

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

ADDRESS (number and street) PO BOX 40385 WASHINGTON DC 20016

2. FEC IDENTIFICATION NUMBER C00427930 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 19 2006 through 11 27 2006

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

Type or Print Name of Treasurer Christopher J. Ward

Signature of Treasurer Electronically Filed by Christopher J. Ward Date 01 30 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B 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		0.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	12715.23									
(c) Total Receipts (from Line 19) .....	23745.00	45570.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	36460.23	45570.18								
7. Total Disbursements (from Line 31) .....	18696.62	27806.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17763.61	17763.61								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	279.74									

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

DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	16500.00	36225.18
(i) Itemized (use Schedule A) .....	245.00	345.00
(ii) Unitemized .....	16745.00	36570.18
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	7000.00	9000.00
(c) Other Political Committees (such as PACs) .....	23745.00	45570.18
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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)) .....	23745.00	45570.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23745.00	45570.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	4396.62	13506.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4396.62	13506.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14300.00	14300.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18696.62	27806.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18696.62	27806.57

**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) .....	23745.00	45570.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23745.00	45570.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4396.62	13506.57
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4396.62	13506.57

**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 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

**A.** Full Name (Last, First, Middle Initial)  
Lisa J. Block

Mailing Address 3720 Dartmouth Rd

City Allentown State PA Zip Code 18104

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: SA11A1.4182

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dean N. Browning

Mailing Address 2432 W Congress St

City Allentown State PA Zip Code 18104

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

Name of Employer New World Aviation Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.4207

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Carmen J. Conicelli, Jr

Mailing Address 3312 Woodland Cir

City Huntingdon Valley State PA Zip Code 18006

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

Name of Employer Edmunds Industries Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: SA11A1.4186

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> 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 / 18
	<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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Judith A. Harris</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 4140 Maulfair Dr		<b>Transaction ID: SA11A1.4192</b>	
City Allentown	State PA	Zip Code 18103	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tallman Hudders & Sorrention	Occupation Attorney		
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>B. David M. Jaendl</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 3150 Coffetown Rd		<b>Transaction ID: SA11A1.4184</b>	
City Orefield	State PA	Zip Code 18069	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Jaendl Farms	Occupation Developer		
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>C. Surinder K. Kapoor</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 1140 Sunset View Dr		<b>Transaction ID: SA11A1.4213</b>	
City Bethlehem	State PA	Zip Code 18017	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer IKN Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> 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 / 18
	<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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A.</b> John R. Lovett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 2830 W Liberty St		<b>Transaction ID:</b> SA11A1.4201	
City State Zip Code Allentown PA 18104	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Henry A. Lubsen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 2150 Spyglass Hill		<b>Transaction ID:</b> SA11A1.4190	
City State Zip Code Center Valley PA 18034	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Altronics	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Clair D. Miller		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 3330 Highland St		<b>Transaction ID:</b> SA11A1.4199	
City State Zip Code Allentown PA 18104	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> 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 / 18
	<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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Arthur Runquist		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 3950 Longfellow St		<b>Transaction ID:</b> SA11A1.4203
City Allentown	State PA	Zip Code 18104
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Acquisition Management	Occupation President	
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>B.</b> John P. Servis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 3208 W Cedar St		<b>Transaction ID:</b> SA11A1.4205
City Allentown	State PA	Zip Code 18104
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Gross McGinley	Occupation Attorney	
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>C.</b> Charles D. Snelling		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1280 Church St		<b>Transaction ID:</b> SA11A1.4188
City Fogelsville	State PA	Zip Code 18051
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Western Lehigh Valley Corp	Occupation Venture Capitalist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 18
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

**A.** Full Name (Last, First, Middle Initial)  
MERCK & CO. INC. EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address 601 Pennsylvania Ave. NW  
North Building Suite 1200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** SA11C.4178

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
PORTLAND CEMENT ASSOCIATION INC. PCA PAC

Mailing Address 500 New Jersey Avenue NW  
7th Floor

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00237065

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** SA11C.4180

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
PPL PEOPLE FOR GOOD GOVERNMENT (PPLPGG)

Mailing Address TWO NORTH NINTH STREET

City ALLENTOWN State PA Zip Code 18101

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** SA11C.4129

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	7000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 18

<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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. AlphaGraphics</b>		<b>Transaction ID:</b> SB21B.4172 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 801 Hamilton St		Amount of Each Disbursement this Period 293.97
City Allentown State PA Zip Code 18101	Purpose of Disbursement Printing	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Murray Perskie Associates</b>		<b>Transaction ID:</b> SB21B.4174 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 741 Alexander Rd		Amount of Each Disbursement this Period 2905.00
City Princeton State NJ Zip Code 08540	Purpose of Disbursement Printing	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Political Compliance Services</b>		<b>Transaction ID:</b> SB21B.4114 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address PO Box 373		Amount of Each Disbursement this Period 1000.00
City Fairfax Station State VA Zip Code 22039	Purpose of Disbursement Accounting & Compliance Fees	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4198.97</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>4198.97</b>

**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 12 / 18

<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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. FITZPATRICK FOR CONGRESS</b>		<b>Transaction ID: SB23.4135</b> Date of Disbursement
Mailing Address 115 N Broad Street		<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Doylestown	State PA	Zip Code 18901
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name FITZPATRICK FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 08	

