

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 DEC -1 A 10 28

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: if typing, type over the lines. GRAD PAC

ADDRESS (number and street) 1005 CAMERON ST ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER 000372607 3. IS THIS REPORT NEW OR AMENDED

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

5. Covering Period 10/14/2004 through 11/22/2004

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 KEVIN M. KEATING Signature of Treasurer [Signature] Date 11/24/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5-37g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Report Covering the Period From: **7/3/04** To: **11/22/04**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		10,359.29
(b) Cash on Hand at Beginning of Reporting Period	274,967	
(c) Total Receipts (from Line 19)	5,225.00	27,728.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	903,467	330,88.12
7. Total Disbursements (from Line 31)	411,817	29,172.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	391,650	3416.50
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	527,453	

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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From: 10 14 2003 To: 11 27 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
That Political Committees	44,000.00	17,750.00
(i) Itemized (use Schedule A).....	8,850.00	4,978.83
(ii) Unitemized.....		
(iii) TOTAL (add	52,850.00	22,728.83
Lines 11(a)(i) and (ii)..... ▶		
(b) Political Party Committees.....		
(c) Other Political Committees		
(such as PACs).....		
(d) Total Contributions (add Lines	52,850.00	22,728.83
11(a)(ii), (b), and (c)) (Carry		
Totals to Line 33, page 5)..... ▶		
12. Transfers From Affiliated/Other		
Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures		
(Refunds, Credits, etc.)		
(Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees.....		
17. Other Federal Receipts		
(Dividends, interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule HS).....		
(b) Levin Funds (from Schedule HS).....		
(c) Total Transfers (add 18(a) and 18(b)).....		
19. Total Receipts (add Lines 11(d)	52,850.00	22,728.83
12, 13, 14, 15, 16, 17, and 18(c))..... ▶		
20. Total Federal Receipts	52,850.00	22,728.83
(Subtract Line 16(c) from Line 19)..... ▶		

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,817	15,171.62
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	14,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441p(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(k) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H4)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4,118.17	29,171.62
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	4,118.17	29,171.62

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)	522500	2272883
34. Total Contribution Refunds (from Line 22(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	522500	2272883
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11817	1517161
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11817	1517162

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

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

FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	<input type="checkbox"/> 18

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 contributor.

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
PERKO, Jon

Mailing Address
1100 Devonshire Rd

City
LANCASTER, PA State PA Zip Code 17601

FEC ID number of contributing federal political committee
C

Name of Employer
DEPT. OF DEFENSE

Occupation
SPECIAL ASSISTANT TO ASST. SECY OF STATE SECY AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 250.00

Date of Receipt
10 04 2004

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Stonerack, Jeffrey

Mailing Address
711 MARSHALL Rd S.W.

City
Vienna, VA State VA Zip Code 22180

FEC ID number of contributing federal political committee
C

Name of Employer
US ARMY

Occupation
ARMY OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 1,250.00

Date of Receipt
10 04 2004

Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
WEISMAN, MARK

Mailing Address
30 North Michigan Ave, STE 809

City
Chicago, Ill. State Ill. Zip Code 60602

FEC ID number of contributing federal political committee
C

Name of Employer
SELF EMPLOYED

Occupation
Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 1,000.00

Date of Receipt
10 16 2004

Amount of Each Receipt this Period
1,000.00

3X TOTAL of Receipts This Page (optional) 2,150.00

TOTAL This Period (last page has this number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<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)

A Full Name (Last, First, Middle Initial)
FLYNN, MICHAEL

Mailing Address
1423 HULL ST

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee: C

Name of Employer: Bearing Point Occupation: Consultant

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date: 1,000.00

Date of Receipt
08 19 2004

Amount of Each Receipt This Period
1,000.00

B Full Name (Last, First, Middle Initial)
MATHESON, JAMES

Mailing Address
34 Bellflower St.

City Lexington State MA Zip Code 02421-6536

FEC ID number of contributing federal political committee: C

Name of Employer: US NAVY Occupation: OFFICER

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date: 1,300.00

Date of Receipt
10 04 2004

Amount of Each Receipt This Period
1,000.00

C Full Name (Last, First, Middle Initial)
WOLFF, DREW

Mailing Address
623 Klickitat Place NE

City Seattle State WA Zip Code 98102

FEC ID number of contributing federal political committee: C

Name of Employer: WASH. NETON MUTUAL, INC. Occupation: BANKER

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date: 250.00

Date of Receipt
10 23 2004

Amount of Each Receipt This Period
250.00

SUBTOTAL of Receipts This Page (optional) 2,250.00

TOTAL This Period (last page this line number only) 4,400.00

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

Can separate schedule(s) for each category if the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE / OF /
	<input checked="" type="checkbox"/> 215	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 28	
	27	28a	28b	28c	28	28b	

