

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
LATINO ALLIANCE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		61495.34
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	63491.18									
(c) Total Receipts (from Line 19)	40622.37	173343.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	104113.55	234839.25								
7. Total Disbursements (from Line 31)	46031.07	176756.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58082.48	58082.48								
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
LATINO ALLIANCE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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	10982.00	53092.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	18820.61	100758.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29802.61	153850.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29802.61	153850.09
12. Transfers From Affiliated/Other Party Committees	0.00	642.16
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)	1696.73	1984.27
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	9123.03	16867.39
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))	40622.37	173343.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40622.37	173343.91

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) 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.....	42531.07	156958.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	42531.07	156958.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	641.16
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	2500.00	11500.00
24. Independent Expenditure (use Schedule E)	0.00	6657.59
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.....	1000.00	1000.00
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))..	46031.07	176756.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46031.07	176756.77

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29802.61	153850.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29802.61	153850.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	42531.07	156958.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	1696.73	1984.27
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40834.34	154973.75

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

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

FOR LINE NUMBER: PAGE 6 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
LATINO ALLIANCE

A. Full Name (Last, First, Middle Initial)
Edward Adams

Mailing Address 1200 Mira Mar Ave Apt 204

City State Zip Code
Medford OR 97504

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2006

Transaction ID: SA11AI.9706

Amount of Each Receipt this Period
150.00

Contribution

B. Full Name (Last, First, Middle Initial)
Thomas Ashbrook

Mailing Address 2809 Punta Del Este Dr

City State Zip Code
Hacienda Heights CA 91745

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: SA11AI.9196

Amount of Each Receipt this Period
50.00

Contribution

C. Full Name (Last, First, Middle Initial)
George Benesch

Mailing Address PO Box 1558

City State Zip Code
Anchorage AK 99510

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1765.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2006

Transaction ID: SA11AI.8934

Amount of Each Receipt this Period
20.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 220.00

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 / 51
(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Eugene Berlew

Mailing Address 9935 3rd Ave

City State Zip Code
Brooklyn NY 11209

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
09 / 18 / 2006

Transaction ID: SA11AI.9667

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Vern Boe

Mailing Address 1233 Kirmar PI

City State Zip Code
Oceanside CA 92054

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
07 / 12 / 2006

Transaction ID: SA11AI.8816

Amount of Each Receipt this Period
300.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Vern Boe

Mailing Address 1233 Kirmar PI

City State Zip Code
Oceanside CA 92054

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt MM / DD / YYYY
09 / 15 / 2006

Transaction ID: SA11AI.9637

Amount of Each Receipt this Period
25.00

Contribution

SUBTOTAL of Receipts This Page (optional)	575.00
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 8 / 51

(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Glen Booton

Mailing Address 5860 Resik Dr

City State Zip Code
Dayton OH 45424

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: SA11AI.9626

Amount of Each Receipt this Period

150.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Gregory Boxold

Mailing Address 838 Kaahue Street

City State Zip Code
Honolulu HI 96825

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: SA11AI.9705

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)
David Brittain

Mailing Address 5270 Hoag Lane

City State Zip Code
Fayetteville NY 13066

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

Name of Employer Information Requested Occupation Information Requested
Health Systems Management Health

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: SA11AI.9535

Amount of Each Receipt this Period

200.00

Contribution

SUBTOTAL of Receipts This Page (optional)

450.00

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 9 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) David Burrows	Date of Receipt MM / DD / YYYY 08 / 21 / 2006
	Mailing Address 2301 Stanley Ave SE	Transaction ID: SA11AI.9424
	City State Zip Code Roanoke VA 24014	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

B.	Full Name (Last, First, Middle Initial) Charles Clinton	Date of Receipt MM / DD / YYYY 08 / 25 / 2006
	Mailing Address 5103 Morningside Dr	Transaction ID: SA11AI.4621
	City State Zip Code Pittsburgh PA 15236	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Contribution
	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 ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Charles Clinton	Date of Receipt MM / DD / YYYY 09 / 11 / 2006
	Mailing Address 5103 Morningside Dr	Transaction ID: SA11AI.4623
	City State Zip Code Pittsburgh PA 15236	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Contribution
	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 ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	105.00
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 10 / 51
(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Thomas Clinton

