

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
TerriPAC

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 | | 13130.12 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 7970.76 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 37651.45 | 51906.78 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 45622.21 | 65036.90 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 26298.72 | 45713.41 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 19323.49 | 19323.49 | | | | | | | | |
| 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
TerriPAC

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 | 16750.00 | 16750.00 |
| (i) Itemized (use Schedule A) | 20901.45 | 35156.78 |
| (ii) Unitemized | 37651.45 | 51906.78 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 37651.45 | 51906.78 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 37651.45 | 51906.78 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 37651.45 | 51906.78 |

DETAILED SUMMARY PAGE

of Disbursements

| 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..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 7500.00 | 7500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 18798.72 | 38213.41 |
| 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)).. | 26298.72 | 45713.41 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 26298.72 | 45713.41 |

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) | 37651.45 | 51906.78 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 37651.45 | 51906.78 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 24 |
| | <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 |

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)
TerriPAC

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ron Ansin | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006 | |
| Mailing Address 132 Littleton Rd. | | Transaction ID: SA11A1.4107 | |
| City State Zip Code Harvard MA 01451 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Business Owner | Aggregate Year-to-Date ▼ 5000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Gini Barrett | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2006 | |
| Mailing Address 1499 Marion Ave. | | Transaction ID: SA11A1.4136 | |
| City State Zip Code Devore CA 92407 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Western University College Occupation Professor | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Joel Bergsman | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2006 | |
| Mailing Address 7360 Stone Ct. | | Transaction ID: SA11A1.4146 | |
| City State Zip Code St. Loeonara MD 20685 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer n/a Occupation retired | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 24 |
| | <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)
TerriPAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Karen Bryant | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 | |
| Mailing Address 1285 Poker Flat Pl. | | Transaction ID: SA11A1.4109 | |
| City State Zip Code San Jose CA 95120 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Best Efforts | Occupation Best Efforts | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Paul Crothers | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 | |
| Mailing Address 4567 Diaz Dr. | | Transaction ID: SA11A1.4142 | |
| City State Zip Code Fremont CA 34536 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer PC Partners | Occupation Engineer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jacqueline Gabay | | Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006 | |
| Mailing Address 11 Westminster Pl. | | Transaction ID: SA11A1.4103 | |
| City State Zip Code Old Tappan NJ 07675 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Best Efforts | Occupation Best Efforts | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 24 |
| | <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)
TerriPAC

A. Full Name (Last, First, Middle Initial)
Stockton Gaines

Mailing Address 17039 Avenue de Santa Ynez

City State Zip Code
Pacific Palisades CA 90272

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

Name of Employer self Occupation
self Real Estate Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2006

Transaction ID: SA11A1.4114

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jonan Gelbach

Mailing Address 706 Shell St.

City State Zip Code
Tallahassee FL 32303

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

Name of Employer FSU Occupation
FSU Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.4128

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kenneth Gorelick

Mailing Address 1 Mapelwood Dr.

City State Zip Code
Newton Square PA 19073

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

Name of Employer self Occupation
self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2006

Transaction ID: SA11A1.4148

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 24 |
| | <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)
TerriPAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Gregory Gosbee | | Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006 |
| Mailing Address 1429 Eagles Nest Ln | | Transaction ID: SA11A1.4144 |
| City State Zip Code Monroeville PA 15146 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Best Efforts | Occupation Nuclear Engineer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. DeWitt Gravink | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 |
| Mailing Address 1122 Edwards St. | | Transaction ID: SA11A1.4132 |
| City State Zip Code Houston TX 77007 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self | Occupation real estate investments | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Donna Harvey | | Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006 |
| Mailing Address 7414 Van Dyke Rd. | | Transaction ID: SA11A1.4130 |
| City State Zip Code Odessa FL 33556 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 24 |
| | <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)
TerriPAC