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NAME OF COMMITTEE (in full)
GRAD PAC

Full Name (Last, First, Middle Initial) W.P. ORG		Date of Disbursement 11/19/2004
Mailing Address PO Box 575		
City FLOYD	State VA	Zip Code 24901-0575
Purpose of Disbursement CREDIT CARD ON-LINE PROCESSING FEE	Category Type 011	Amount of Each Disbursement This Period 104.25
Candidate Name (5%)		
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) ▼	* TOTAL OF THIS CHARGES: 10/19 (P. 25), 11/19 (15.00) ** TOTAL YTD = 444.25
State: District:		

Full Name (Last, First, Middle Initial) CITIBANK		Date of Disbursement 11/09/2004
Mailing Address PO Box 19748		
City Washington	State DC	Zip Code 20036-0748
Purpose of Disbursement Bank Fees	Category Type 011	Amount of Each Disbursement This Period 13.92
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) ▼	** TOTAL YTD = 107.26
State: District:		

Full Name (Last, First, Middle Initial) G.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category Type	Amount of Each Disbursement This Period
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)	
TOTAL This Period (last page this line number only)	118.17

**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 / OF 2

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

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NAME OF COMMITTEE (in full)
GRAD PAC

A. FRIENDS OF DUANE SANDS

Full Name (Last, First, Middle Initial) **FRIENDS OF DUANE SANDS**

Date of Disbursement **10/28/2004**

Mailing Address **PO Box 2885**

City **FARGO** State **ND** Zip Code **58108**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Category/Type **011**

Candidate Name **DUANE SANDS**

Amount of Each Disbursement this Period **1,000.00**

YTD = **3,000.00**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **ND** District: _____

B. GERRI DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) **GERRI DAVIS FOR CONGRESS**

Date of Disbursement **10/27/2004**

Mailing Address **PO Box 17192**

City **Fair MORNELL** State **KY** Zip Code **41017**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Category/Type **011**

Candidate Name **GERRI DAVIS**

Amount of Each Disbursement this Period **1,000.00**

YTD = **2,000.00**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **KY** District: **4th**

C. ROBERT G. WHITTEL IN CONGRESS

Full Name (Last, First, Middle Initial) **ROBERT G. WHITTEL IN CONGRESS**

Date of Disbursement **11/01/2004**

Mailing Address **PO Box 10035**

City **BROOKSVILLE** State **FL** Zip Code **34603-0035**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Category/Type **011**

Candidate Name **ROBERT WHITTEL**

Amount of Each Disbursement this Period **1,000.00**

YTD = **2,000.00**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **FL** District: **5th**

SUBTOTAL of Disbursements This Page (optional) **3,000.00**

TOTAL This Period (last page this line number only)

CAMPAIGN CONTRIBUTIONS

**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 2 OF 2				
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 28d	<input type="checkbox"/> 26 30b

Any information copied from such Reports and Statements may not be 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 (If Full)

GRAMPAC

A.

Full Name (Last, First, Middle Initial): **Heather Wilson for Congress**

Date of Disbursement: **10/27/2004**

Mailing Address: **6001 Sun. Mateo Blvd. NE, STE B1**

City: **ACQUAGUERQUE, NM** State: **NM** Zip Code: **87109**

Purpose of Disbursement: **CAMPAIGN CONTRIBUTION**

Candidate Name: **Heather Wilson** Category Type: **011**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NM** District: **1ST**

Amount of Each Disbursement this Period: **1,000.00**

YTD = **2000.00**

B.

Full Name (Last, First, Middle Initial):

Date of Disbursement:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name: Category Type:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period:

C.

Full Name (Last, First, Middle Initial):

Date of Disbursement:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name: Category Type:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) **1,000.00**

TOTAL This Period (add page this line number only) **4,000.00**

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans**

(Use separate
schedules)
for each
numbered line)

PAGE 1 OF 1
FOR LINE NUMBER:
(check only one) 9 10

NAME OF COMMITTEE (If Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KEATING, KEVIN M.

Nature of Debt (Purpose):
PART OF OPERATIONAL EXPENSES

Mailing Address
PO BOX 25274

City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period
57637

Amount Incurred This Period

Payment This Period
0

Outstanding Balance at Close of This Period
57637

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TROUTNER, STEPHEN

Nature of Debt (Purpose):
PART OF OPERATIONAL EXPENSES

Mailing Address
18832 96th Ave N.

City State Zip Code
MAPLE GROVE MN 55311-1224

Outstanding Balance Beginning This Period
469816

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period
469816

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) SUBTOTALS This Period This Page (optional) ▶
- 2) TOTALS This Period (last page this line number only) ▶
- 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶
- 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

527453
527453

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 11-30-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMS</i> PREPARER	12-01-04 DATE PREPARED

(5/2004)