Mailing Address 509 Urban Ave

City State Zip Code
Sidney OH 45365

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: SA11AI.9300

Amount of Each Receipt this Period
100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Thomas Clinton

Mailing Address 509 Urban Ave

City State Zip Code
Sidney OH 45365

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: SA11AI.9455

Amount of Each Receipt this Period
100.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Robert Coats

Mailing Address 4211 Garibaldi Ave

City State Zip Code
Jacksonville FL 32210

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2006

Transaction ID: SA11AI.8892

Amount of Each Receipt this Period
25.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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 11 / 51
(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Robert Coats

Mailing Address 4211 Garibaldi Ave

City State Zip Code
Jacksonville FL 32210

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2006

Transaction ID: SA11AI.9438

Amount of Each Receipt this Period
25.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Robert Coats

Mailing Address 4211 Garibaldi Ave

City State Zip Code
Jacksonville FL 32210

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: SA11AI.9489

Amount of Each Receipt this Period
35.00

Contribution

C.

Full Name (Last, First, Middle Initial)
George Coffin

Mailing Address 1108 W Bay Ave

City State Zip Code
Newport Beach CA 92661

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2006

Transaction ID: SA11AI.8785

Amount of Each Receipt this Period
30.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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 12 / 51
(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Solomon Cook

Mailing Address 303 State Route 37

City State Zip Code
Hogansburg NY 13655

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: SA11AI.9552

Amount of Each Receipt this Period
150.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Jeffrey Cooke

Mailing Address 1656 Stone Canyon Dr

City State Zip Code
Roseville CA 95661

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2006

Transaction ID: SA11AI.8770

Amount of Each Receipt this Period
300.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Lester Doremire

Mailing Address RR 1 Box 138

City State Zip Code
Chalmers IN 47929

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2006

Transaction ID: SA11AI.8970

Amount of Each Receipt this Period
35.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **485.00**

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 13 / 51
(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
George Eidem

Mailing Address 1015 4th Ave Northwest

City State Zip Code
Rochester MN 55901

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: SA11AI.9195

Amount of Each Receipt this Period
25.00

Contribution

B.

Full Name (Last, First, Middle Initial)
George Eidem

Mailing Address 1015 4th Ave Northwest

City State Zip Code
Rochester MN 55901

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: SA11AI.9454

Amount of Each Receipt this Period
25.00

Contribution

C.

Full Name (Last, First, Middle Initial)
George Eidem

Mailing Address 1015 4th Ave Northwest

City State Zip Code
Rochester MN 55901

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: SA11AI.9540

Amount of Each Receipt this Period
30.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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 14 / 51
(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
John Fehsenfeld

Mailing Address PO Box 15567

City State Zip Code
Las Vegas NV 89114

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.4632

Amount of Each Receipt this Period
50.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Paul France

Mailing Address 12515 W Brandywine Dr

City State Zip Code
Sun City W AZ 85375

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA11AI.9210

Amount of Each Receipt this Period
20.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Mary Garcia

Mailing Address 9930 Scribner Ave

City State Zip Code
Whittier CA 90605

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.9575

Amount of Each Receipt this Period
50.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 15 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

A. Full Name (Last, First, Middle Initial)
Phillip Goldrich
Mailing Address 19 Stuyvesant St
City New York State NY Zip Code 10003
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 864.00
Date of Receipt 07 / 31 / 2006
Transaction ID: SA11AI.10656
Amount of Each Receipt this Period 216.00
Contribution

B. Full Name (Last, First, Middle Initial)
Phillip Goldrich
Mailing Address 19 Stuyvesant St
City New York State NY Zip Code 10003
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 884.00
Date of Receipt 08 / 16 / 2006
Transaction ID: SA11AI.4619
Amount of Each Receipt this Period 20.00
Contribution

C. Full Name (Last, First, Middle Initial)
Phillip Goldrich
Mailing Address 19 Stuyvesant St
City New York State NY Zip Code 10003
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1084.00
Date of Receipt 09 / 18 / 2006
Transaction ID: SA11AI.9665
Amount of Each Receipt this Period 200.00
Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 436.00
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 16 / 51
(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Phillip Goldrich

Mailing Address 19 Stuyvesant St

City State Zip Code
New York NY 10003

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1134.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11AI.9676

Amount of Each Receipt this Period
50.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Phillip Goldrich