Full Name (Last, First, Middle Initial) <b>B. FITZPATRICK FOR CONGRESS</b>		<b>Transaction ID: SB23.4177</b> Date of Disbursement
Mailing Address 115 N Broad Street		<input type="text" value="11"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Doylestown	State PA	Zip Code 18901
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1100.00"/>
Candidate Name FITZPATRICK FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 08	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MIKE SODREL</b>		<b>Transaction ID: SB23.4145</b> Date of Disbursement
Mailing Address 702 North Shore Drive Suite 500		<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Jeffersonville	State IN	Zip Code 47130
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name FRIENDS OF MIKE SODREL		Category/ Type
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: IN	District: 9	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3100.00"/>
<b>TOTAL</b> 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 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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. GARD FOR CONGRESS</b>		<b>Transaction ID: SB23.4147</b> Date of Disbursement
Mailing Address PO BOX 277		<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City GREEN BAY	State WI	Zip Code 54305
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name GARD FOR CONGRESS		<input type="text" value="1000.00"/>
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) ▼	Category/ Type
State: WI	District: 08	

Full Name (Last, First, Middle Initial) <b>B. JIM GERLACH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4137</b> Date of Disbursement
Mailing Address PO Box 87		<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Uwchland	State PA	Zip Code 19480
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name JIM GERLACH FOR CONGRESS COMMITTEE		<input type="text" value="1000.00"/>
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) ▼	Category/ Type
State: PA	District: 06	

Full Name (Last, First, Middle Initial) <b>C. JIM GERLACH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4176</b> Date of Disbursement
Mailing Address PO Box 87		<input type="text" value="11"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Uwchland	State PA	Zip Code 19480
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name JIM GERLACH FOR CONGRESS COMMITTEE		<input type="text" value="1100.00"/>
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) ▼	Category/ Type
State: PA	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3100.00"/>
<b>TOTAL</b> 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 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)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

**A.** Full Name (Last, First, Middle Initial)  
JOE NEGRON FOR CONGRESS

Mailing Address PO BOX 1816

City State Zip Code  
STUART FL 34995

Purpose of Disbursement

Candidate Name  
JOE NEGRON FOR CONGRESS

Office Sought:  House  Senate  President  
State: FL District: 16  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.4151

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
PEOPLE WITH HART INC

Mailing Address P.O. Box 435

City State Zip Code  
Wexford PA 15090

Purpose of Disbursement

Candidate Name  
PEOPLE WITH HART INC

Office Sought:  House  Senate  President  
State: PA District: 04  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.4139

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
PEOPLE WITH HART INC

Mailing Address P.O. Box 435

City State Zip Code  
Wexford PA 15090

Purpose of Disbursement

Candidate Name  
PEOPLE WITH HART INC

Office Sought:  House  Senate  President  
State: PA District: 04  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.4175

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1100.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3100.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. RAY MEIER FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4149</b> Date of Disbursement 10 / 19 / 2006
Mailing Address PO Box 120		Amount of Each Disbursement this Period 1000.00
City Utica	State NY	
Zip Code 13503		
Purpose of Disbursement		
Candidate Name RAY MEIER FOR CONGRESS COMMITTEE		Category/ Type
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: 24		

Full Name (Last, First, Middle Initial) <b>B. REYNOLDS FOR CONGRESS</b>		<b>Transaction ID: SB23.4131</b> Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 15388 PITTSFORD		Amount of Each Disbursement this Period 1000.00
City Rochester	State NY	
Zip Code 14615		
Purpose of Disbursement		
Candidate Name REYNOLDS FOR CONGRESS		Category/ Type
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: 26		

Full Name (Last, First, Middle Initial) <b>C. STEVE CHABOT FOR CONGRESS</b>		<b>Transaction ID: SB23.4133</b> Date of Disbursement 10 / 20 / 2006
Mailing Address 3339 Harrison Ave.		Amount of Each Disbursement this Period 1000.00
City Cincinnati	State OH	
Zip Code 45211		
Purpose of Disbursement		
Candidate Name STEVE CHABOT FOR CONGRESS		Category/ Type
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: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. THELMA DRAKE FOR CONGRESS</b>		<b>Transaction ID: SB23.4143</b>	
Mailing Address P.O. Box 61480		Date of Disbursement 10 / 19 / 2006	
City Virginia Beach	State VA	Zip Code 23466	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name THELMA DRAKE 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: VA	District: 02		

Full Name (Last, First, Middle Initial) <b>B. WHALEN FOR CONGRESS</b>		<b>Transaction ID: SB23.4153</b>	
Mailing Address P. O. Box 750		Date of Disbursement 10 / 19 / 2006	
City Bettendorf	State IA	Zip Code 52722	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name WHALEN 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: IA	District: 01		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2000.00

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

14300.00



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Shawn Millan			Nature of Debt (Purpose): Decor
Mailing Address 5405 Snowdrift Rd			
City Orefield	State PA	ZIP Code 18069	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.4217</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
279.74	0.00	279.74	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	279.74
2) <b>TOTALS</b> This Period (last page this line number only).....	279.74
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

Form/Schedule: **F3XA**  
Transaction ID:

An in-kind reported in the original filing was actually an invoice. The in-kind has been removed and the debt has been included.