

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
National Committee for an Effective Congress

ADDRESS (number and street) 122 C Street NW Suite 650
 Check if different than previously reported. (ACC)
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00003558
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 12 01 2005 through 12 31 2005

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 James E. Byron
Signature of Treasurer Electronically Filed by James E. Byron Date 03 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
National Committee for an Effective Congress

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		559162.90
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	334599.31									
(c) Total Receipts (from Line 19)	78543.49	786215.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	413142.80	1345378.68								
7. Total Disbursements (from Line 31)	89494.25	1021730.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	323648.55	323648.55								
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
National Committee for an Effective Congress

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	46695.00	318944.00
(i) Itemized (use Schedule A)	29827.19	430931.97
(ii) Unitemized	76522.19	749875.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	15200.00
(c) Other Political Committees (such as PACs)	76522.19	765075.97
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2021.30	16139.81
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))	78543.49	786215.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	78543.49	786215.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	89494.25	1000230.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	89494.25	1000230.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	21500.00
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))..	89494.25	1021730.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	89494.25	1021730.13

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)	76522.19	765075.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76522.19	765075.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	89494.25	1000230.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	89494.25	1000230.13

**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 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. John G. and Helen Tryon		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2005
Mailing Address 631 Avenue I		Transaction ID: NCEC----977020051201
City State Zip Code Boulder City NV 89005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Margaret E. Martin		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2005
Mailing Address 10450 Lottsford Rd Apt 4009		Transaction ID: NCEC----977120051201
City State Zip Code Mitchellville MD 20721	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Mark Haller		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2005
Mailing Address 508 S 12th St		Transaction ID: NCEC----977220051201
City State Zip Code Philadelphia PA 19147	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Professor	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1900.00
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 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Arthur H. Levinson		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2005	
Mailing Address 10 Locust Dr		Transaction ID: NCEC----977520051201	
City State Zip Code Great Neck NY 11021	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Geoffrey P. Picket		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2005	
Mailing Address 110 Carthage Rd		Transaction ID: NCEC----979120051201	
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-employed Attorney	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. Ms. Edith M. Dudgeon		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2005	
Mailing Address 435 W Starin Rd Apt 446C		Transaction ID: NCEC----980420051201	
City State Zip Code Whitewater WI 53190	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	300.00
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 / 122
	<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)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Ms. Helen C. Owen

Mailing Address 965 Sharon Valley Rd

City State Zip Code
Newark OH 43055

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: NCEC----980520051201

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Ms. Pauline E. Wessels

Mailing Address 400 S 12th St

City State Zip Code
Quincy IL 62301

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

Name of Employer Occupation
Bequest Deceased

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 2 / 0 1 / 2 0 0 5

Transaction ID: NCEC----980720051201

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Ms. Julia Bloomfield

Mailing Address 49 Chanticleer St

City State Zip Code
Larkspur CA 94939

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 5

Transaction ID: NCEC----981120051202

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	5150.00
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 9 / 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. William E. Hine, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 140B Freewill Rd		Transaction ID: NCEC----981220051202
City State Zip Code Catawissa PA 17820	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation US Postal Service Clerk		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Beal B. Hyde		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 3313 Wake Robin Dr		Transaction ID: NCEC----982520051202
City State Zip Code Shelburne VT 05482	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation University of Vermont Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Raymond and Betty Kaplan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address Jerusalem 93504 52 Derech Beit Lehem Apt 419		Transaction ID: NCEC----983220051202
City State Zip Code Israel	Amount of Each Receipt this Period 150.00	
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 122
	<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)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Dr. and Mr Harrison P. Eddy

Mailing Address PO Box 345

City State Zip Code
The Plains VA 20198

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 5

Transaction ID: NCEC----983820051202

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert N. Chester

Mailing Address PO Box 199

City State Zip Code
Zephyr Cove NV 89448

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

Name of Employer Occupation
Self-employed Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 5

Transaction ID: NCEC----984220051202

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ms. Patricia H. Falk

Mailing Address 108 E 82nd St

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Hunter College Director Community

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 5

Transaction ID: NCEC----984420051202

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 122
	<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)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Jeff and Pam Byers

Mailing Address 180 Lippard Ave

City State Zip Code
San Francisco CA 94131

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

Name of Employer Occupation
Asian Art Museum Fundraiser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 5

Transaction ID: NCEC----984520051202

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Mr. Isaac Green

Mailing Address 3001 Veazey Ter NW Apt 1602

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
Self-employed Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 5

Transaction ID: NCEC----985020051205

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles A. Welch

Mailing Address 56 Shepard St

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
MGH Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 5

Transaction ID: NCEC----986620051205

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	475.00
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 12 / 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Mr. and Mr Manfred H. Rees

Mailing Address Gloucester NSW 2422
The Post Office Box 169

City State Zip Code
Australia

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

Name of Employer University of Alaska Occupation Physicist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: NCEC----989120051206

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mr. Stuart Oskamp

Mailing Address 891 W Bonita Ave

City State Zip Code
Claremont CA 91711

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

Name of Employer Claremont Graduate School Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: NCEC----989820051206

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Howard R. Hart, Jr.

Mailing Address 2159 Rankin Rd

City State Zip Code
Schenectady NY 12309

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

Name of Employer General Electric R&D Ctr Occupation Retired Physicist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: NCEC----990320051206

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. John B. Mitchell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 1868 Wyandotte Rd		Transaction ID: NCEC----991520051206	
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OH State University	Occupation Retired Professor		
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. Rev. and M Alden Besse		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address PO Box 4069		Transaction ID: NCEC----991720051206	
City State Zip Code Vineyard Haven MA 02568	Amount of Each Receipt this Period 643.89		
FEC ID number of contributing federal political committee. C			
Name of Employer Trinity Episcopal Church	Occupation Retired Clergyman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 643.89		

Full Name (Last, First, Middle Initial) C. Mrs. Pearl S. Berg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 2201 N Hobart Blvd		Transaction ID: NCEC----992420051206	
City State Zip Code Los Angeles CA 90027	Amount of Each Receipt this Period 500.00		
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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1643.89
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 14 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Rev. and M Alden Besse		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address PO Box 4069		Transaction ID: NCEC----992720051206	
City State Zip Code Vineyard Haven MA 02568	Amount of Each Receipt this Period 1756.11		
FEC ID number of contributing federal political committee. C			
Name of Employer Trinity Episcopal Church	Occupation Retired Clergyman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00		

Full Name (Last, First, Middle Initial) B. Mr. and Mr Rivington R. Winant		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 5	
Mailing Address 215 E 72nd St Apt 10E		Transaction ID: NCEC----992820051207	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer United Nations	Occupation Retired Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) C. Dr. and Mr Robert S. Abernathy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 5	
Mailing Address 230 Kings Row Dr		Transaction ID: NCEC----993520051207	
City State Zip Code Little Rock AR 72207	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Arkansas	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	6856.11
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 15 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Ms. Janis Brodie		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 1720 Pine St		Transaction ID: NCEC----994420051209	
City Philadelphia	State PA	Zip Code 19103	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer IRS	Occupation Estate Tax Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. Ms. Marjorie D. Moerschner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 177 Forest Ave		Transaction ID: NCEC----994720051209	
City West Newton	State MA	Zip Code 02465	Amount of Each Receipt this Period 2500.00
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 ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Ms. Diana Simon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 55 E Erie St Apt 4505		Transaction ID: NCEC----995220051209	
City Chicago	State IL	Zip Code 60611	Amount of Each Receipt this Period 150.00
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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2700.00
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 16 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Robert M. Sabel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 222 Union St		Transaction ID: NCEC----995420051209	
City Portsmouth	State RI	Zip Code 02871	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Attorney		
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. Miss Betty J. Mitchell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 2538 N Haven Cv		Transaction ID: NCEC----995520051209	
City Annapolis	State MD	Zip Code 21401	Amount of Each Receipt this Period 55.00
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 ▼ 275.00		

Full Name (Last, First, Middle Initial) C. Mrs. Sylvia Allen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 431 E 20th St		Transaction ID: NCEC----996520051209	
City New York	State NY	Zip Code 10010	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	255.00
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 17 / 122		
	<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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Alice R. Burks

Mailing Address 3445 Vintage Valley Rd

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer Self-employed Occupation
Self-employed Writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 09 / 2005

Transaction ID: NCEC----997520051209

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Irwin Katz

Mailing Address PO Box 40857

City State Zip Code
Indianapolis IN 46240

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

Name of Employer Self-employed Occupation
Self-employed Cpa

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 09 / 2005

Transaction ID: NCEC----997820051209

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Ms. Carol Adler

Mailing Address 2861 SW Champlain Dr

City State Zip Code
Portland OR 97205

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 09 / 2005

Transaction ID: NCEC----999420051209

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	800.00
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 18 / 122
	<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)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Mr. Marvin A. Schlaff

Mailing Address 175 W 13th St Apt 4C

City State Zip Code
New York NY 10011

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: NCEC----999820051209

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Henry O. Whiteside

Mailing Address 5215 Pioneer Fork Rd

City State Zip Code
Salt Lake City UT 84108

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

Name of Employer Occupation
Self-employed Fundraiser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: NCEC---1000520051209

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Peter D. Sternlight

Mailing Address 301 Garfield Pl

City State Zip Code
Brooklyn NY 11215

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: NCEC---1000820051209

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	800.00
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 19 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Roland Reisley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 44 Usonia Rd		Transaction ID: NCEC---1001120051209	
City Pleasantville	State NY	Zip Code 10570	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) B. Douglas and Carole S Sheft		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 5	
Mailing Address 11 Corte Palos Verdes		Transaction ID: NCEC---1001620051210	
City Belvedere Tiburon	State CA	Zip Code 94920	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Volunteer		
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. Mr. Richard A. White		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address and Ms. Carol Pollard 402 Workman Ln		Transaction ID: NCEC---1002120051212	
City Bellefonte	State PA	Zip Code 16823	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Penn State/Lock Haven	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
			Joint Contribution