Mailing Address 19 Stuyvesant St

City State Zip Code
New York NY 10003

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1194.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: SA11AI.4639

Amount of Each Receipt this Period
60.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Phillip Goldrich

Mailing Address 19 Stuyvesant St

City State Zip Code
New York NY 10003

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1254.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: SA11AI.9690

Amount of Each Receipt this Period
60.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 170.00

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 17 / 51
(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Phillip Goldrich

Mailing Address 19 Stuyvesant St

City State Zip Code
New York NY 10003

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1314.00

Date of Receipt MM / DD / YYYY
09 / 25 / 2006

Transaction ID: SA11AI.9692

Amount of Each Receipt this Period 60.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Beth Gray

Mailing Address 2409 St Joseph St

City State Zip Code
Sulphur LA 70663

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 366.00

Date of Receipt MM / DD / YYYY
07 / 05 / 2006

Transaction ID: SA11AI.8787

Amount of Each Receipt this Period 75.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Beth Gray

Mailing Address 2409 St Joseph St

City State Zip Code
Sulphur LA 70663

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt MM / DD / YYYY
09 / 13 / 2006

Transaction ID: SA11AI.9558

Amount of Each Receipt this Period 75.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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 18 / 51
(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Anna Harrill

Mailing Address 1227 Wood Haven Road

City State Zip Code
Evergreen CO 80439

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: SA11AI.9579

Amount of Each Receipt this Period
200.00

Contribution

B.

Full Name (Last, First, Middle Initial)
John Hartford

Mailing Address 3644 Terra Granada Drive

City State Zip Code
Walnut Creek CA 94595

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: SA11AI.9521

Amount of Each Receipt this Period
100.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Jeffrey Held

Mailing Address 4119 Evergreen Drive

City State Zip Code
Fairfax VA 22032

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

Name of Employer Information Requested Occupation Information Requested
Watson Wyatt Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2006

Transaction ID: SA11AI.4778

Amount of Each Receipt this Period
200.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 19 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Roger Hoffman	Date of Receipt MM / DD / YYYY 09 / 25 / 2006
	Mailing Address 1612 S Golf Gln Unit F	Transaction ID: SA11AI.4747
	City State Zip Code Madison WI 53704	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Self Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Stella Hult	Date of Receipt MM / DD / YYYY 09 / 01 / 2006
	Mailing Address 10015 W Royal Oak Rd Apt 130	Transaction ID: SA11AI.9466
	City State Zip Code Sun City AZ 85351	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Information Requested Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

C.	Full Name (Last, First, Middle Initial) Robert Kahn	Date of Receipt MM / DD / YYYY 09 / 18 / 2006
	Mailing Address 1680 Hastings Mill Rd	Transaction ID: SA11AI.9663
	City State Zip Code Pittsburgh PA 15241	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Information Requested Occupation Information Requested	
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)	▶	455.00
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 20 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

A. Full Name (Last, First, Middle Initial)
Margaret Kuehl

Mailing Address N874 Pope Road

City State Zip Code
Waupaca WI 54981

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2006

Transaction ID: SA11AI.9643

Amount of Each Receipt this Period
200.00

Contribution

B. Full Name (Last, First, Middle Initial)
Francis Lehar

Mailing Address 11 Norwood Avenue

City State Zip Code
Manchester MA 01944

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2575.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: SA11AI.4631

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Marsha Loar

Mailing Address PO Box 122

City State Zip Code
Crescent City CA 95531

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: SA11AI.9556

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 21 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

A. Full Name (Last, First, Middle Initial)
Jean Masters
Mailing Address 1150 Oak Knoll Dr
City Lake Forest State IL Zip Code 60045
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00
Date of Receipt 07 / 10 / 2006
Transaction ID: SA11AI.4590
Amount of Each Receipt this Period 155.00
Contribution

B. Full Name (Last, First, Middle Initial)
George McClintock
Mailing Address 2905 Gulf Shore Blvd
City Naples State FL Zip Code 34103
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 09 / 27 / 2006
Transaction ID: SA11AI.9707
Amount of Each Receipt this Period 500.00
Contribution

C. Full Name (Last, First, Middle Initial)
E Meeker
Mailing Address 605 NE 70th St
City Gladstone State MO Zip Code 64118
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 08 / 03 / 2006
Transaction ID: SA11AI.8999
Amount of Each Receipt this Period 50.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 705.00
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 22 / 51
(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial) Marie Muiselaar		Date of Receipt MM / DD / YYYY 07 / 28 / 2006
Mailing Address 307 E Hollywood Avenue		Transaction ID: SA11AI.8862
City Wildwood	State NJ	Zip Code 08260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) Marie Muiselaar		Date of Receipt MM / DD / YYYY 09 / 13 / 2006
Mailing Address 307 E Hollywood Avenue		Transaction ID: SA11AI.9531
City Wildwood	State NJ	Zip Code 08260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.