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Victoria Hill | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 | |
| Mailing Address 22618 Locust Way | | Transaction ID: SA11A1.4134 | |
| City State Zip Code Brier WA 98036 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer HC Health | Occupation nurse | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. James Hillhouse | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 | |
| Mailing Address 1901 McCall Rd. | | Transaction ID: SA11A1.4101 | |
| City State Zip Code Austin TX 78703 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer JD House | Occupation Engineer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Richard Hirsh | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 | |
| Mailing Address 100 West 57 St. 20H | | Transaction ID: SA11A1.4116 | |
| City State Zip Code New York NY 10019 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Best Efforts | Occupation Best Efforts | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 24 |
| | <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)
TerriPAC

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Ed Hogdemaker | | Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006 | |
| Mailing Address Best Efforts | | Transaction ID: SA11A1.4105 | |
| City State Zip Code | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Best Efforts | Occupation Best Efforts | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Ferdinand Massari | | Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006 | |
| Mailing Address 268 E. Falkill Rd. | | Transaction ID: SA11A1.4152 | |
| City State Zip Code Hyde Park NY 12538 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Best Efforts | Occupation Best Efforts | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Donovan Moore | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 | |
| Mailing Address 170 Columbia Hts. | | Transaction ID: SA11A1.4118 | |
| City State Zip Code Brooklyn NY 11201 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 24 |
| | <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)
TerriPAC

A. Full Name (Last, First, Middle Initial)
Thomas Oliver

Mailing Address PO Box 1205

City State Zip Code
Boca Grande FL 33921

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2006

Transaction ID: SA11A1.4111

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Michelle Rhea

Mailing Address 355 Malaga Dr.

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Self Writer, Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2006

Transaction ID: SA11A1.4150

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Ken Saxon

Mailing Address 270 Santa Rosa Ln.

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Farm Capitol Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2006

Transaction ID: SA11A1.4126

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 24 |
| | <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)
TerriPAC

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Thomas Schelat | | Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006 | |
| Mailing Address 2160 N. Pantops Dr. | | Transaction ID: SA11A1.4138 | |
| City Charlottesville | State VA | Zip Code 22911 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Best Efforts | Occupation Best Efforts | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Hugh Thompson | | Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006 | |
| Mailing Address 1050 Cherokee St. 401 | | Transaction ID: SA11A1.4120 | |
| City Denver | State CO | Zip Code 80204 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Deborah Wallace | | Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006 | |
| Mailing Address 1036 Borden Dr. | | Transaction ID: SA11A1.4140 | |
| City Roselle | State IL | Zip Code 60172 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Rush University | Occupation Therapist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 14 / 24 | |
| | (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"/> 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)
TerriPAC

A. Full Name (Last, First, Middle Initial)
Merrill Wright

Mailing Address 1526 Lakeside Ave. S.

City State Zip Code
Seattle WA 98144

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

Name of Employer self Occupation
self investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.4154

Amount of Each Receipt this Period
500.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 16750.00 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 24

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
TerriPAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Brad Miller for Congress | | Transaction ID: SB23.4173 Date of Disbursement 09 / 13 / 2006 |
| Mailing Address PO Box 10322 | | Amount of Each Disbursement this Period 2500.00 |
| City Raleigh | State NC | |
| Zip Code 27605 | | |
| Purpose of Disbursement 011 Category/Type | | |
| Candidate Name Miller for Congress | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NC District: 13 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Cranley for Congress | | Transaction ID: SB23.4163 Date of Disbursement 09 / 13 / 2006 |
| Mailing Address 3621 Harrison Ave. | | Amount of Each Disbursement this Period 1000.00 |
| City Cincinnati | State OH | |
| Zip Code 45211 | | |
| Purpose of Disbursement 011 Category/Type | | |
| Candidate Name Cranley for Congress | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OH District: 1 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Massa for Congress | | Transaction ID: SB23.4166 Date of Disbursement 09 / 13 / 2006 |
| Mailing Address 60 East Market St. 244 | | Amount of Each Disbursement this Period 1000.00 |
| City Corning | State NY | |
| Zip Code 14830 | | |
| Purpose of Disbursement 011 Category/Type | | |
| Candidate Name Massa for Congress | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NY District: 29 | | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TerriPAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Patrick Murphy for Congress | | Transaction ID: SB23.4169 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 7500 Bristol Pike | | Amount of Each Disbursement this Period 1000.00 |
| City Levittown State PA Zip Code 19057 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Patrick Murphy for Congress | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Shays for Congress | | Transaction ID: SB23.4160 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 98 East Ave. | | Amount of Each Disbursement this Period 1000.00 |
| City Norwalk State CT Zip Code 06851 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Chris Shays | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Stender for Congress | | Transaction ID: SB23.4171 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 211 Park Ave. | | Amount of Each Disbursement this Period 1000.00 |
| City Scotch Plains State NJ Zip Code 07076 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Stender for Congress | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | 7500.00 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 24