SUBTOTAL of Receipts This Page (optional) ▶	550.00
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 20 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Ms. Rosemary Faulkner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 1120 Park Ave Apt 20B		Transaction ID: NCEC---1002620051212
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cornell University Med College	Occupation Medical Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Douglas and Leonore Walters		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 330 Willow Glen Rd		Transaction ID: NCEC---1003420051212
City State Zip Code Red Hook NY 12571	Amount of Each Receipt this Period 100.00	
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Charles and Bernice Wyle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 12213 Octagon St		Transaction ID: NCEC---1003920051212
City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charles Wyle Automation C	Occupation Retired Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

SUBTOTAL of Receipts This Page (optional) ▶	1850.00
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 21 / 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Robert B. and Paula Dotson

Mailing Address 10202 Bencross Dr

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: NCEC---1004520051212

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Louis and Nancy Hector

Mailing Address 1 Grove Isle Dr Apt 809

City State Zip Code
Miami FL 33133

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
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: NCEC---1005020051212

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
George and Ann Levinger

Mailing Address 904 Bay Rd

City State Zip Code
Amherst MA 01002

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

Name of Employer Occupation
University of Massachusetts Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 5

Transaction ID: NCEC---1007120051214

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
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 22 / 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. W. Pete Welch		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 5642 20th St N		Transaction ID: NCEC---1007520051214	
City Arlington	State VA	Zip Code 22205	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer AAHP	Occupation Executive Director		
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. Mr. John M. Ely		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 203 23rd St NE		Transaction ID: NCEC---1008520051214	
City Cedar Rapids	State IA	Zip Code 52402	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 ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Mr. and Mr Darwin J. Prockop		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 291 Locust St		Transaction ID: NCEC---1008920051215	
City Philadelphia	State PA	Zip Code 19106	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Princeton University	Occupation Student Adviser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
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 23 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Arnold Saks		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 333 E 69th St		Transaction ID: NCEC---1009020051215	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Graphic Design Company	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) B. Mr. Jon M. Kaufman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 37 W 12th St		Transaction ID: NCEC---1009120051215	
City State Zip Code New York NY 10011	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	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) C. Mr. Julius Rudel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 101 Central Park W		Transaction ID: NCEC---1009320051215	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 100.00		
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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
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 24 / 122
	<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)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Mr. David W. Sears

Mailing Address 4407 Rosedale Ave

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation
US Government Public Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 16 / 2005

Transaction ID: NCEC---1013020051216

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
James and Louise Arnold

Mailing Address 2425 Ellentown Rd

City State Zip Code
La Jolla CA 92037

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

Name of Employer Occupation
UC San Diego Professor/Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2005

Transaction ID: NCEC---1013320051219

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
Mr. and Mr David E. Catterton

Mailing Address 2 Quail Run

City State Zip Code
Acton MA 01720

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

Name of Employer Occupation
retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2005

Transaction ID: NCEC---1014520051219

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	3250.00
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 25 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Charles Weiss, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 6309 Crathie Ln		Transaction ID: NCEC---1015520051219
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Georgetown University Occupation Science Advisor	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Hamilton Emmons		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 16800 S Woodland Rd		Transaction ID: NCEC---1016120051221
City State Zip Code Cleveland OH 44120	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Case Western University Occupation Professor	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James and Mary F. White		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 1606 Morton Ave		Transaction ID: NCEC---1016220051221
City State Zip Code Ann Arbor MI 48104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Michigan Occupation Professor	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) ▶	1350.00
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 26 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Jerry Silbert		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 711 W 22nd Ave		Transaction ID: NCEC---1016420051221	
City State Zip Code Eugene OR 97405	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UIAF Oregon Researcher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Mr. Daniel Zelinsky		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 613 Hunter Rd		Transaction ID: NCEC---1018820051221	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Northwestern University Professor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Mr. and Mr John R. Morris		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address PO Box 207		Transaction ID: NCEC---1018920051221	
City State Zip Code Indian Hills CO 80454	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation University Colorado Denver Professor			
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) ▶	900.00
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 27 / 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Ms. Joanne Lyman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 163 E 81st St		Transaction ID: NCEC---1019320051221	
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Metropolitan Museum of Art	Occupation Manager-Reproductions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Mr. David W. Sears		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 4407 Rosedale Ave		Transaction ID: NCEC---1020220051221	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer US Government	Occupation Public Administration		
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. Mr. Rowland G. Skinner		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 5	
Mailing Address 1611 Cold Spring Rd Apt 221		Transaction ID: NCEC---1020520051223	
City State Zip Code Williamstown MA 01267	Amount of Each Receipt this Period 100.00		
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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
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 28 / 122
	<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)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Ms. Betsy D. Sherman

Mailing Address 3001 Veazey Ter NW Apt 722

City Washington State DC Zip Code 20008

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

Name of Employer ICMA Occupation Association Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 5

Transaction ID: NCEC---1021920051223

Amount of Each Receipt this Period
 150.00

B. Full Name (Last, First, Middle Initial)
Mr. and Mr Marc J. Feldman

Mailing Address 433 French Rd

City Rochester State NY Zip Code 14618

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

Name of Employer University of Rochester Occupation 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
 1 2 / 2 3 / 2 0 0 5

Transaction ID: NCEC---1022420051223

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregory K. Arenson

Mailing Address 125 W 76th St

City New York State NY Zip Code 10023

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

Name of Employer Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 5

Transaction ID: NCEC---1022620051223

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	650.00
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 29 / 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. James Neuberger		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address 200 W 86th St Apt 7E		Transaction ID: NCEC---1022920051223
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Winston Prep School Teacher	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Mark Satterthwaite		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 5 / 2 0 0 5
Mailing Address 418 Central Ave		Transaction ID: NCEC---1023320051225
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Northwestern University 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. Mr. Carl Katz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 5
Mailing Address 600 S Linden Ave		Transaction ID: NCEC---1023420051226
City State Zip Code Pittsburgh PA 15208	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
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 30 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Robert Drysdale		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 5
Mailing Address and Mrs. Patricia Higgins 8 Mink Dr		Transaction ID: NCEC---1023520051226 Amount of Each Receipt this Period 500.00
City Hanover	State Zip Code NH 03755	
FEC ID number of contributing federal political committee. C		Joint Contribution
Name of Employer Dartmouth College	Occupation Professor	
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. Mr. Joshua S. Goldstein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address and Ms. Andra Rose 16 Poets Corner Rd		Transaction ID: NCEC---1023620051227 Amount of Each Receipt this Period 1000.00
City Amherst	State Zip Code MA 01002	
FEC ID number of contributing federal political committee. C		Joint Contribution
Name of Employer University Southern Calif-ornia	Occupation Professor	
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. Mr. Wilson Hodgin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 4800 Fillmore Ave Apt 851 Goodwin House		Transaction ID: NCEC---1023820051227 Amount of Each Receipt this Period 100.00
City Alexandria	State Zip Code VA 22311	
FEC ID number of contributing federal political committee. C		Joint Contribution
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 31 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Dr. Richard E. Meyer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5	
Mailing Address 1618 Laurel Crst		Transaction ID: NCEC---1024420051227	
City State Zip Code Madison WI 53705	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation University of Wisconsin Professor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Mr. and Mr Franz Samelson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5	
Mailing Address 2078 College Heights Rd		Transaction ID: NCEC---1024520051227	
City State Zip Code Manhattan KS 66502	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Kansas State University Retired Professor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Mr. McLane Downing		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5	
Mailing Address 2150 Pacific Beach Dr Apt 231		Transaction ID: NCEC---1026020051227	
City State Zip Code San Diego CA 92109	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SAIC Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
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 32 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Alec S. Bash		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 936 Church St		Transaction ID: NCEC---1026620051227
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer City of San Francisco	Occupation City Planner	
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. Mr. W. Todd Parsons		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address PO Box 9		Transaction ID: NCEC---1026920051228
City State Zip Code Stuyvesant Falls NY 12174	Amount of Each Receipt this Period 200.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. John Temple Swing		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 61 E 86th St Apt 71		Transaction ID: NCEC---1027020051228
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
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 33 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Saul Touster		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 180 Beacon St		Transaction ID: NCEC---1027120051228	
City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired 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) B. Ms. Virginia L. Noel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 15826 Clayton Rd Apt 243		Transaction ID: NCEC---1027820051229	
City State Zip Code Ellisville MO 63011	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. and Mr Stan Kaplowitz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 629 Marshall St		Transaction ID: NCEC---1028220051229	
City State Zip Code East Lansing MI 48823	Amount of Each Receipt this Period 1750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Michigan State University Professor	Aggregate Year-to-Date ▼ 1750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2050.00
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 34 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Dr. and Mr Michael Gross		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 757 Pine Tree Rd		Transaction ID: NCEC---1028520051229	
City State Zip Code Hughesville PA 17737	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Matthew D. Davis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 3100 Lake Mendota Dr Apt 706		Transaction ID: NCEC---1028620051229	
City State Zip Code Madison WI 53705	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Wisconsin	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Mrs. Margaret E. Dennis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 225 Mountain Wood Ln		Transaction ID: NCEC---1028720051229	
City State Zip Code Redwood City CA 94062	Amount of Each Receipt this Period 1000.00		
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 ▼ 1000.00		

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 35 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Jonathan B. Cohen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 22 Regent St		Transaction ID: NCEC---1029520051229
City State Zip Code West Newton MA 02465	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Washington University Medical S	Occupation Educator	
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. Jay and Helen Tepperman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 1850 Alice St Apt 511-13		Transaction ID: NCEC---1029620051229
City State Zip Code Oakland CA 94612	Amount of Each Receipt this Period 25.00	
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 ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Mr. Alec S. Bash		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 936 Church St		Transaction ID: NCEC---1030020051229
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer City of San Francisco	Occupation City Planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	625.00
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 36 / 122
	<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mr. Joseph G. Englert		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 44 Montgomery St Ste 4050		Transaction ID: NCEC---1030320051229	
City State Zip Code San Francisco CA 94104	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Int'l Finance Consultant		
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. G.B. and Marilyn Mas Levine		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 1366 Guerrero St		Transaction ID: NCEC---1031220051229	
City State Zip Code San Francisco CA 94110	Amount of Each Receipt this Period 1740.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00		

Full Name (Last, First, Middle Initial) C. Mr. A. Edward Elmendorf		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 1901 Wyoming Ave NW Apt 61		Transaction ID: NCEC---1031420051229	
City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer World Bank	Occupation Civil Servant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	2190.00
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 37 / 122
	<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)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Mr. William C. MacMillen, Jr.