Full Name (Last, First, Middle Initial) Charles Nickolaus		Date of Receipt MM / DD / YYYY 09 / 13 / 2006
Mailing Address 514 Wilson Pike		Transaction ID: SA11AI.4633
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.67	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

<p>A. Full Name (Last, First, Middle Initial) Richard Nowak</p> <p>Mailing Address 310 Oak Trail Dr</p> <p>City State Zip Code Lewisville TX 75077</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ellicord Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 820.00</p>	<p>Date of Receipt 09 / 13 / 2006</p> <p>Transaction ID: SA11AI.4134</p> <p>Amount of Each Receipt this Period 615.00</p> <p>Contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Lyle Pearson</p> <p>Mailing Address 404 Jefferson Avenue</p> <p>City State Zip Code North Mankato MN 56003</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 09 / 20 / 2006</p> <p>Transaction ID: SA11AI.4638</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Hugh Pierce</p> <p>Mailing Address PO Box 3209</p> <p>City State Zip Code Palm Beach FL 33480</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Information Requested Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 800.00</p>	<p>Date of Receipt 08 / 11 / 2006</p> <p>Transaction ID: SA11AI.9375</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	815.00
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 24 / 51
(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)
LATINO ALLIANCE

A. Full Name (Last, First, Middle Initial)
Hugh Pierce

Mailing Address PO Box 3209

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: SA11AI.9566

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Frank Ribelin

Mailing Address 1351 Ti Boulevard Suite 105

City State Zip Code
Richardson TX 75081

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

Name of Employer Information Requested Occupation Information Requested
Otra Vida Inc Art Dealer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: SA11AI.4248

Amount of Each Receipt this Period
1500.00

Contribution

C. Full Name (Last, First, Middle Initial)
William Roberts

Mailing Address 2307 S Forest Estates Dr

City State Zip Code
Spokane WA 99223

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2006

Transaction ID: SA11AI.8844

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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 25 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

A. Full Name (Last, First, Middle Initial)
Frank Sandel

Mailing Address PO Box 923

City State Zip Code
Big Lake TX 76932

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: SA11AI.9530

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Richard Shaw

Mailing Address 3920 Firdrona Dr NW

City State Zip Code
Gig Harbor WA 98332

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: SA11AI.9478

Amount of Each Receipt this Period
20.00

Contribution

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

Mailing Address PO Box 608

City State Zip Code
Ocean View NJ 08230

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: SA11AI.9636

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 420.00

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 26 / 51
(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)
LATINO ALLIANCE

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

Mailing Address 17835B N 102nd Drive

City State Zip Code
Sun City AZ 85373

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: SA11AI.4635

Amount of Each Receipt this Period
20.00

Contribution

B. Full Name (Last, First, Middle Initial)
Lucile Thompson

Mailing Address 838 B Avenue

City State Zip Code
Coronado CA 92118

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: SA11AI.4625

Amount of Each Receipt this Period
200.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ralph Thompson

Mailing Address 4800 Fillmore Ave Apt 751

City State Zip Code
Alexandria VA 22311

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
MM / DD / YYYY
09 / 29 / 2006

Transaction ID: SA11AI.9708

Amount of Each Receipt this Period
50.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **270.00**

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 27 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

A. Full Name (Last, First, Middle Initial)
James Townsend

Mailing Address 2938 Dimrill Stair

City manhattan State KS Zip Code 66503

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2006

Transaction ID: SA11AI.8859

Amount of Each Receipt this Period 250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mary Turner

Mailing Address 1209 Clearwater Dr

City Pocahontas State IA Zip Code 50574

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 466.00

Date of Receipt 08 / 03 / 2006

Transaction ID: SA11AI.8883

Amount of Each Receipt this Period 1.00

Contribution

C. Full Name (Last, First, Middle Initial)
Kenton Underwood

Mailing Address 106 Honeysuckle Dr

City Boalsburg State PA Zip Code 16827

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 03 / 2006

Transaction ID: SA11AI.4600

Amount of Each Receipt this Period 10.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **261.00**