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
TerriPAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Bank of America | | Transaction ID: SB29.4200 Date of Disbursement |
| Mailing Address 5000 Biscayne Blvd. | | <input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2006"/> |
| City Miami | State FL | Zip Code 33137 |
| Purpose of Disbursement Fees | <input type="text" value="10.00"/> | |
| Candidate Name | <input type="text" value="001"/> 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: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Bank of America | | Transaction ID: SB29.4198 Date of Disbursement |
| Mailing Address 5000 Biscayne Blvd. | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/> |
| City Miami | State FL | Zip Code 33137 |
| Purpose of Disbursement Fees | <input type="text" value="0.08"/> | |
| Candidate Name | <input type="text" value="001"/> 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: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Bank of America | | Transaction ID: SB29.4201 Date of Disbursement |
| Mailing Address 5000 Biscayne Blvd. | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/> |
| City Miami | State FL | Zip Code 33137 |
| Purpose of Disbursement Fees | <input type="text" value="16.00"/> | |
| Candidate Name | <input type="text" value="001"/> 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) | <input type="text" value="26.08"/> |
| 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 18 / 24

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
TerriPAC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Frederick Polls | | Transaction ID: SB29.4202 Date of Disbursement 08 / 28 / 2006 |
| Mailing Address 2101 Wilson Blvd. 104 | | Amount of Each Disbursement this Period 3456.50 |
| City Arlington State VA Zip Code 22201 | Purpose of Disbursement polling 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) ▼ | Category/Type 005 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Indigo Design | | Transaction ID: SB29.4190 Date of Disbursement 07 / 18 / 2006 |
| Mailing Address PO Box 158 | | Amount of Each Disbursement this Period 286.25 |
| City Newburgh State IN Zip Code 47630 | Purpose of Disbursement Website services 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) ▼ | Category/Type 004 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Indigo Design | | Transaction ID: SB29.4204 Date of Disbursement 09 / 22 / 2006 |
| Mailing Address PO Box 158 | | Amount of Each Disbursement this Period 232.05 |
| City Newburgh State IN Zip Code 47630 | Purpose of Disbursement Website services 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) ▼ | Category/Type 004 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3974.80 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 24

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
TerriPAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Junco Partners | | Transaction ID: SB29.4196 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6 |
| Mailing Address 2399 SW 26 Lane | | Amount of Each Disbursement this Period 1000.00 |
| City Miami State FL Zip Code 33133 | Purpose of Disbursement video production 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) ▼ |
| | | Category/Type 004 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. OnTimeFundraiser | | Transaction ID: SB29.4207 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 |
| Mailing Address 8190 W. 26 Ave. 102 | | Amount of Each Disbursement this Period 2184.72 |
| City Miami State FL Zip Code 33016 | Purpose of Disbursement Fundraising Fees 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) ▼ |
| | | Category/Type 003 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. PayPal | | Transaction ID: SB29.4205 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 |
| Mailing Address Box 45950 | | Amount of Each Disbursement this Period 199.01 |
| City Omaha State NE Zip Code 68145 | Purpose of Disbursement Fundraising fees 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) ▼ |
| | | Category/Type 003 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3383.73 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 24