Mailing Address 254 Victoria Pl

City State Zip Code
Lawrence NY 11559

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

Name of Employer Occupation
Self-employed Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: NCEC---1031520051229

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ms. Edith M. Dudgeon

Mailing Address 435 W Starin Rd Apt 446C

City State Zip Code
Whitewater WI 53190

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: NCEC---1032020051229

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Mr. Leonard Bogorad

Mailing Address 5121 Worthington Dr

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
RC Lesser & Company Real Estate Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: NCEC---1032620051230

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	425.00
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 38 / 122
	<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)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Mr. W. Duncan McArthur, Jr.

Mailing Address 3300 Poinsett Hwy
Furman University Dept. of English

City Greenville State SC Zip Code 29613

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

Name of Employer Furman University Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: NCEC---1033120051230

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth J. Meyer

Mailing Address 401 N Tyler Ave

City Pierre State SD Zip Code 57501

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: NCEC---1033220051230

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Allen C. Dotson

Mailing Address 702 McNeill Dr

City Laurinburg State NC Zip Code 28352

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

Name of Employer St Andrews College Occupation 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
1 2 / 3 0 / 2 0 0 5

Transaction ID: NCEC---1033520051230

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	46695.00

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

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

FOR LINE NUMBER: PAGE 39 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. MFS Total Return-A		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address c/o Financial Network 2780 Skypark		Transaction ID: QB 4316669420051202
City State Zip Code Torrance CA 90505	Amount of Each Receipt this Period 61.01	
FEC ID number of contributing federal political committee. C		dividend
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) B. MFS Total Return-A		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address c/o Financial Network 2780 Skypark		Transaction ID: QB 4316669520051202
City State Zip Code Torrance CA 90505	Amount of Each Receipt this Period 99.06	
FEC ID number of contributing federal political committee. C		dividend
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) C. MFS Total Return-A		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address c/o Financial Network 2780 Skypark		Transaction ID: QB 4316669620051202
City State Zip Code Torrance CA 90505	Amount of Each Receipt this Period 440.64	
FEC ID number of contributing federal political committee. C		dividend
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

SUBTOTAL of Receipts This Page (optional)

600.71

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 40 / 122
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Massachusetts Investors Trust-A		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 5
Mailing Address c/o Financial Network 2780 Skypark		Transaction ID: QB 4316469720051207
City State Zip Code Torrance CA 90505	Amount of Each Receipt this Period 8.59	
FEC ID number of contributing federal political committee. C		dividend
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) B. ExxonMobil		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address PO Box 43008		Transaction ID: QB 4315969820051209
City State Zip Code Providence RI 02940	Amount of Each Receipt this Period 13.63	
FEC ID number of contributing federal political committee. C		dividend
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) C. IBM Corporation		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 1 New Orchard Rd		Transaction ID: QB 4316069920051212
City State Zip Code Armonk NY 10504	Amount of Each Receipt this Period 1.60	
FEC ID number of contributing federal political committee. C		dividend
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

SUBTOTAL of Receipts This Page (optional) ▶	23.82
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 41 / 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
Teleflex Incorporated
Mailing Address 155 South Limerick Road
City State Zip Code
Limerick PA 19468
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5
Transaction ID: QB 4316170020051215
Amount of Each Receipt this Period
5.00
dividend

B. Full Name (Last, First, Middle Initial)
American International Group; Inc.
Mailing Address c/o First Chicago Trust Company PO
City State Zip Code
Jersey City NJ 07303
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5
Transaction ID: QB 4316270120051216
Amount of Each Receipt this Period
11.25
dividend

C. Full Name (Last, First, Middle Initial)
Brokerage Cash Reserves
Mailing Address c/o Financial Network 2780 Skypark
City State Zip Code
Torrance CA 90505
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5
Transaction ID: QB 4316370220051230
Amount of Each Receipt this Period
6.26
dividend

SUBTOTAL of Receipts This Page (optional) ► 22.51
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 42 / 122
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Dreyfus Family of Funds		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address PO Box 105		Transaction ID: QB 4315870320051231	
City State Zip Code Newark NJ 07101	Amount of Each Receipt this Period 19.86		
FEC ID number of contributing federal political committee. C	dividend		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dreyfus Family of Funds		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address PO Box 105		Transaction ID: QB 4315870420051231	
City State Zip Code Newark NJ 07101	Amount of Each Receipt this Period 20.55		
FEC ID number of contributing federal political committee. C	dividend		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dreyfus Family of Funds		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address PO Box 105		Transaction ID: QB 4315870520051231	
City State Zip Code Newark NJ 07101	Amount of Each Receipt this Period 21.92		
FEC ID number of contributing federal political committee. C	dividend		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	62.33
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 43 / 122
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial)
MFS Municipal High Income-A

Mailing Address c/o Financial Network 2780 Skypark

City State Zip Code
Torrance CA 90505

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 5

Transaction ID: QB 4316571720051202

Amount of Each Receipt this Period
46.50

interest

B. Full Name (Last, First, Middle Initial)
Names in the News

Mailing Address 1300 Clay Street; 11th Floor

City State Zip Code
Oakland CA 94612

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 6 / 2 0 0 5

Transaction ID: QB 4297473520051226

Amount of Each Receipt this Period
1265.43

list rental income (usual & customary ch

SUBTOTAL of Receipts This Page (optional)	▶	1311.93
TOTAL This Period (last page this line number only)	▶	2021.30

**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 44 / 122

<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Financial Leasing		Transaction ID: QB 4281079320051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address PO Box 6434		Amount of Each Disbursement this Period 200.19
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Office Equipment 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

Full Name (Last, First, Middle Initial) B. Wells Fargo Financial Leasing		Transaction ID: QB 4284379520051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address PO Box 6434		Amount of Each Disbursement this Period 179.43
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Office Equipment 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

Full Name (Last, First, Middle Initial) C. Neopost Rate Change Dept.		Transaction ID: QB 4282981120051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address PO Box 1183		Amount of Each Disbursement this Period 91.86
City Union City State CA Zip Code 94587	Purpose of Disbursement postage 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

SUBTOTAL of Disbursements This Page (optional) ▶	471.48
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 45 / 122

<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Postmaster; NY		Transaction ID: QB 4292381220051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 450 Lexington Ave		Amount of Each Disbursement this Period 96.20
City New York State NY Zip Code 10017	Purpose of Disbursement postage 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. Postmaster; NY		Transaction ID: QB 4293881320051220 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 450 Lexington Ave		Amount of Each Disbursement this Period 96.20
City New York State NY Zip Code 10017	Purpose of Disbursement postage 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) C. Postmaster; DC		Transaction ID: QB 4293781420051221 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 2 Massachusetts Ave; NE		Amount of Each Disbursement this Period 1170.00
City Washington State DC Zip Code 20002	Purpose of Disbursement postage 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1362.40
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Cingular Full Name (Last, First, Middle Initial) Mailing Address PO Box 17514 City Baltimore State MD Zip Code 21297 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4280885820051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period 315.58 Category/Type
--	--	--

B. ATX Telecom Services Full Name (Last, First, Middle Initial) Mailing Address PO Box 57194 City Philadelphia State PA Zip Code 19111 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4283685920051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5 Amount of Each Disbursement this Period 781.69 Category/Type
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C. Verizon Full Name (Last, First, Middle Initial) Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4284186020051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5 Amount of Each Disbursement this Period 192.22 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	1289.49
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 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)
National Committee for an Effective Congress

A. Verizon Full Name (Last, First, Middle Initial) Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4284286120051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5 Amount of Each Disbursement this Period 12.07 Category/Type
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B. Speakeasy Full Name (Last, First, Middle Initial) Mailing Address PO Box 34938 City Seattle State WA Zip Code 98124 Purpose of Disbursement computer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4282191420051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period 62.25 Category/Type
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C. Earthlink Internet Service Full Name (Last, First, Middle Initial) Mailing Address 430 10th St NW City Atlanta State GA Zip Code 30318 Purpose of Disbursement computer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4288591520051206 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5 Amount of Each Disbursement this Period 26.90 Category/Type
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SUBTOTAL of Disbursements This Page (optional)	101.22
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Verisign; Inc.		Transaction ID: QB 4314691620051213 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 487 E Middlefield Rd		Amount of Each Disbursement this Period 59.95
City Mountain View State CA Zip Code 94043	Purpose of Disbursement computer 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. Josephine County; OR		Transaction ID: QB 4282520920051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address PO Box 69		Amount of Each Disbursement this Period 10.00
City Grants Pass State OR Zip Code 97528	Purpose of Disbursement Election Data 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. Marion County; OR		Transaction ID: QB 4282621020051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 4263 Commercial Street; SE #300		Amount of Each Disbursement this Period 82.50
City Salem State OR Zip Code 97302	Purpose of Disbursement Election Data Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	152.45
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Melissa Data Corp.		Transaction ID: QB 4287721120051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 22382 Avenida Empresa		Amount of Each Disbursement this Period 404.00
City Rancho Santa Marga State CA Zip Code 92688	Purpose of Disbursement Election Data 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

Full Name (Last, First, Middle Initial) B. Lawryczenko; Alex		Transaction ID: QB 4287822320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 316 Burnside Street		Amount of Each Disbursement this Period 480.00
City Annapolis State MD Zip Code 21403	Purpose of Disbursement direct mail PAC expense 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

Full Name (Last, First, Middle Initial) C. Lawryczenko; Alex		Transaction ID: QB 4294222420051222 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 316 Burnside Street		Amount of Each Disbursement this Period 120.00
City Annapolis State MD Zip Code 21403	Purpose of Disbursement direct mail PAC expense 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