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 28 / 51

(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
William Urban

Mailing Address 29110 Hansville Road Northeast

City State Zip Code
Kingston WA 98346

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.9568

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Howard Vedell

Mailing Address 5608 89th Ave W

City State Zip Code
University Place WA 98467

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 6

Transaction ID: SA11AI.8853

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Howard Vedell

Mailing Address 5608 89th Ave W

City State Zip Code
University Place WA 98467

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11AI.9671

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

350.00

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 29 / 51

(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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Jacques Vinmont

Mailing Address 21 Aspen Court Quail Run

City State Zip Code
Boynton Beach FL 33436

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.4627

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Leroy Weber

Mailing Address 909 Flores Way

City State Zip Code
Rio Vista CA 94571

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.9571

Amount of Each Receipt this Period

200.00

Contribution

C.

Full Name (Last, First, Middle Initial)
John Welles

Mailing Address 4110 United Church Dr

City State Zip Code
Indianapolis IN 46237

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.9601

Amount of Each Receipt this Period

250.00

Contribution

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: PAGE 30 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

A. Full Name (Last, First, Middle Initial)
Annie Wilson
Mailing Address 254 Norman Dr
City Cranberry Twp State PA Zip Code 16066
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1150.00
Date of Receipt 07 / 10 / 2006
Transaction ID: SA11AI.4591
Amount of Each Receipt this Period 300.00
Contribution

B. Full Name (Last, First, Middle Initial)
Sarah Wilson
Mailing Address 715 Renaissance Drive Apt 205
City Williamsville State NY Zip Code 14221
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Housewife
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt 09 / 13 / 2006
Transaction ID: SA11AI.4745
Amount of Each Receipt this Period 100.00
Contribution

C. Full Name (Last, First, Middle Initial)
Burton Wright
Mailing Address 195 Summer Street
City Lanesboro State MA Zip Code 01237
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 13 / 2006
Transaction ID: SA11AI.9561
Amount of Each Receipt this Period 100.00
Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
TOTAL This Period (last page this line number only) ▶ 10982.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 31 / 51	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) LATINO ALLIANCE
--

A.	Full Name (Last, First, Middle Initial) Paychex	Date of Receipt
	Mailing Address 100 Painters Mill Rd	<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
	City State Zip Code Owings Mills MD 21117	Transaction ID: SA15.10635
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="1696.73"/>
	Name of Employer Occupation	Offsets to Operating Expenditure
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1984.27"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1696.73"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1696.73"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 51
(check only one)

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

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
RMLC

Mailing Address 11951 Freedom Drive
Suite 1120

City Reston State VA Zip Code 20190

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 9994.95

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

Transaction ID: SA17.10643

Amount of Each Receipt this Period 3408.42

List Rental Income

B.

Full Name (Last, First, Middle Initial)
RMLC

Mailing Address 11951 Freedom Drive
Suite 1120

City Reston State VA Zip Code 20190

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 11970.70

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

Transaction ID: SA17.10644

Amount of Each Receipt this Period 1975.75

List Rental Income

C.

Full Name (Last, First, Middle Initial)
RMLC

Mailing Address 11951 Freedom Drive
Suite 1120

City Reston State VA Zip Code 20190

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15709.56

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 0 6

Transaction ID: SA17.10645

Amount of Each Receipt this Period 3738.86

List Rental Income

SUBTOTAL of Receipts This Page (optional) ► 9123.03

TOTAL This Period (last page this line number only) ► 9123.03

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 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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Advanced Mailing	Transaction ID: SB21B.10794 Date of Disbursement
	Mailing Address 14790 Farm Creek Drive	<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
	City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
	Purpose of Disbursement LA Fundraising Candidate Name	<input type="text" value="1799.68"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Advanced Mailing	Transaction ID: SB21B.10796 Date of Disbursement
	Mailing Address 14790 Farm Creek Drive	<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
	City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
	Purpose of Disbursement LA Fundraising Candidate Name	<input type="text" value="1130.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Advanced Mailing	Transaction ID: SB21B.10811 Date of Disbursement
	Mailing Address 14790 Farm Creek Drive	<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
	City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
	Purpose of Disbursement LA Fundraising Candidate Name	<input type="text" value="1029.29"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3958.97"/>
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)