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
TerriPAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Peak Strategy Group | | Transaction ID: SB29.4194 Date of Disbursement |
| Mailing Address PO Box 440640 | | <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> |
| City Ft. Lauderdale | State FL | Zip Code 33355 |
| Purpose of Disbursement Printing and Design | <input type="text" value="004"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="378.16"/> |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. The November Group | | Transaction ID: SB29.4176 Date of Disbursement |
| Mailing Address Box 348231 | | <input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2006"/> |
| City Coral Gables | State FL | Zip Code 33234 |
| Purpose of Disbursement Room Rental Fees | <input type="text" value="004"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="367.76"/> |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. The November Group | | Transaction ID: SB29.4178 Date of Disbursement |
| Mailing Address Box 348231 | | <input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> |
| City Coral Gables | State FL | Zip Code 33234 |
| Purpose of Disbursement Payment for Travel | <input type="text" value="002"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |
| | | Amount of Each Disbursement this Period <input type="text" value="488.18"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1234.10"/> |
| 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 21 / 24

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
TerriPAC

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. The November Group | | Transaction ID: SB29.4179 | |
| Mailing Address Box 348231 | | Date of Disbursement 07 / 25 / 2006 | |
| City Coral Gables | State FL | Zip Code 33234 | Amount of Each Disbursement this Period 429.57 |
| Purpose of Disbursement Payment for Travel | | 002 Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. The November Group | | Transaction ID: SB29.4180 | |
| Mailing Address Box 348231 | | Date of Disbursement 07 / 27 / 2006 | |
| City Coral Gables | State FL | Zip Code 33234 | Amount of Each Disbursement this Period 248.83 |
| Purpose of Disbursement Payment for travel | | 001 Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. The November Group | | Transaction ID: SB29.4181 | |
| Mailing Address Box 348231 | | Date of Disbursement 08 / 05 / 2006 | |
| City Coral Gables | State FL | Zip Code 33234 | Amount of Each Disbursement this Period 288.01 |
| Purpose of Disbursement Payment for Travel | | 002 Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 966.41 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 24

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
TerriPAC

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|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. The November Group | | Transaction ID: SB29.4183 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Box 348231 | | <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>5</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 | 5 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 1 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Coral Gables | State FL | Zip Code 33234 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payment for travel | | | <input type="text" value="395.59"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <input type="text" value="002"/> 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: | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. The November Group | | Transaction ID: SB29.4184 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Box 348231 | | <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>6</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 | 6 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 1 | 6 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Coral Gables | State FL | Zip Code 33234 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payment for travel | | | <input type="text" value="359.60"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <input type="text" value="002"/> 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: | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. The November Group | | Transaction ID: SB29.4186 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Box 348231 | | <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>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 | | 1 | 8 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Coral Gables | State FL | Zip Code 33234 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payment for travel and accounting | | | <input type="text" value="862.30"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <input type="text" value="001"/> 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: | | | | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1617.49"/> |
| 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 23 / 24

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
TerriPAC

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. The November Group | | Transaction ID: SB29.4187 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Box 348231 | | <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>2</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 | | 2 | 8 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 2 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Coral Gables | State FL | Zip Code 33234 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Consulting Fees | | | <input type="text" value="3000.00"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <input type="text" value="001"/> 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: | | | | | | | | | | | | | | | | | | | | | | | |

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| Full Name (Last, First, Middle Initial) B. The November Group | | Transaction ID: SB29.4188 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Box 348231 | | <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>9</td><td></td><td>0</td><td>5</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 | 9 | | 0 | 5 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Coral Gables | State FL | Zip Code 33234 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Consulting Fees | | | <input type="text" value="3000.00"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <input type="text" value="001"/> 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: | | | | | | | | | | | | | | | | | | | | | | | |

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| Full Name (Last, First, Middle Initial) C. The November Group | | Transaction ID: SB29.4189 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Box 348231 | | <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>9</td><td></td><td>2</td><td>2</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 | 9 | | 2 | 2 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City Coral Gables | State FL | Zip Code 33234 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Consulting Fees | | | <input type="text" value="1500.00"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <input type="text" value="001"/> 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: | | | | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="7500.00"/> |
| 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)

PAGE 24 / 24

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
TerriPAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Verison | | Transaction ID: SB29.4192 | |
| Mailing Address 140 West St. | | Date of Disbursement 08 / 03 / 2006 | |
| City New York | State NY | Zip Code 10007 | Amount of Each Disbursement this Period 96.11 |
| Purpose of Disbursement Cell phone | Candidate Name | 001 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: |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 96.11 |
| TOTAL This Period (last page this line number only) | ▶ | 18798.72 |