SUBTOTAL of Disbursements This Page (optional) ▶	1004.00
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 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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mailers Computer Services		Transaction ID: QB 4281923020051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 11890B Old Baltimore Pike		Amount of Each Disbursement this Period 1758.57
City Beltsville State MD Zip Code 20705	Purpose of Disbursement direct mail PAC expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. ProofreadNOW.com		Transaction ID: QB 4283925520051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 447 Boston Street		Amount of Each Disbursement this Period 111.00
City Topsfield State MA Zip Code 01983	Purpose of Disbursement direct mail PAC expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. US Monitor Service		Transaction ID: QB 4294725620051222 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 86 Maple Ave		Amount of Each Disbursement this Period 35.19
City New City State NY Zip Code 10956	Purpose of Disbursement direct mail PAC expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1904.76
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Mail Bag; The		Transaction ID: QB 4288226420051216 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 201 Commerce Drive		Amount of Each Disbursement this Period 13200.00
City Upper Marlboro State MD Zip Code 20774	Purpose of Disbursement postage 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

Full Name (Last, First, Middle Initial) B. Kelly Press; Inc		Transaction ID: QB 4284427920051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 1701 Cabin Branch Rd		Amount of Each Disbursement this Period 2641.64
City Cheverly State MD Zip Code 20785	Purpose of Disbursement direct mail PAC expense 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

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: QB 4302829020051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1 La Guardia Airport		Amount of Each Disbursement this Period 23.99
City Flushing State NY Zip Code 11352	Purpose of Disbursement insurance 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

SUBTOTAL of Disbursements This Page (optional) ▶	15865.63
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Dabkowski; Dariusz Full Name (Last, First, Middle Initial) Mailing Address 6072 67th Ave City Flushing State NY Zip Code 11385 Purpose of Disbursement Office cleaning Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4280637420051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period 250.00 Category/Type
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B. Bargold Storage Systems; LLC Full Name (Last, First, Middle Initial) Mailing Address 216 East 45th Street City New York State NY Zip Code 10017 Purpose of Disbursement Office cleaning Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4314037520051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period 52.00 Category/Type
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C. Dabkowski; Dariusz Full Name (Last, First, Middle Initial) Mailing Address 6072 67th Ave City Flushing State NY Zip Code 11385 Purpose of Disbursement Office cleaning Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4291937620051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5 Amount of Each Disbursement this Period 20.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	322.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial) Dabkowski; Dariusz		Transaction ID: QB 4292137720051216 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 6072 67th Ave		Amount of Each Disbursement this Period 30.00
City Flushing State NY Zip Code 11385	Purpose of Disbursement Office cleaning 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. Full Name (Last, First, Middle Initial) Sukhoo; Ramchan		Transaction ID: QB 4292437820051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 10 East 39th Street		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10016	Purpose of Disbursement Office cleaning 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) ▼	

C. Full Name (Last, First, Middle Initial) Roman; Carlos		Transaction ID: QB 4292537920051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 10 E 39th St		Amount of Each Disbursement this Period 80.00
City New York State NY Zip Code 10016	Purpose of Disbursement Office cleaning 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
National Committee for an Effective Congress

A. Fedex person Full Name (Last, First, Middle Initial) Mailing Address 10 East 39th Street City New York State NY Zip Code 10016 Purpose of Disbursement Office cleaning Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4292638020051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5 Amount of Each Disbursement this Period 30.00 Category/Type
--	--	---

B. Postal Carriers; NY Full Name (Last, First, Middle Initial) Mailing Address 10 East 39th St City New York State NY Zip Code 10016 Purpose of Disbursement Office cleaning Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4292738120051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5 Amount of Each Disbursement this Period 60.00 Category/Type
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C. Guard; NY Full Name (Last, First, Middle Initial) Mailing Address 10 East 39th St City New York State NY Zip Code 10016 Purpose of Disbursement Office cleaning Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4292838220051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5 Amount of Each Disbursement this Period 50.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Baduel; Beth		Transaction ID: QB 4292938320051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 83-32 Britton Ave		Amount of Each Disbursement this Period 50.00	
City Elmhurst State NY Zip Code 11373	Purpose of Disbursement Office cleaning	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dabkowski; Dariusz		Transaction ID: QB 4293038420051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 6072 67th Ave		Amount of Each Disbursement this Period 20.00	
City Flushing State NY Zip Code 11385	Purpose of Disbursement Office cleaning	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Baduel; Beth		Transaction ID: QB 4293138520051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 83-32 Britton Ave		Amount of Each Disbursement this Period 40.00	
City Elmhurst State NY Zip Code 11373	Purpose of Disbursement Office cleaning	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

110.00

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 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)
National Committee for an Effective Congress

A. Baduel; Beth Full Name (Last, First, Middle Initial) Mailing Address 83-32 Britton Ave City Elmhurst State NY Zip Code 11373 Purpose of Disbursement Office cleaning Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4292038620051220 Date of Disbursement: M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Amount of Each Disbursement this Period: 40.00 Category/Type
--	--	---

B. Dabkowski; Dariusz Full Name (Last, First, Middle Initial) Mailing Address 6072 67th Ave City Flushing State NY Zip Code 11385 Purpose of Disbursement Office cleaning Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4311338720051229 Date of Disbursement: M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5 Amount of Each Disbursement this Period: 30.00 Category/Type
--	--	---

C. Village Copier Full Name (Last, First, Middle Initial) Mailing Address 10 East 39th Street City New York State NY Zip Code 10016 Purpose of Disbursement rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: QB 4282240820051201 Date of Disbursement: M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period: 4716.37 Category/Type
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SUBTOTAL of Disbursements This Page (optional)	4786.37
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill 122 C Street; LLC		Transaction ID: QB 4282841020051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address Two Wisconsin Circle Suite 1050		Amount of Each Disbursement this Period 5433.51
City Chevy Chase State MD Zip Code 20815	Purpose of Disbursement rent 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. Authorize.net		Transaction ID: QB 4313848320051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 915 South 500 East		Amount of Each Disbursement this Period 29.95
City American Fork State UT Zip Code 84003	Purpose of Disbursement bank service charge 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. Authorize.net		Transaction ID: QB 4313848420051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 915 South 500 East		Amount of Each Disbursement this Period 39.40
City American Fork State UT Zip Code 84003	Purpose of Disbursement bank service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	5502.86
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Authorize.net		Transaction ID: QB 4313848520051202
Mailing Address 915 South 500 East		Date of Disbursement MM / DD / YYYY 12 / 02 / 2005
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement bank service charge		Amount of Each Disbursement this Period 137.43
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. National Capital Bank		Transaction ID: QB 4313948620051205
Mailing Address 316 Pennsylvania Ave SE		Date of Disbursement MM / DD / YYYY 12 / 05 / 2005
City Washington	State DC	Zip Code 20003
Purpose of Disbursement bank service charge		Amount of Each Disbursement this Period 35.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. National Capital Bank		Transaction ID: QB 4314348720051212
Mailing Address 316 Pennsylvania Ave SE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2005
City Washington	State DC	Zip Code 20003
Purpose of Disbursement bank service charge		Amount of Each Disbursement this Period 4.50
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	176.93
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. National Capital Bank		Transaction ID: QB 4314848820051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 316 Pennsylvania Ave SE		Amount of Each Disbursement this Period 45.54
City Washington State DC Zip Code 20003	Purpose of Disbursement bank service charge 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. National Capital Bank		Transaction ID: QB 4315348920051230 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 316 Pennsylvania Ave SE		Amount of Each Disbursement this Period 42.40
City Washington State DC Zip Code 20003	Purpose of Disbursement bank service charge 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) C. Federal Express Corporation		Transaction ID: QB 4280955020051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 75.68
City Pittsburgh State PA Zip Code 15250	Purpose of Disbursement delivery 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	163.62
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Delivery Service		Transaction ID: QB 4283755120051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 810 L Street; SE		Amount of Each Disbursement this Period 152.11
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement delivery		
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) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express Corporation		Transaction ID: QB 4283855220051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 35.30
City Pittsburgh State PA Zip Code 15250	Category/ Type	
Purpose of Disbursement delivery		
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) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express Corporation		Transaction ID: QB 4287655320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 180.75
City Pittsburgh State PA Zip Code 15250	Category/ Type	
Purpose of Disbursement delivery		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	368.16
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Delivery Service		Transaction ID: QB 4294855420051222 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 810 L Street; SE		Amount of Each Disbursement this Period 176.96
City Washington State DC Zip Code 20003	Purpose of Disbursement delivery 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. IMC Water Coolers		Transaction ID: QB 4287056620051212 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address PO Box 475		Amount of Each Disbursement this Period 49.50
City Poolesville State MD Zip Code 20837	Purpose of Disbursement Computer maintenance 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) C. Hardwood Artisans		Transaction ID: QB 4294156720051222 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 15005 Farm Creek Drive		Amount of Each Disbursement this Period 425.00
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Computer maintenance 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	651.46
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 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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Congressional Quarterly; Inc		Transaction ID: QB 4281662720051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 1255 22nd Street; NW		Amount of Each Disbursement this Period 2230.00
City Washington State DC Zip Code 20037	Purpose of Disbursement subscription 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. DirecTV		Transaction ID: QB 4315462820051221 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address P.O. Box 830032		Amount of Each Disbursement this Period 45.74
City Baltimore State MD Zip Code 21283	Purpose of Disbursement subscription 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) C. Aramark Refreshment Services		Transaction ID: QB 4281469820051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 8264 Preston Court		Amount of Each Disbursement this Period 184.28
City Jessup State MD Zip Code 20794	Purpose of Disbursement office supplies 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2460.02
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Independent Photocopy; Inc		Transaction ID: QB 4281869920051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 14455 Jeff Davis Hwy		Amount of Each Disbursement this Period 34.00
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement office supplies 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. Quill Corporation		Transaction ID: QB 4282070020051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address PO Box 94081		Amount of Each Disbursement this Period 62.71
City Palatine State IL Zip Code 60094	Purpose of Disbursement office supplies 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) C. Aramark Refreshment Services		Transaction ID: QB 4283570120051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 8264 Preston Court		Amount of Each Disbursement this Period 334.00
City Jessup State MD Zip Code 20794	Purpose of Disbursement office supplies 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	430.71
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Quill Corporation		Transaction ID: QB 4284070220051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address PO Box 94081		Amount of Each Disbursement this Period 44.94
City Palatine State IL Zip Code 60094	Purpose of Disbursement office supplies 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. Quill Corporation		Transaction ID: QB 4287970320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address PO Box 94081		Amount of Each Disbursement this Period 20.46
City Palatine State IL Zip Code 60094	Purpose of Disbursement office supplies 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) C. Hallmark		Transaction ID: QB 4292270420051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 281 Madison Ave		Amount of Each Disbursement this Period 15.12
City New York State NY Zip Code 10017	Purpose of Disbursement office supplies 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	80.52
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Posman Books		Transaction ID: QB 4293970520051220 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 3 Grand Central Terminal		Amount of Each Disbursement this Period 29.32
City New York State NY Zip Code 10017	Purpose of Disbursement office supplies 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. Aramark Refreshment Services		Transaction ID: QB 4294670620051222 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 8264 Preston Court		Amount of Each Disbursement this Period 435.50
City Jessup State MD Zip Code 20794	Purpose of Disbursement office supplies 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) C. AARP Health Care Options		Transaction ID: QB 4281378920051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 8220		Amount of Each Disbursement this Period 297.50
City Philadelphia State PA Zip Code 19101	Purpose of Disbursement insurance 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	762.32
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. CareFirst BlueCross BlueShield		Transaction ID: QB 4281579020051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 5845.71
City Baltimore State MD Zip Code 21279	Purpose of Disbursement insurance 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. Guardian; The		Transaction ID: QB 4281779120051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address PO Box 95101		Amount of Each Disbursement this Period 657.70
City Chicago State IL Zip Code 60694	Purpose of Disbursement insurance 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) C. NCIA Insurance Agency		Transaction ID: QB 4287579220051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address P.O. Box 79725		Amount of Each Disbursement this Period 57.00
City Baltimore State MD Zip Code 21279	Purpose of Disbursement insurance 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6560.41
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)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. NCIA Insurance Agency		Transaction ID: QB 4287579320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address P.O. Box 79725		Amount of Each Disbursement this Period 6.00
City Baltimore State MD Zip Code 21279	Category/ Type	
Purpose of Disbursement insurance		
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) ▼	