PAGE 34 / 51

<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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Caplin & Drysdale <hr/> Mailing Address 1 Thomas Cir NW Ste 1100 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement LA Legal Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10828 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2006 <hr/> Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Cashbox Lcc <hr/> Mailing Address 550 Highland St Suite 403 <hr/> City Frederick State MD Zip Code 21701 <hr/> Purpose of Disbursement LA Fundraising Caging Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10806 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2006 <hr/> Amount of Each Disbursement this Period 730.75
C.	Full Name (Last, First, Middle Initial) Cashbox Lcc <hr/> Mailing Address 550 Highland St Suite 403 <hr/> City Frederick State MD Zip Code 21701 <hr/> Purpose of Disbursement LA Fundraising Caging Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10826 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006 <hr/> Amount of Each Disbursement this Period 383.39

SUBTOTAL of Disbursements This Page (optional) ▶

3614.14

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 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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Cashbox Lcc Mailing Address 550 Highland St Suite 403 City Frederick State MD Zip Code 21701 Purpose of Disbursement Cash Adjustment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10917 Date of Disbursement 09 / 30 / 2006	Amount of Each Disbursement this Period 858.16
B.	Full Name (Last, First, Middle Initial) Credit Card Processi Mailing Address 550 Highland St Ste 403 City Frederick State MD Zip Code 21701 Purpose of Disbursement LA Fundraising Credit Card Processi Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10813 Date of Disbursement 08 / 15 / 2006	Amount of Each Disbursement this Period 1314.00
C.	Full Name (Last, First, Middle Initial) Joy Dingler Mailing Address 4478 Oakdale Crescent Ct Apt 536 City Fairfax State VA Zip Code 22030 Purpose of Disbursement Reimbursement For August Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10816 Date of Disbursement 08 / 28 / 2006	Amount of Each Disbursement this Period 225.77

SUBTOTAL of Disbursements This Page (optional) ▶

2397.93

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 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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Direct Concepts	Transaction ID: SB21B.10795 Date of Disbursement
	Mailing Address 44084 Riverside Pkwy Ste 350	<input type="text" value="07"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Leesburg State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement LA Fundraising	<input type="text" value="450.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Direct Concepts	Transaction ID: SB21B.10825 Date of Disbursement
	Mailing Address 44084 Riverside Pkwy Ste 350	<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Leesburg State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement LA Fundraising	<input type="text" value="975.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) M&T Bank	Transaction ID: SB21B.10790 Date of Disbursement
	Mailing Address 25 S. Charles St	<input type="text" value="07"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Baltimore State MD Zip Code 21201	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Fee	<input type="text" value="1.60"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1426.60"/>
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 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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) M&T Bank	Transaction ID: SB21B.10822
	Mailing Address 25 S. Charles St	Date of Disbursement 09 / 12 / 2006
	City Baltimore State MD Zip Code 21201	Amount of Each Disbursement this Period 16.22
	Purpose of Disbursement Bank Service Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nova Information Systems	Transaction ID: SB21B.10788
	Mailing Address 1970 Chain Bridge Road 8th Floor S. Tower	Date of Disbursement 07 / 03 / 2006
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period 36.50
	Purpose of Disbursement Cc Processing Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nova Information Systems	Transaction ID: SB21B.10801
	Mailing Address 1970 Chain Bridge Road 8th Floor S. Tower	Date of Disbursement 08 / 01 / 2006
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period 36.50
	Purpose of Disbursement Cc Processing Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	89.22
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 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

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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Nova Information Systems Mailing Address 1970 Chain Bridge Road 8th Floor S. Tower City Mclean State VA Zip Code 22102 Purpose of Disbursement Cc Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10820 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	Amount of Each Disbursement this Period 36.50
B.	Full Name (Last, First, Middle Initial) Patriot Data Service Mailing Address 11951 Freedom Drive Suite 1120 City Reston State VA Zip Code 20190 Purpose of Disbursement LA Fundraising - Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10815 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6	Amount of Each Disbursement this Period 1620.00
C.	Full Name (Last, First, Middle Initial) Paychex Mailing Address 100 Painters Mill Rd City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Payroll Invoice Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10789 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	Amount of Each Disbursement this Period 157.78

