address 124 SUNRISE DRIVE <hr/> City N MASSAPEQUA State NY Zip Code 11758 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name MEJIAS FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13884 Date of Disbursement 10 / 31 / 2006 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE	Transaction ID: SB23.13828 Date of Disbursement
	Mailing Address P.O. Box 848	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Union City State NJ Zip Code 07087	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name MENENDEZ FOR SENATE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PEDERSON 2006	Transaction ID: SB23.13831 Date of Disbursement
	Mailing Address PO BOX 34144	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City PHOENIX State AZ Zip Code 85067	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name PEDERSON 2006	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS	Transaction ID: SB23.13850 Date of Disbursement
	Mailing Address 3440 Youngfield Street #264	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Wheat Ridge State CO Zip Code 80033	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name PERLMUTTER FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Phyllis Busansky For Congress	Transaction ID: SB23.13876 Date of Disbursement 10 / 31 / 2006
	Mailing Address 3611 SCHEFFLERA ROAD	Amount of Each Disbursement this Period 500.00
	City Tampa State FL Zip Code 33618	
	Purpose of Disbursement Contribution Candidate Name Phyllis Busansky For Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) SPIVACK FOR CONGRESS	Transaction ID: SB23.13852 Date of Disbursement 10 / 25 / 2006
	Mailing Address PO BOX 7957	Amount of Each Disbursement this Period 1000.00
	City WILMINGTON State DE Zip Code 19803	
	Purpose of Disbursement Contribution Candidate Name SPIVACK FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE	Transaction ID: SB23.13830 Date of Disbursement 10 / 05 / 2006
	Mailing Address PO BOX 4945	Amount of Each Disbursement this Period 1000.00
	City EAST LANSING State MI Zip Code 48826	
	Purpose of Disbursement Contribution Candidate Name STABENOW FOR US SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

**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 23 / 23

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

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NAME OF COMMITTEE (In Full)
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) LINDA MRS. STENDER	Transaction ID: SB23.13875 Date of Disbursement 10 / 31 / 2006
	Mailing Address 154 Herbert Avenue	Amount of Each Disbursement this Period 500.00
	City Fanwood State NJ Zip Code 07023	
	Purpose of Disbursement Candidate Name LINDA MRS. STENDER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	011 Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) JON TESTER	Transaction ID: SB23.13832 Date of Disbursement 10 / 05 / 2006
	Mailing Address 709 SON LANE PO BOX 1248	Amount of Each Disbursement this Period 2000.00
	City BIG SANDY State MT Zip Code 59520	
	Purpose of Disbursement Contribution Candidate Name JON TESTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	011 Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) WETTERLING, PATTY	Transaction ID: SB23.13865 Date of Disbursement 10 / 30 / 2006
	Mailing Address PO BOX 251473	Amount of Each Disbursement this Period 500.00
	City WOODBURY State MN Zip Code 55125	
	Purpose of Disbursement Contribution Candidate Name WETTERLING, PATTY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	011 Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

33500.00