Full Name (Last, First, Middle Initial) B. AARP Health Care Options		Transaction ID: QB 4294579420051222 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 8220		Amount of Each Disbursement this Period 306.50
City Philadelphia State PA Zip Code 19101	Category/ Type	
Purpose of Disbursement insurance		
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) ▼	

Full Name (Last, First, Middle Initial) C. Colonial Parking		Transaction ID: QB 4282782720051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1050 Thomas Jefferson Street; NW		Amount of Each Disbursement this Period 712.49
City Washington State DC Zip Code 20007	Category/ Type	
Purpose of Disbursement parking/metro		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1024.99
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Colonial Parking		Transaction ID: QB 4282782820051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1050 Thomas Jefferson Street; NW		Amount of Each Disbursement this Period 179.00
City Washington State DC Zip Code 20007	Purpose of Disbursement parking/metro 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

Full Name (Last, First, Middle Initial) B. WMATA		Transaction ID: QB 4315182920051219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 3301 Eisenhower Avenue		Amount of Each Disbursement this Period 87.40
City Alexandria State VA Zip Code 22314	Purpose of Disbursement parking/metro 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

Full Name (Last, First, Middle Initial) C. Colonial Parking		Transaction ID: QB 4294383020051222 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 1050 Thomas Jefferson Street; NW		Amount of Each Disbursement this Period 495.01
City Washington State DC Zip Code 20007	Purpose of Disbursement parking/metro 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

SUBTOTAL of Disbursements This Page (optional) ▶	761.41
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)

<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Colonial Parking		Transaction ID: QB 4294383120051222 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 1050 Thomas Jefferson Street; NW		Amount of Each Disbursement this Period 660.00
City Washington State DC Zip Code 20007	Category/ Type	
Purpose of Disbursement parking/metro 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) ▼

Full Name (Last, First, Middle Initial) B. Archaeotech; Inc.		Transaction ID: QB 4288384520051216 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address Attn: Bill Elsey PO Box 230506		Amount of Each Disbursement this Period 450.00
City Centreville State VA Zip Code 20120	Category/ Type	
Purpose of Disbursement consulting 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) ▼

Full Name (Last, First, Middle Initial) C. NCEC Allocation Offset		Transaction ID: QB 4286883820051212 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 122 C Street; N.W.; Suite 650		Amount of Each Disbursement this Period -0.01
City Washington State DC Zip Code 20001	Category/ Type	
Purpose of Disbursement Payroll Liability Adjustment Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1109.99
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 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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. NCEC Allocation Offset		Transaction ID: QB 4286883920051212 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 122 C Street; N.W.; Suite 650		Amount of Each Disbursement this Period -0.02
City Washington State DC Zip Code 20001	Purpose of Disbursement Payroll Liability Adjustment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. NCEC Allocation Offset		Transaction ID: QB 4286884020051212 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 122 C Street; N.W.; Suite 650		Amount of Each Disbursement this Period 0.01
City Washington State DC Zip Code 20001	Purpose of Disbursement Payroll Liability Adjustment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. QuickBooks Payroll Service		Transaction ID: QB 4286984120051213 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 5745 Wall Street		Amount of Each Disbursement this Period 51.50
City Reno State NV Zip Code 89502	Purpose of Disbursement salary 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

SUBTOTAL of Disbursements This Page (optional) ▶	51.49
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. QuickBooks Payroll Service		Transaction ID: QB 4286984320051213 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 5745 Wall Street		Amount of Each Disbursement this Period 10.00
City Reno State NV Zip Code 89502	Purpose of Disbursement salary 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. QuickBooks Payroll Service		Transaction ID: QB 4286984420051213 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 5745 Wall Street		Amount of Each Disbursement this Period 10.00
City Reno State NV Zip Code 89502	Purpose of Disbursement salary 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) C. QuickBooks Payroll Service		Transaction ID: QB 4286984520051213 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 5745 Wall Street		Amount of Each Disbursement this Period 10.00
City Reno State NV Zip Code 89502	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	30.00
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 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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. QuickBooks Payroll Service		Transaction ID: QB 4286984620051213 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 5745 Wall Street		Amount of Each Disbursement this Period 25.00
City Reno State NV Zip Code 89502	Purpose of Disbursement salary 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. QuickBooks Payroll Service		Transaction ID: QB 4286984720051213 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 5745 Wall Street		Amount of Each Disbursement this Period 30.00
City Reno State NV Zip Code 89502	Purpose of Disbursement salary 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) C. QuickBooks Payroll Service		Transaction ID: QB 4286984820051213 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 5745 Wall Street		Amount of Each Disbursement this Period 7.85
City Reno State NV Zip Code 89502	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	62.85
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Blum-Pastor; Heather M.		Transaction ID: QB 4284884920051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 4429 Rosedale Avenue		Amount of Each Disbursement this Period 769.23
City Bethesda State MD Zip Code 20814	Purpose of Disbursement salary 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. Blum-Pastor; Heather M.		Transaction ID: QB 4284885020051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 4429 Rosedale Avenue		Amount of Each Disbursement this Period 47.69
City Bethesda State MD Zip Code 20814	Purpose of Disbursement salary 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) C. Blum-Pastor; Heather M.		Transaction ID: QB 4284885120051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 4429 Rosedale Avenue		Amount of Each Disbursement this Period 11.15
City Bethesda State MD Zip Code 20814	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	828.07
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial) Blythe; Brett W.		Transaction ID: QB 4284985420051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 700 A Street; SE		Amount of Each Disbursement this Period 580.00
City Washington State DC Zip Code 20003	Purpose of Disbursement salary 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. Full Name (Last, First, Middle Initial) Blythe; Brett W.		Transaction ID: QB 4284985520051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 700 A Street; SE		Amount of Each Disbursement this Period 10.88
City Washington State DC Zip Code 20003	Purpose of Disbursement salary 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) ▼	
C. Full Name (Last, First, Middle Initial) Blythe; Brett W.		Transaction ID: QB 4284985620051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 700 A Street; SE		Amount of Each Disbursement this Period 36.63
City Washington State DC Zip Code 20003	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

627.51

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial) Blythe; Brett W.		Transaction ID: QB 4284985720051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 700 A Street; SE		Amount of Each Disbursement this Period 8.57	
City Washington State DC Zip Code 20003	Purpose of Disbursement salary 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. Full Name (Last, First, Middle Initial) Bonier; Thomas T.		Transaction ID: QB 4285086020051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 1803 Everest Street		Amount of Each Disbursement this Period 634.61	
City Silver Spring State MD Zip Code 20902	Purpose of Disbursement salary 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) ▼		