SUBTOTAL of Disbursements This Page (optional) ▶

1814.28

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 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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.10798 Date of Disbursement
	Mailing Address 100 Painters Mill Rd	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll - See Below	<input type="text" value="534.05"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Christopher Gersten	Transaction ID: SB21B.10798.0 Date of Disbursement
	Mailing Address 38172 Lost Lane	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
	City Purcellville State VA Zip Code 20132	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="264.92"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Rudy Gersten	Transaction ID: SB21B.10798.1 Date of Disbursement
	Mailing Address 12 Dudley Ct	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
	City Bethesda State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="269.13"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="534.05"/>
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 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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.10799
	Mailing Address 100 Painters Mill Rd	Date of Disbursement 08 / 01 / 2006
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period 2939.16
	Purpose of Disbursement Payroll Taxes Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.10809
	Mailing Address 100 Painters Mill Rd	Date of Disbursement 08 / 10 / 2006
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period 78.89
	Purpose of Disbursement Payroll Invoice Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.10818
	Mailing Address 100 Painters Mill Rd	Date of Disbursement 08 / 31 / 2006
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period 269.13
	Purpose of Disbursement Payroll - See Below Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	3287.18
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 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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Rudy Gersten Mailing Address 12 Dudley Ct City Bethesda State MD Zip Code 20814 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10818.0 Date of Disbursement 08 / 31 / 2006 Amount of Each Disbursement this Period 269.13 [MEMO ITEM]	
B.	Full Name (Last, First, Middle Initial) Paychex Mailing Address 100 Painters Mill Rd City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10819 Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 2755.54	
C.	Full Name (Last, First, Middle Initial) Paychex Mailing Address 100 Painters Mill Rd City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Payroll Invoice Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10821 Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 83.72	

SUBTOTAL of Disbursements This Page (optional) ▶

2839.26

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 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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.10830 Date of Disbursement
	Mailing Address 100 Painters Mill Rd	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll - See Below	<input type="text" value="1003.65"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rudy Gersten	Transaction ID: SB21B.10830.0 Date of Disbursement
	Mailing Address 12 Dudley Ct	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
	City Bethesda State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="269.13"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joy Dingler	Transaction ID: SB21B.10830.1 Date of Disbursement
	Mailing Address 4478 Oakdale Crescent Ct Apt 536	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="269.13"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1003.65"/>
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 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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Richard Norman Company

Transaction ID: SB21B.10793

Date of Disbursement

Mailing Address 11951 Freedom Drive

/ /

City Reston State VA Zip Code 20190

Amount of Each Disbursement this Period

Purpose of Disbursement
LA Fundraising

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Richard Norman Company

Transaction ID: SB21B.10824

Date of Disbursement

Mailing Address 11951 Freedom Drive

/ /

City Reston State VA Zip Code 20190

Amount of Each Disbursement this Period

Purpose of Disbursement
LA Fundraising

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
RMLC

Transaction ID: SB21B.10805

Date of Disbursement

Mailing Address 11951 Freedom Drive
Suite 1120

/ /

City Reston State VA Zip Code 20190

Amount of Each Disbursement this Period

Purpose of Disbursement
LA Fundraising Direct Mail

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

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 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)
LATINO ALLIANCE

<p>A. Full Name (Last, First, Middle Initial) TRS Direct</p> <p>Mailing Address 148 Graves Mill Rd</p> <p>City Lynchburg State VA Zip Code 24502</p> <p>Purpose of Disbursement LA Fundraising Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10802</p> <p>Date of Disbursement 08 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 5388.46</p> <p>003 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) TRS Direct</p> <p>Mailing Address 148 Graves Mill Rd</p> <p>City Lynchburg State VA Zip Code 24502</p> <p>Purpose of Disbursement LA Fundraising Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10814</p> <p>Date of Disbursement 08 / 16 / 2006</p> <p>Amount of Each Disbursement this Period 1068.00</p> <p>003 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) TRS Direct</p> <p>Mailing Address 148 Graves Mill Rd</p> <p>City Lynchburg State VA Zip Code 24502</p> <p>Purpose of Disbursement LA Fundraising Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10829</p> <p>Date of Disbursement 09 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 1905.00</p> <p>003 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)	8361.46
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 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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB21B.10792 Date of Disbursement
	Mailing Address Potomac Falls Post Office	<input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Sterling, State VA Zip Code 20165	Amount of Each Disbursement this Period
	Purpose of Disbursement LA Fundraising Candidate Name	<input type="text" value="434.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB21B.10817 Date of Disbursement
	Mailing Address Potomac Falls Post Office	<input type="text" value="08"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Sterling, State VA Zip Code 20165	Amount of Each Disbursement this Period
	Purpose of Disbursement Po Box Rental Candidate Name	<input type="text" value="40.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Valley Press	Transaction ID: SB21B.10797 Date of Disbursement
	Mailing Address 17 Warren Rd Ste 25A	<input type="text" value="07"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Pikesville, State MD Zip Code 21208	Amount of Each Disbursement this Period
	Purpose of Disbursement LA Fundraising Direct Mail Candidate Name	<input type="text" value="670.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1144.00"/>
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)

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<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)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Wachovia Bank, Na	Transaction ID: SB21B.10807 Date of Disbursement																			
	Mailing Address P.o. Box 563966	<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>0</td><td>8</td><td></td><td>0</td><td>8</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	0	8		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	8		2	0	0	6												
	City Charlotte State NC Zip Code 28262	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Overdraft Fee	<table border="1"><tr><td>35.00</td></tr></table>	35.00																		
35.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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:																				

B.	Full Name (Last, First, Middle Initial) Wachovia Bank, Na	Transaction ID: SB21B.10808 Date of Disbursement																			
	Mailing Address P.o. Box 563966	<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>0</td><td>8</td><td></td><td>0</td><td>9</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	0	8		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	0	6												
	City Charlotte State NC Zip Code 28262	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Fee	<table border="1"><tr><td>27.00</td></tr></table>	27.00																		
27.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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:																				

C.	Full Name (Last, First, Middle Initial) Wachovia Bank, Na	Transaction ID: SB21B.10810 Date of Disbursement																			
	Mailing Address P.o. Box 563966	<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>0</td><td>8</td><td></td><td>1</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	0	8		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	0	6												
	City Charlotte State NC Zip Code 28262	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Overdraft Fee	<table border="1"><tr><td>35.00</td></tr></table>	35.00																		
35.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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)	<table border="1"><tr><td>97.00</td></tr></table>	97.00
97.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 47 / 51

<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

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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
Wachovia Bank, Na

Transaction ID: SB21B.10823
Date of Disbursement

Mailing Address P.o. Box 563966

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	6

City State Zip Code
Charlotte NC 28262

Amount of Each Disbursement this Period

33.59

Purpose of Disbursement
Bank Service Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

33.59

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

42364.07

**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 48 / 51

<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)
LATINO ALLIANCE

A.

Full Name (Last, First, Middle Initial)
GREEN PARTY OF LUZERNE COUNTY PA

Mailing Address 308 SPRING ST

City State Zip Code
HANOVER TWP PA 18706

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.10878

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

2500.00

**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)

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<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LATINO ALLIANCE

A.	Full Name (Last, First, Middle Initial) Friends of Andy Smarick			Transaction ID: SB29.10892	
	Mailing Address 1290 Bay Dale Drive Suite 152			Date of Disbursement 07 / 26 / 2006	
	City Arnold	State MD	Zip Code 21012	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution to State/Local Candidate		011		
	Candidate Name		Category/ Type		
	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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

Form/Schedule: **F3XA**

Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21(b) were made on behalf of any specifically identified federal candidate; 2) No expenditures disclosed on Schedule B, Line 21(b) constituted in-kind contributions or independent expenditures as defined under 11 CFR 100.26, 106.6(b)(2)(i), and 100.22; 3) The Committee requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is corrected in the next regularly filed report.

Form/Schedule: **SA17**

Transaction ID: **SA17.10643**

This receipt was paid for a mailing list supplied by the Committee at the usual and normal charge for which it would have been purchased in the market at the time of the transaction.

Image# 28931514415

Form/Schedule: **SA17** This receipt was paid for a mailing list supplied by the Committee at the usual and normal charge for which it
Transaction ID: **SA17.10644** would have been purchased in the market at the time of the transaction.

Form/Schedule: **SA17** This receipt was paid for a mailing list supplied by the Committee at the usual and normal charge for which it
Transaction ID: **SA17.10645** would have been purchased in the market at the time of the transaction.