C. Full Name (Last, First, Middle Initial) Bonier; Thomas T.		Transaction ID: QB 4285086120051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 1803 Everest Street		Amount of Each Disbursement this Period 39.35	
City Silver Spring State MD Zip Code 20902	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ► **682.53**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Bonier; Thomas T.		Transaction ID: QB 4285086220051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1803 Everest Street		Amount of Each Disbursement this Period 9.21
City Silver Spring State MD Zip Code 20902	Purpose of Disbursement salary 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. Byron; James E.		Transaction ID: QB 4285186520051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1647 Francis Hammond Pky		Amount of Each Disbursement this Period 1430.77
City Alexandria State VA Zip Code 22302	Purpose of Disbursement salary 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) C. Byron; James E.		Transaction ID: QB 4285186620051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1647 Francis Hammond Pky		Amount of Each Disbursement this Period 88.70
City Alexandria State VA Zip Code 22302	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1528.68
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Byron; James E.		Transaction ID: QB 4285186720051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1647 Francis Hammond Pky		Amount of Each Disbursement this Period 20.74
City Alexandria State VA Zip Code 22302	Purpose of Disbursement salary 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. Carper; Melisa M.		Transaction ID: QB 4285287020051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 11252 Chestnut Grove Square		Amount of Each Disbursement this Period 574.40
City Reston State VA Zip Code 20190	Purpose of Disbursement salary 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) C. Carper; Melisa M.		Transaction ID: QB 4285287120051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 11252 Chestnut Grove Square		Amount of Each Disbursement this Period 45.77
City Reston State VA Zip Code 20190	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	640.91
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Carper; Melisa M.		Transaction ID: QB 4285287220051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 11252 Chestnut Grove Square		Amount of Each Disbursement this Period 38.45	
City Reston State VA Zip Code 20190	Purpose of Disbursement salary 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. Carper; Melisa M.		Transaction ID: QB 4285287320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 11252 Chestnut Grove Square		Amount of Each Disbursement this Period 9.00	
City Reston State VA Zip Code 20190	Purpose of Disbursement salary 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) C. Engel; Robert B.		Transaction ID: QB 4285387620051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 1310 N. Nelson Street		Amount of Each Disbursement this Period 923.08	
City Arlington State VA Zip Code 22201	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	970.53
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)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Engel; Robert B.		Transaction ID: QB 4285387720051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 1310 N. Nelson Street		Amount of Each Disbursement this Period 57.23	
City Arlington State VA Zip Code 22201	Purpose of Disbursement salary 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. Engel; Robert B.		Transaction ID: QB 4285387820051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 1310 N. Nelson Street		Amount of Each Disbursement this Period 13.39	
City Arlington State VA Zip Code 22201	Purpose of Disbursement salary 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) C. Estephanos; Bilen K.		Transaction ID: QB 4285488120051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 7412 Vernon Square Dr. Apt #101		Amount of Each Disbursement this Period 640.00	
City Alexandria State VA Zip Code 22306	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	710.62
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Estephanos; Bilen K.		Transaction ID: QB 4285488220051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 7412 Vernon Square Dr. Apt #101		Amount of Each Disbursement this Period 66.00
City Alexandria State VA Zip Code 22306	Purpose of Disbursement salary 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. Estephanos; Bilen K.		Transaction ID: QB 4285488320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 7412 Vernon Square Dr. Apt #101		Amount of Each Disbursement this Period 43.77
City Alexandria State VA Zip Code 22306	Purpose of Disbursement salary 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) C. Estephanos; Bilen K.		Transaction ID: QB 4285488420051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 7412 Vernon Square Dr. Apt #101		Amount of Each Disbursement this Period 10.24
City Alexandria State VA Zip Code 22306	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	120.01
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

<p>A. Full Name (Last, First, Middle Initial) Fraher; Brian J.</p> <p>Mailing Address 1117 D Street; NE #3</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: QB 4285588720051214</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="464.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Fraher; Brian J.</p> <p>Mailing Address 1117 D Street; NE #3</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: QB 4285588820051214</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="102.23"/></p>
<p>C. Full Name (Last, First, Middle Initial) Fraher; Brian J.</p> <p>Mailing Address 1117 D Street; NE #3</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: QB 4285588920051214</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.11"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Fraher; Brian J.		Transaction ID: QB 4285589020051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 1117 D Street; NE #3		Amount of Each Disbursement this Period 8.21	
City Washington State DC Zip Code 20002	Purpose of Disbursement salary 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. Gersh; Mark H.		Transaction ID: QB 4285689320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 2561 N. Upland Street		Amount of Each Disbursement this Period 2307.69	
City Arlington State VA Zip Code 22207	Purpose of Disbursement salary 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) C. Gersh; Mark H.		Transaction ID: QB 4285689420051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 2561 N. Upland Street		Amount of Each Disbursement this Period 143.08	
City Arlington State VA Zip Code 22207	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2458.98
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Gersh; Mark H.		Transaction ID: QB 4285689520051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 2561 N. Upland Street		Amount of Each Disbursement this Period 33.46	
City Arlington State VA Zip Code 22207	Purpose of Disbursement salary 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. Goudiss; Charles K.		Transaction ID: QB 4285789820051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 1409 15th Street; NW Apt 23		Amount of Each Disbursement this Period 565.43	
City Washington State DC Zip Code 20005	Purpose of Disbursement salary 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) C. Goudiss; Charles K.		Transaction ID: QB 4285789920051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 1409 15th Street; NW Apt 23		Amount of Each Disbursement this Period 35.05	
City Washington State DC Zip Code 20005	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	633.94
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Goudiss; Charles K.		Transaction ID: QB 4285790020051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1409 15th Street; NW Apt 23		Amount of Each Disbursement this Period 8.20
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement salary		
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) ▼	

Full Name (Last, First, Middle Initial) B. Hemenway; Anne		Transaction ID: QB 4285890320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 346 E 49th St		Amount of Each Disbursement this Period 1250.00
City New York State NY Zip Code 10017	Category/ Type	
Purpose of Disbursement salary		
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) ▼	

Full Name (Last, First, Middle Initial) C. Hemenway; Anne		Transaction ID: QB 4285890520051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 346 E 49th St		Amount of Each Disbursement this Period 77.50
City New York State NY Zip Code 10017	Category/ Type	
Purpose of Disbursement salary		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1335.70
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Hemenway; Anne		Transaction ID: QB 4285890620051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 346 E 49th St		Amount of Each Disbursement this Period 18.13
City New York State NY Zip Code 10017	Purpose of Disbursement salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Hemenway; Russell D.		Transaction ID: QB 4285991020051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 160 E 89th St Penthouse B		Amount of Each Disbursement this Period 2807.69
City New York State NY Zip Code 10128	Purpose of Disbursement salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Hemenway; Russell D.		Transaction ID: QB 4285991220051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 160 E 89th St Penthouse B		Amount of Each Disbursement this Period 174.08
City New York State NY Zip Code 10128	Purpose of Disbursement salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2999.90
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)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Hemenway; Russell D.		Transaction ID: QB 4285991320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 160 E 89th St Penthouse B		Amount of Each Disbursement this Period 40.71
City New York State NY Zip Code 10128	Purpose of Disbursement salary 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. Jones; Kathline W.		Transaction ID: QB 4286091720051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 7505 Glade Drive		Amount of Each Disbursement this Period 824.79
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement salary 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) C. Jones; Kathline W.		Transaction ID: QB 4286091820051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 7505 Glade Drive		Amount of Each Disbursement this Period 51.13
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	916.63
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial) Jones; Kathline W.		Transaction ID: QB 4286091920051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 7505 Glade Drive		Amount of Each Disbursement this Period 11.96
City Fort Washington State MD Zip Code 20744		
Purpose of Disbursement salary 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. Full Name (Last, First, Middle Initial) Levene; Sarah A.		Transaction ID: QB 4286192220051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1951 Biltmore; NW #1		Amount of Each Disbursement this Period 574.40
City Washington State DC Zip Code 20009		
Purpose of Disbursement salary 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) ▼	

C. Full Name (Last, First, Middle Initial) Levene; Sarah A.		Transaction ID: QB 4286192320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1951 Biltmore; NW #1		Amount of Each Disbursement this Period 126.55
City Washington State DC Zip Code 20009		
Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **712.91**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial) Levene; Sarah A.		Transaction ID: QB 4286192420051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1951 Biltmore; NW #1		Amount of Each Disbursement this Period 43.46
City Washington State DC Zip Code 20009		
Purpose of Disbursement salary 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. Full Name (Last, First, Middle Initial) Levene; Sarah A.		Transaction ID: QB 4286192520051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 1951 Biltmore; NW #1		Amount of Each Disbursement this Period 10.16	
City Washington State DC Zip Code 20009			
Purpose of Disbursement salary 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) ▼

C. Full Name (Last, First, Middle Initial) Long; Martin A		Transaction ID: QB 4286292820051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 3412 Austin Court		Amount of Each Disbursement this Period 655.77	
City Alexandria State VA Zip Code 22310			
Purpose of Disbursement salary 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	709.39
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Long; Martin A		Transaction ID: QB 4286292920051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 3412 Austin Court		Amount of Each Disbursement this Period 40.66
City Alexandria State VA Zip Code 22310		
Purpose of Disbursement salary 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. Long; Martin A		Transaction ID: QB 4286293020051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 3412 Austin Court		Amount of Each Disbursement this Period 9.51
City Alexandria State VA Zip Code 22310		
Purpose of Disbursement salary 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) C. Manning; Patrick D.		Transaction ID: QB 4286393320051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 661 Morris Place; NE Apt #4		Amount of Each Disbursement this Period 531.14
City Washington State DC Zip Code 20002		
Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	581.31
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Manning; Patrick D.		Transaction ID: QB 4286393420051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 661 Morris Place; NE Apt #4		Amount of Each Disbursement this Period 32.93
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement salary		
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) ▼	

Full Name (Last, First, Middle Initial) B. Manning; Patrick D.		Transaction ID: QB 4286393520051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 661 Morris Place; NE Apt #4		Amount of Each Disbursement this Period 7.70
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement salary		
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) ▼	

Full Name (Last, First, Middle Initial) C. Ochylski; Kimberly		Transaction ID: QB 4286493820051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 16 5th Street; SE #201		Amount of Each Disbursement this Period 574.40
City Washington State DC Zip Code 20001	Category/ Type	
Purpose of Disbursement salary		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	615.03
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial) Ochylski; Kimberly		Transaction ID: QB 4286493920051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 16 5th Street; SE #201		Amount of Each Disbursement this Period 138.18
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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. Full Name (Last, First, Middle Initial) Ochylski; Kimberly		Transaction ID: QB 4286494020051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 16 5th Street; SE #201		Amount of Each Disbursement this Period 44.18
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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) ▼	

C. Full Name (Last, First, Middle Initial) Ochylski; Kimberly		Transaction ID: QB 4286494120051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 16 5th Street; SE #201		Amount of Each Disbursement this Period 10.33
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ► 192.69

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Senzano; Kristhian S.		Transaction ID: QB 4286594420051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 6509 Dorset Drive		Amount of Each Disbursement this Period 681.77	
City Alexandria State VA Zip Code 22310	Purpose of Disbursement salary 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. Senzano; Kristhian S.		Transaction ID: QB 4286594520051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 6509 Dorset Drive		Amount of Each Disbursement this Period 42.27	
City Alexandria State VA Zip Code 22310	Purpose of Disbursement salary 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) C. Senzano; Kristhian S.		Transaction ID: QB 4286594620051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 6509 Dorset Drive		Amount of Each Disbursement this Period 9.89	
City Alexandria State VA Zip Code 22310	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ► **733.93**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Walker; Qiana U.		Transaction ID: QB 4286694920051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 3015 Brinkley Road #201		Amount of Each Disbursement this Period 592.00
City Temple Hills State MD Zip Code 20748	Purpose of Disbursement salary 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. Walker; Qiana U.		Transaction ID: QB 4286695020051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 3015 Brinkley Road #201		Amount of Each Disbursement this Period 32.44
City Temple Hills State MD Zip Code 20748	Purpose of Disbursement salary 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) C. Walker; Qiana U.		Transaction ID: QB 4286695120051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 3015 Brinkley Road #201		Amount of Each Disbursement this Period 38.72
City Temple Hills State MD Zip Code 20748	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	663.16
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Walker; Qiana U.		Transaction ID: QB 4286695220051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 3015 Brinkley Road #201		Amount of Each Disbursement this Period 9.05	
City Temple Hills State MD Zip Code 20748	Purpose of Disbursement salary 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. Warren; Christopher L.		Transaction ID: QB 4286795520051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 412 U Street; NW		Amount of Each Disbursement this Period 956.62	
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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) C. Warren; Christopher L.		Transaction ID: QB 4286795620051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 412 U Street; NW		Amount of Each Disbursement this Period 59.31	
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1024.98
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)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Warren; Christopher L.		Transaction ID: QB 4286795720051214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 412 U Street; NW		Amount of Each Disbursement this Period 13.87	
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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. NCEC Allocation Offset		Transaction ID: QB 4296996020051226 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 5	
Mailing Address 122 C Streeet; N.W.; Suite 650		Amount of Each Disbursement this Period 0.01	
City Washington State DC Zip Code 20001	Purpose of Disbursement Payroll Liability Adjustment 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) C. NCEC Allocation Offset		Transaction ID: QB 4296996120051226 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 5	
Mailing Address 122 C Streeet; N.W.; Suite 650		Amount of Each Disbursement this Period 0.02	
City Washington State DC Zip Code 20001	Purpose of Disbursement Payroll Liability Adjustment 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	13.90
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. NCEC Allocation Offset		Transaction ID: QB 4296996220051226 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 5
Mailing Address 122 C Street; N.W.; Suite 650		Amount of Each Disbursement this Period -0.01
City Washington State DC Zip Code 20001	Purpose of Disbursement Payroll Liability Adjustment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. QuickBooks Payroll Service		Transaction ID: QB 4297096320051227 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 5745 Wall Street		Amount of Each Disbursement this Period 25.00
City Reno State NV Zip Code 89502	Purpose of Disbursement salary 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

Full Name (Last, First, Middle Initial) C. QuickBooks Payroll Service		Transaction ID: QB 4297096420051227 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 5745 Wall Street		Amount of Each Disbursement this Period 30.00
City Reno State NV Zip Code 89502	Purpose of Disbursement salary 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

SUBTOTAL of Disbursements This Page (optional) ▶	54.99
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)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. QuickBooks Payroll Service		Transaction ID: QB 4297096520051227 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 5745 Wall Street		Amount of Each Disbursement this Period 3.16
City Reno State NV Zip Code 89502	Purpose of Disbursement salary 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. Blum-Pastor; Heather M.		Transaction ID: QB 4294996620051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 4429 Rosedale Avenue		Amount of Each Disbursement this Period 769.23
City Bethesda State MD Zip Code 20814	Purpose of Disbursement salary 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) C. Blum-Pastor; Heather M.		Transaction ID: QB 4294996720051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 4429 Rosedale Avenue		Amount of Each Disbursement this Period 47.69
City Bethesda State MD Zip Code 20814	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	820.08
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Blum-Pastor; Heather M.		Transaction ID: QB 4294996820051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 4429 Rosedale Avenue		Amount of Each Disbursement this Period 11.15
City Bethesda State MD Zip Code 20814	Category/ Type	
Purpose of Disbursement salary		
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) ▼	

Full Name (Last, First, Middle Initial) B. Blythe; Brett W.		Transaction ID: QB 4295097120051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 700 A Street; SE		Amount of Each Disbursement this Period 569.13
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement salary		
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) ▼	

Full Name (Last, First, Middle Initial) C. Blythe; Brett W.		Transaction ID: QB 4295097220051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 700 A Street; SE		Amount of Each Disbursement this Period 35.29
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement salary		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	615.57
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 99 / 122

<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)
National Committee for an Effective Congress

<p>A. Full Name (Last, First, Middle Initial) Blythe; Brett W.</p>		<p>Transaction ID: QB 4295097320051228 Date of Disbursement</p>	
<p>Mailing Address 700 A Street; SE</p>		<p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Washington State DC Zip Code 20003</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.25"/></p>		
<p>Purpose of Disbursement salary</p>	<p><input type="text" value=""/></p>		
<p>Candidate Name</p>	<p>Category/Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>B. Full Name (Last, First, Middle Initial) Bonier; Thomas T.</p>		<p>Transaction ID: QB 4295197620051228 Date of Disbursement</p>	
<p>Mailing Address 1803 Everest Street</p>		<p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Silver Spring State MD Zip Code 20902</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="634.61"/></p>		
<p>Purpose of Disbursement salary</p>	<p><input type="text" value=""/></p>		
<p>Candidate Name</p>	<p>Category/Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>C. Full Name (Last, First, Middle Initial) Bonier; Thomas T.</p>		<p>Transaction ID: QB 4295197720051228 Date of Disbursement</p>	
<p>Mailing Address 1803 Everest Street</p>		<p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Silver Spring State MD Zip Code 20902</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="39.34"/></p>		
<p>Purpose of Disbursement salary</p>	<p><input type="text" value=""/></p>		
<p>Candidate Name</p>	<p>Category/Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="682.20"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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 100 / 122

<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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Bonier; Thomas T.		Transaction ID: QB 4295197820051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1803 Everest Street		Amount of Each Disbursement this Period 9.20
City Silver Spring State MD Zip Code 20902	Purpose of Disbursement salary 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. Byron; James E.		Transaction ID: QB 4295298120051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1647 Francis Hammond Pky		Amount of Each Disbursement this Period 1430.77
City Alexandria State VA Zip Code 22302	Purpose of Disbursement salary 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) C. Byron; James E.		Transaction ID: QB 4295298220051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1647 Francis Hammond Pky		Amount of Each Disbursement this Period 88.71
City Alexandria State VA Zip Code 22302	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1528.68
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial) Byron; James E.		Transaction ID: QB 4295298320051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1647 Francis Hammond Pky		Amount of Each Disbursement this Period 20.75
City Alexandria State VA Zip Code 22302	Purpose of Disbursement salary 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. Full Name (Last, First, Middle Initial) Carper; Melisa M.		Transaction ID: QB 4295398620051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 11252 Chestnut Grove Square		Amount of Each Disbursement this Period 530.75
City Reston State VA Zip Code 20190	Purpose of Disbursement salary 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) ▼	

C. Full Name (Last, First, Middle Initial) Carper; Melisa M.		Transaction ID: QB 4295398720051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 11252 Chestnut Grove Square		Amount of Each Disbursement this Period 32.91
City Reston State VA Zip Code 20190	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	584.41
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)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Carper; Melisa M.		Transaction ID: QB 4295398820051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 11252 Chestnut Grove Square		Amount of Each Disbursement this Period 7.69
City Reston State VA Zip Code 20190	Purpose of Disbursement salary 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		

Full Name (Last, First, Middle Initial) B. Engel; Robert B.		Transaction ID: QB 4295499120051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1310 N. Nelson Street		Amount of Each Disbursement this Period 923.08
City Arlington State VA Zip Code 22201	Purpose of Disbursement salary 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		

Full Name (Last, First, Middle Initial) C. Engel; Robert B.		Transaction ID: QB 4295499220051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1310 N. Nelson Street		Amount of Each Disbursement this Period 57.23
City Arlington State VA Zip Code 22201	Purpose of Disbursement salary 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		

SUBTOTAL of Disbursements This Page (optional) ▶	988.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Engel; Robert B.		Transaction ID: QB 4295499320051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 1310 N. Nelson Street		Amount of Each Disbursement this Period 13.38	
City Arlington State VA Zip Code 22201	Purpose of Disbursement salary 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. Estephanos; Bilen K.		Transaction ID: QB 4295599620051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 7412 Vernon Square Dr. Apt #101		Amount of Each Disbursement this Period 640.00	
City Alexandria State VA Zip Code 22306	Purpose of Disbursement salary 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) C. Estephanos; Bilen K.		Transaction ID: QB 4295599720051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 7412 Vernon Square Dr. Apt #101		Amount of Each Disbursement this Period 36.00	
City Alexandria State VA Zip Code 22306	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	689.38
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Estephanos; Bilen K.		Transaction ID: QB 4295599820051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 7412 Vernon Square Dr. Apt #101		Amount of Each Disbursement this Period 41.91
City Alexandria State VA Zip Code 22306	Purpose of Disbursement salary 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. Estephanos; Bilen K.		Transaction ID: QB 4295599920051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 7412 Vernon Square Dr. Apt #101		Amount of Each Disbursement this Period 9.80
City Alexandria State VA Zip Code 22306	Purpose of Disbursement salary 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) C. Fraher; Brian J.		Transaction ID: QB 4295600220051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1117 D Street; NE #3		Amount of Each Disbursement this Period 464.00
City Washington State DC Zip Code 20002	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	515.71
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Fraher; Brian J.		Transaction ID: QB 4295600320051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 1117 D Street; NE #3		Amount of Each Disbursement this Period 65.25	
City Washington State DC Zip Code 20002	Purpose of Disbursement salary 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. Fraher; Brian J.		Transaction ID: QB 4295600420051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 1117 D Street; NE #3		Amount of Each Disbursement this Period 32.81	
City Washington State DC Zip Code 20002	Purpose of Disbursement salary 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) C. Fraher; Brian J.		Transaction ID: QB 4295600520051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 1117 D Street; NE #3		Amount of Each Disbursement this Period 7.68	
City Washington State DC Zip Code 20002	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	105.74
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Gersh; Mark H.		Transaction ID: QB 4295700820051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 2561 N. Upland Street		Amount of Each Disbursement this Period 2307.69	
City Arlington	State VA	Zip Code 22207	Category/ Type
Purpose of Disbursement salary		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Gersh; Mark H.		Transaction ID: QB 4295700920051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 2561 N. Upland Street		Amount of Each Disbursement this Period 143.08	
City Arlington	State VA	Zip Code 22207	Category/ Type
Purpose of Disbursement salary		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Gersh; Mark H.		Transaction ID: QB 4295701020051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 2561 N. Upland Street		Amount of Each Disbursement this Period 33.46	
City Arlington	State VA	Zip Code 22207	Category/ Type
Purpose of Disbursement salary		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2484.23
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Goudiss; Charles K.		Transaction ID: QB 4295801320051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1409 15th Street; NW Apt 23		Amount of Each Disbursement this Period 556.45
City Washington State DC Zip Code 20005		
Purpose of Disbursement salary 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. Goudiss; Charles K.		Transaction ID: QB 4295801420051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1409 15th Street; NW Apt 23		Amount of Each Disbursement this Period 34.50
City Washington State DC Zip Code 20005		
Purpose of Disbursement salary 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) C. Goudiss; Charles K.		Transaction ID: QB 4295801520051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1409 15th Street; NW Apt 23		Amount of Each Disbursement this Period 8.07
City Washington State DC Zip Code 20005		
Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	599.02
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial) Hemenway; Anne		Transaction ID: QB 4295901820051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 346 E 49th St		Amount of Each Disbursement this Period 1250.00
City New York State NY Zip Code 10017	Purpose of Disbursement salary 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. Full Name (Last, First, Middle Initial) Hemenway; Anne		Transaction ID: QB 4295902020051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 346 E 49th St		Amount of Each Disbursement this Period 77.50
City New York State NY Zip Code 10017	Purpose of Disbursement salary 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) ▼	

C. Full Name (Last, First, Middle Initial) Hemenway; Anne		Transaction ID: QB 4295902120051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 346 E 49th St		Amount of Each Disbursement this Period 18.12
City New York State NY Zip Code 10017	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1345.62
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:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Hemenway; Russell D.		Transaction ID: QB 4296002520051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 160 E 89th St Penthouse B		Amount of Each Disbursement this Period 2807.69
City New York State NY Zip Code 10128	Purpose of Disbursement salary 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. Hemenway; Russell D.		Transaction ID: QB 4296002720051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 160 E 89th St Penthouse B		Amount of Each Disbursement this Period 174.08
City New York State NY Zip Code 10128	Purpose of Disbursement salary 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) C. Hemenway; Russell D.		Transaction ID: QB 4296002820051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 160 E 89th St Penthouse B		Amount of Each Disbursement this Period 40.71
City New York State NY Zip Code 10128	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

3022.48

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

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial) Jones; Kathline W.		Transaction ID: QB 4296103220051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 7505 Glade Drive		Amount of Each Disbursement this Period 824.69
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement salary 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. Full Name (Last, First, Middle Initial) Jones; Kathline W.		Transaction ID: QB 4296103320051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 7505 Glade Drive		Amount of Each Disbursement this Period 51.14
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement salary 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) ▼	

C. Full Name (Last, First, Middle Initial) Jones; Kathline W.		Transaction ID: QB 4296103420051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 7505 Glade Drive		Amount of Each Disbursement this Period 11.95
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ► 887.78

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

A. Full Name (Last, First, Middle Initial) Levene; Sarah A.		Transaction ID: QB 4296203720051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1951 Biltmore; NW #1		Amount of Each Disbursement this Period 574.40
City Washington State DC Zip Code 20009	Purpose of Disbursement salary 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. Full Name (Last, First, Middle Initial) Levene; Sarah A.		Transaction ID: QB 4296203820051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1951 Biltmore; NW #1		Amount of Each Disbursement this Period 26.93
City Washington State DC Zip Code 20009	Purpose of Disbursement salary 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) ▼	

C. Full Name (Last, First, Middle Initial) Levene; Sarah A.		Transaction ID: QB 4296203920051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 1951 Biltmore; NW #1		Amount of Each Disbursement this Period 37.28
City Washington State DC Zip Code 20009	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **638.61**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Levene; Sarah A.		Transaction ID: QB 4296204020051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 1951 Biltmore; NW #1		Amount of Each Disbursement this Period 8.72	
City Washington State DC Zip Code 20009	Purpose of Disbursement salary 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. Long; Martin A		Transaction ID: QB 4296304320051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 3412 Austin Court		Amount of Each Disbursement this Period 655.77	
City Alexandria State VA Zip Code 22310	Purpose of Disbursement salary 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) C. Long; Martin A		Transaction ID: QB 4296304420051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 3412 Austin Court		Amount of Each Disbursement this Period 40.66	
City Alexandria State VA Zip Code 22310	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	705.15
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Long; Martin A		Transaction ID: QB 4296304520051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 3412 Austin Court		Amount of Each Disbursement this Period 9.51	
City Alexandria State VA Zip Code 22310	Purpose of Disbursement salary 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. Manning; Patrick D.		Transaction ID: QB 4296404820051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 661 Morris Place; NE Apt #4		Amount of Each Disbursement this Period 531.14	
City Washington State DC Zip Code 20002	Purpose of Disbursement salary 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) C. Manning; Patrick D.		Transaction ID: QB 4296404920051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 661 Morris Place; NE Apt #4		Amount of Each Disbursement this Period 32.93	
City Washington State DC Zip Code 20002	Purpose of Disbursement salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ► **573.58**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Manning; Patrick D.		Transaction ID: QB 4296405020051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 661 Morris Place; NE Apt #4		Amount of Each Disbursement this Period 7.70
City Washington State DC Zip Code 20002	Purpose of Disbursement salary 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. Ochylski; Kimberly		Transaction ID: QB 4296505320051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 16 5th Street; SE #201		Amount of Each Disbursement this Period 574.40
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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) C. Ochylski; Kimberly		Transaction ID: QB 4296505420051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 16 5th Street; SE #201		Amount of Each Disbursement this Period 2.69
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	584.79
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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Ochylski; Kimberly		Transaction ID: QB 4296505520051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 16 5th Street; SE #201		Amount of Each Disbursement this Period 35.78
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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. Ochylski; Kimberly		Transaction ID: QB 4296505620051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 16 5th Street; SE #201		Amount of Each Disbursement this Period 8.37
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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) C. Senzano; Kristhian S.		Transaction ID: QB 4296605920051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 6509 Dorset Drive		Amount of Each Disbursement this Period 647.25
City Alexandria State VA Zip Code 22310	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	691.40
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Senzano; Kristhian S.		Transaction ID: QB 4296606020051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 6509 Dorset Drive		Amount of Each Disbursement this Period 40.13
City Alexandria State VA Zip Code 22310	Purpose of Disbursement salary 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. Senzano; Kristhian S.		Transaction ID: QB 4296606120051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 6509 Dorset Drive		Amount of Each Disbursement this Period 9.38
City Alexandria State VA Zip Code 22310	Purpose of Disbursement salary 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) C. Walker; Qiana U.		Transaction ID: QB 4296706420051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 3015 Brinkley Road #201		Amount of Each Disbursement this Period 592.00
City Temple Hills State MD Zip Code 20748	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **641.51**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Walker; Qiana U.		Transaction ID: QB 4296706520051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 3015 Brinkley Road #201		Amount of Each Disbursement this Period 23.66
City Temple Hills State MD Zip Code 20748	Purpose of Disbursement salary 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. Walker; Qiana U.		Transaction ID: QB 4296706620051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 3015 Brinkley Road #201		Amount of Each Disbursement this Period 38.17
City Temple Hills State MD Zip Code 20748	Purpose of Disbursement salary 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) C. Walker; Qiana U.		Transaction ID: QB 4296706720051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 3015 Brinkley Road #201		Amount of Each Disbursement this Period 8.93
City Temple Hills State MD Zip Code 20748	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	70.76
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Warren; Christopher L.		Transaction ID: QB 4296807020051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 412 U Street; NW		Amount of Each Disbursement this Period 956.62
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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. Warren; Christopher L.		Transaction ID: QB 4296807120051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 412 U Street; NW		Amount of Each Disbursement this Period 59.31
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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) C. Warren; Christopher L.		Transaction ID: QB 4296807220051228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 412 U Street; NW		Amount of Each Disbursement this Period 13.88
City Washington State DC Zip Code 20001	Purpose of Disbursement salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1029.81
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Catering By Windows		Transaction ID: QB 4281110520051201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 1125 North Royal Street		Amount of Each Disbursement this Period 969.37
City Alexandria State VA Zip Code 22314	Purpose of Disbursement meals 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. Delta Airlines		Transaction ID: QB 4288412120051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1 La Guardia Airport		Amount of Each Disbursement this Period 10.00
City Flushing State NY Zip Code 11352	Purpose of Disbursement travel 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) C. Delta Airlines		Transaction ID: QB 4288912220051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1 La Guardia Airport		Amount of Each Disbursement this Period 23.99
City Flushing State NY Zip Code 11352	Purpose of Disbursement travel 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1003.36
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: QB 4289012320051202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1 La Guardia Airport		Amount of Each Disbursement this Period 347.90
City Flushing State NY Zip Code 11352	Purpose of Disbursement travel 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

Full Name (Last, First, Middle Initial) B. AMTRAK		Transaction ID: QB 4302912420051208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address Union Station		Amount of Each Disbursement this Period 168.00
City Washington State DC Zip Code 20001	Purpose of Disbursement travel 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

Full Name (Last, First, Middle Initial) C. AMTRAK		Transaction ID: QB 4288812520051209 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address Union Station		Amount of Each Disbursement this Period 168.00
City Washington State DC Zip Code 20001	Purpose of Disbursement travel 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

SUBTOTAL of Disbursements This Page (optional) ▶	683.90
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Committee for an Effective Congress

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: QB 4302512620051216 Date of Disbursement 12 / 16 / 2005	
Mailing Address 1 La Guardia Airport		Amount of Each Disbursement this Period -222.70	
City Flushing	State NY	Zip Code 11352	Category/ Type
Purpose of Disbursement travel		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		FEC: Reimbursement for unused ticket

SUBTOTAL of Disbursements This Page (optional)

-222.70

TOTAL This Period (last page this line number only)

89494.25

Image# 26940020945

Form/Schedule: **F3XA**

All line 21b expenses are committee-related and not made in support of any candidate or committee.

Transaction ID:
