

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 Leadership PAC

ADDRESS (number and street) PO Box 5577
 Check if different than previously reported. (ACC)
New York NY 10027

2. **FEC IDENTIFICATION NUMBER** C00302588
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 04 01 2006 through 06 30 2006

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

Type or Print Name of Treasurer Basil Paterson

Signature of Treasurer Electronically Filed by Basil Paterson Date 11 22 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
National Leadership PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		231605.25
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	152584.49									
(c) Total Receipts (from Line 19)	140561.83	210971.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	293146.32	442577.08								
7. Total Disbursements (from Line 31)	185719.21	335149.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	107427.11	107427.11								
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 Leadership PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	101400.00	146800.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	150.00	1160.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	101550.00	147960.00
(b) Political Party Committees	11.83	11.83
(c) Other Political Committees (such as PACs)	39000.00	58000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	140561.83	205971.83
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	5000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	140561.83	210971.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	140561.83	210971.83

DETAILED SUMMARY PAGE

of Disbursements

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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.....	51084.21	111764.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	51084.21	111764.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	124000.00	190000.00
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.....	10635.00	33385.00
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))..	185719.21	335149.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	185719.21	335149.97

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)	140561.83	205971.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	140561.83	205971.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	51084.21	111764.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	5000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	51084.21	106764.97

**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 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Scott C. Amrhein		Date of Receipt MM / DD / YYYY 05 / 03 / 2006
Mailing Address 135 Carroll Ave		Transaction ID: C96505
City Mamaroneck	State NY	Zip Code 10543-2801
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Greater New York Hospital Associat	Occupation Association executive	
Receipt For: 2006 <input checked="" 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. Enrique Baquero		Date of Receipt MM / DD / YYYY 05 / 16 / 2006
Mailing Address PO Box 193745		Transaction ID: C96517
City San Juan	State PR	Zip Code 00919-3745
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer Cyber Tech, Inc.	Occupation Chairman	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Angel Blanco-Bottey		Date of Receipt MM / DD / YYYY 05 / 16 / 2006
Mailing Address 500 Juan A. Corretjer Reina De Castilla 706		Transaction ID: C96540
City San Juan	State PR	Zip Code 00901
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2100.00
Name of Employer Auxilio Mutuo Hospital	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00	

SUBTOTAL of Receipts This Page (optional)	5100.00
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 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Mr. Angel Blanco-Bottey		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 500 Juan A. Corretjer Reina De Castilla 706		Transaction ID: C96541
City State Zip Code San Juan PR 00901	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Auxilio Mutuo Hospital Executive	Aggregate Year-to-Date ▼ 4200.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ruth Bowen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 9 Island Ave Apt 1015		Transaction ID: C96493
City State Zip Code Miami Beach FL 33139-1358	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self Theatrical Agent	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frank A. Calamari, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 11 The Hamlet		Transaction ID: C96504
City State Zip Code Pelham Manor NY 10803	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Calvary Hospital President/ceo	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	5100.00
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 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Carl I. Cohen		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1106 Laurelwood		Transaction ID: C96876	
City State Zip Code Carmel IN 46032-8746	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CIC ENTERPRISES	Occupation Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. James O. Cole		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 10 Nurmi Dr		Transaction ID: C96492	
City State Zip Code Fort Lauderdale FL 33301-1403	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ruden Mclosky	Occupation Attorney		
Receipt For: 2006 <input checked="" 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. Milton L. Cruz Torres		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2006	
Mailing Address Maramar Plaza Suite 1994		Transaction ID: C96518	
City State Zip Code Guaynabo PR 00968	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Medholdings Hospital San Francisco	Occupation CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 76
	<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 Leadership PAC

A. Full Name (Last, First, Middle Initial)
Dr. Samuel Daniel, M.D.

Mailing Address 1789 Madison Avenue

City State Zip Code
New York NY 10035

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

Name of Employer Occupation
North General Hospital Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: C96503

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Heyward B. Davenport

Mailing Address 26 Federal Plaza Suite 3720

City State Zip Code
New York NY 10129

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

Name of Employer Occupation
US Department of Commerce-MBDA Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C96855

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jacoby Dickens

Mailing Address 2733 Country Club Drive

City State Zip Code
Olympia Fields IL 60461

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

Name of Employer Occupation
Seaway National Bank Chairperson

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: C96498

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	7000.00
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 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Veranda L. Dickens		Date of Receipt MM / DD / YYYY 05 / 03 / 2006
Mailing Address 2733 Country Club Dr		Transaction ID: C96497
City Olympia Fields	State IL	Zip Code 60461-1513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Hon. Harold E. Ford, Sr.		Date of Receipt MM / DD / YYYY 05 / 16 / 2006
Mailing Address 7966 Fisher Island Drive		Transaction ID: C96542
City Miami Beach	State FL	Zip Code 33109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Harold Ford Company	Occupation Health Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Dr. Spencer Foreman		Date of Receipt MM / DD / YYYY 05 / 03 / 2006
Mailing Address 14 Park Rd		Transaction ID: C96506
City Scarsdale	State NY	Zip Code 10583-2112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Montefiore Hospital	Occupation President/CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
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 / 76
	<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 Leadership PAC

A. Full Name (Last, First, Middle Initial)
Labrenda Garrett-Nelson

Mailing Address 4201 Cathedral Ave NW

City Washington State DC Zip Code 20016-4901

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

Name of Employer Ernst & Young Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C96665

Amount of Each Receipt this Period
1000.00

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

Mailing Address 310 Knollwood Ave

City Douglas Manor State NY Zip Code 11363

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: C96756

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Orlando H. Gonzalezrivera

Mailing Address P.O. Box 131

City Trujillo Alto State PR Zip Code 00977

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

Name of Employer Auxilio Mutuo Hospital Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4200.00

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

Transaction ID: C96538

Amount of Each Receipt this Period
2100.00

SUBTOTAL of Receipts This Page (optional)	3350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 76
	<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 Leadership PAC

A. Full Name (Last, First, Middle Initial)
Orlando H. Gonzalezrivera

Mailing Address P.O. Box 131

City State Zip Code
Trujillo Alto PR 00977

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

Name of Employer Occupation
Auxilio Mutuo Hospital Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4200.00

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

Transaction ID: C96539

Amount of Each Receipt this Period
2100.00

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

Mailing Address 3001 Gilbert Street

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Self-employed Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C96524

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Stephen A. Hopkins

Mailing Address 3524 Reservoir Road NW

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
Citicorp Citibank Director, Govt. Relations.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C96663

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	8100.00
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 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark J. Kator		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 14 Linden Drive		Transaction ID: C96509
City State Zip Code Basking Ridge NJ 07920	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Isabella Geriatric Center	Occupation President & CEO	
Receipt For: 2006 <input checked="" 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. Judith A Kennedy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 3038 Newark Street, NW		Transaction ID: C96760
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NATIONAL ASSOCIATION OF AFFORDABLE	Occupation Executive	
Receipt For: 2006 <input checked="" 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. Evelyn M. Korman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 7812 Fisher Island Drive		Transaction ID: C96496
City State Zip Code Miami FL 33109	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Housewife	Occupation Housewife	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
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 14 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Robert V. Levine		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 36 Halyard Rd		Transaction ID: C96508	
City Valley Stream	State NY	Amount of Each Receipt this Period 500.00	
Zip Code 11581-2813		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Peninsula Hospital Center	Occupation President & C.E.O.		
Receipt For: 2006 <input checked="" 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. Leonard Litwin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 1200 Union Tpke		Transaction ID: C96761	
City New Hyde Park	State NY	Amount of Each Receipt this Period 1000.00	
Zip Code 11040-1708		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer GLENWOOD MANAGEMENT CORPORATION	Occupation President		
Receipt For: 2006 <input checked="" 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. Gaming Miccosukee Indian		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address Attn: Hon. Billy Cyprus 500 SW 177th Avenue		Transaction ID: C96529	
City Miami	State FL	Amount of Each Receipt this Period 2500.00	
Zip Code 33194		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	4000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Mr. Stephen S Mills		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2006	
Mailing Address 5645 Main St		Transaction ID: C96754	
City State Zip Code Flushing NY 11355-5045	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NY Hospital Queens	Occupation President		
Receipt For: 2006 <input checked="" 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. Jose A. Ortiz-daliot		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2006	
Mailing Address P.O. Box 366218		Transaction ID: C96528	
City State Zip Code San Juan PR 00936	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Abogado	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Jose A. Ortiz-daliot		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2006	
Mailing Address P.O. Box 366218		Transaction ID: C96519	
City State Zip Code San Juan PR 00936	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Abogado	Occupation		
Receipt For: 2006 <input checked="" 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:	PAGE 16 / 76
	(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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Francisco A. Padilla		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 7 Candina Apt. 201		Transaction ID: C96522
City State Zip Code San Juan PR 00907	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medics	Occupation Executive	
Receipt For: 2006 <input checked="" 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. Ms. Beverly Parker		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 422 Costanera Rd		Transaction ID: C96500
City State Zip Code Coral Gables FL 33143-6564	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" 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. Lee Perlman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 10 Orsini Dr		Transaction ID: C96512
City State Zip Code Larchmont NY 10538-1642	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Greater New York Hospital Ass	Occupation Hospital Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
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 / 76
	<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 Leadership PAC

A. Full Name (Last, First, Middle Initial)
Carlos M. Pineiro Crespo

Mailing Address Urb Montehiedra
161 Calle Pitirre

City Urb Montehiedra State PR Zip Code 00926

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

Name of Employer HIMA Hospital Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4200.00

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

Transaction ID: C96537

Amount of Each Receipt this Period
2100.00

B. Full Name (Last, First, Middle Initial)
Carlos M. Pineiro Crespo

Mailing Address Urb Montehiedra
161 Calle Pitirre

City Urb Montehiedra State PR Zip Code 00926

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

Name of Employer HIMA Hospital Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4200.00

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

Transaction ID: C96536

Amount of Each Receipt this Period
2100.00

C. Full Name (Last, First, Middle Initial)
Jaime Pla-cortes

Mailing Address RR #9 Box 1870

City San Juan State PR Zip Code 00826

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

Name of Employer E Occupation Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C96521

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	5200.00
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 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Lexie Potamkin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 7714 Fisher Island Dr		Transaction ID: C96495	
City State Zip Code Miami Beach FL 33109-0916	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer homemaker	Occupation homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Robert Potamkin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 7714 Fisher Island Dr		Transaction ID: C96494	
City State Zip Code Miami Beach FL 33109-0916	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Potamkin manhattan	Occupation owner		
Receipt For: 2006 <input checked="" 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. Carl Randolph		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 4814 Fisher Island Dr		Transaction ID: C96515	
City State Zip Code Miami FL 33109-0174	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	12000.00
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 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Ms. Vijaya Rangaswami		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 4516 Davenport Street NW		Transaction ID: C96856	
City State Zip Code Washington DC 20016		Amount of Each Receipt this Period 950.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Carnegie Endowment for International		Occupation Trade, Equity and Development Project	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) B. Kenneth E. Raske		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 1381 North Ave		Transaction ID: C96510	
City State Zip Code New Rochelle NY 10804-2122		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GNYHA		Occupation President	
Receipt For: 2006 <input checked="" 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. David Rich		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 519 Prospect Street		Transaction ID: C96501	
City State Zip Code Maplewood NJ 07040		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GNYHA		Occupation Senior V.P. Government Affairs	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6950.00
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 20 / 76
	(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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Leon Robinson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 2600 Island Blvd, 2506		Transaction ID: C96516
City State Zip Code Aventura FL 33160	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" 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. Armando Rodriguez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 3 Calle Font Martelo		Transaction ID: C96534
City State Zip Code Humacao PR 00792	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HIMA Hospital	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) C. Armando Rodriguez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 3 Calle Font Martelo		Transaction ID: C96535
City State Zip Code Humacao PR 00792	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HIMA Hospital	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00	

SUBTOTAL of Receipts This Page (optional) ▶	5200.00
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 21 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Carmen B. Rodriguez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 11 Ridge Top Drive Palmas del Mar		Transaction ID: C96533
City Villa Humacao State PR Zip Code 00791	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Housewife Occupation Housewife	Aggregate Year-to-Date ▼ 4200.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carmen B. Rodriguez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 11 Ridge Top Drive Palmas del Mar		Transaction ID: C96532
City Villa Humacao State PR Zip Code 00791	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Housewife Occupation Housewife	Aggregate Year-to-Date ▼ 4200.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joaquin Rodriguez, Sr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address Box 4980		Transaction ID: C96531
City Caguas State PR Zip Code 00726	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hima Hospitals Occupation President	Aggregate Year-to-Date ▼ 4200.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	6300.00
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 / 76
	(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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Joaquin Rodriguez, Sr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address Box 4980		Transaction ID: C96530	
City Caguas	State PR	Amount of Each Receipt this Period 2100.00	
Zip Code 00726		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00	
Name of Employer Hima Hospitals	Occupation President	Amount of Each Receipt this Period 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00	Amount of Each Receipt this Period 2100.00	

Full Name (Last, First, Middle Initial) B. Laura Scheuer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6	
Mailing Address 610 W End Ave 10A		Transaction ID: C96664	
City New York	State NY	Amount of Each Receipt this Period 1000.00	
Zip Code 10024-1605		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Homemaker	Occupation Homemaker	Amount of Each Receipt this Period 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Roy Schneider		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 3K Estate Bakeroe P.O. Box 22		Transaction ID: C96525	
City St Thomas	State VI	Amount of Each Receipt this Period 2000.00	
Zip Code 00801		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Self	Occupation Surgeon	Amount of Each Receipt this Period 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Amount of Each Receipt this Period 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5100.00
TOTAL This Period (last page this line number only) ▶	5100.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. John E Sciortino		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2006
Mailing Address 4 Windermere Lane		Transaction ID: C96755
City State Zip Code New City NY 10956	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NY Hospital Queens	Occupation Senior VP	
Receipt For: 2006 <input checked="" 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. Of Florida Seminole Tribe		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2006
Mailing Address Attn: Hon. Mitchell Cypress 6300 Stirling Road		Transaction ID: C96526
City State Zip Code Hollywood FL 33024	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2006 <input checked="" 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. Mr. Stephen C. Swid		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006
Mailing Address 152 W 57th St FI 57		Transaction ID: C96499
City State Zip Code New York NY 10019-3310	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer SESAC	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
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 / 76
	<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Jorge A. Torres Otero		Date of Receipt MM / DD / YYYY 05 / 16 / 2006
Mailing Address Call Box 60-0089		Transaction ID: C96523
City Bayamon	State PR	Zip Code 00960
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mepsi Center	Occupation Administrator	
Receipt For: 2006 <input checked="" 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. Alfredo Volckers		Date of Receipt MM / DD / YYYY 05 / 16 / 2006
Mailing Address PO Box 11137		Transaction ID: C96520
City San Juan	State PR	Zip Code 00910-2237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pana Health Center	Occupation Hospital Administrator	
Receipt For: 2006 <input checked="" 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. Susan C. Waltman		Date of Receipt MM / DD / YYYY 05 / 03 / 2006
Mailing Address 256 Monterey Ave		Transaction ID: C96507
City Pelham	State NY	Zip Code 10803-2310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greater New York Hospital Associat	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 25 / 76
	(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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Mr. Arthur Y. Webb		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 154 Christopher St Corporate Office 1st Floor		Transaction ID: C96753
City State Zip Code New York NY 10014-2840	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Village Care of New York	Occupation President/CEO	
Receipt For: 2006 <input checked="" 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. William P Wissemann		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 21 Renee Place		Transaction ID: C96759
City State Zip Code Massapequa Park NY 11762	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New York Hospital Queens	Occupation Senior VP	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	101400.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 76	
	(check only one)			
	<input type="checkbox"/> 11a	<input checked="" 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 Leadership PAC

A. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00347864

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	0	6

Transaction ID: C96895

Amount of Each Receipt this Period
11.83

* In-Kind: fundraising services

SUBTOTAL of Receipts This Page (optional)	▶	11.83
TOTAL This Period (last page this line number only)	▶	11.83

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

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

FOR LINE NUMBER: PAGE 27 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Leadership PAC

A. Full Name (Last, First, Middle Initial)
AFLAC Incorporated PAC AFLAC PAC

Mailing Address 1932 Wynnton Road

City State Zip Code
Columbus GA 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C96875

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Amalgamated Transit Union COPE

Mailing Address 5025 Wisconsin Avenue, NW

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: C96661

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
American Federation of State, County & Municipal

Mailing Address Employees-PEOPLE, Qualified
1625 L Street, NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: C96874

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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 28 / 76
	(check only one)	
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. American Society of Anesthesiologists Incorporated		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address PAC 520 N. Northwest Hwy		Transaction ID: C96543
City Park Ridge	State IL	Zip Code 60068
FEC ID number of contributing federal political committee. C C00255752		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. ASSOCIATION OF TRIAL LAWYERS OF AMERICA POLITICAL		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 1050 31st Street N.W.		Transaction ID: C96667
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C C00024521		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" 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. CREDIT SUISSE FIRST BOSTON CORPORATION GOV'T ACTIO		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 1155 21ST STREET NW SUITE 300		Transaction ID: C96757
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00111559		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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 29 / 76
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. Crowell & Moring PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 1001 Pennsylvania Ave. ,NW		Transaction ID: C96527	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00199869			
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Deloitte & Touche, LLP Federal PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6	
Mailing Address P.O. Box 365		Transaction ID: C96666	
City State Zip Code Washington DC 20044-0365	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00211318			
Name of Employer Occupation			
Receipt For: 2006 <input checked="" 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. High Need Hospital PAC, Inc.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 20 Bursley Place		Transaction ID: C96511	
City State Zip Code White Plains NY 10605	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00345017			
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8500.00
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 / 76
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. INTERNATIONAL COUNCIL OF CRUISE LINES POLITICAL AC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 2111 Wilson Boulevard 8th Floor		Transaction ID: C96854
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C C00303073		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" 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. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 1401 H STREET NW SUITE 1200		Transaction ID: C96662
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00105981		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" 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. Seaboard Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 2972		Transaction ID: C96491
City Shawnee Mission	State KS	Zip Code 66201
FEC ID number of contributing federal political committee. C C00246736		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
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 31 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial)
A. TEACHING HOSPITAL EDUCATION POLITICAL ACTION COMMI

Mailing Address 805 15TH STREET NW SUITE 500

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00360792

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	0	6

Transaction ID: C96502

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	39000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 76

<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 Leadership PAC

Full Name (Last, First, Middle Initial)		Transaction ID: D11444																					
A. Automatic Data Processing		Date of Disbursement																					
Mailing Address 99 Jefferson Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	2		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Parsippany	NJ	07054-2815	46.44																				
Purpose of Disbursement Payroll Expense		001 Category/ Type																					
Candidate Name																							
Office Sought:	Disbursement For: 2006																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: D11445																					
B. Automatic Data Processing		Date of Disbursement																					
Mailing Address 99 Jefferson Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	5		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Parsippany	NJ	07054-2815	1942.22																				
Purpose of Disbursement Payroll Taxes		001 Category/ Type																					
Candidate Name																							
Office Sought:	Disbursement For: 2006																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: D11446																					
C. Automatic Data Processing		Date of Disbursement																					
Mailing Address 99 Jefferson Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	5		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Parsippany	NJ	07054-2815	1942.22																				
Purpose of Disbursement Payroll Taxes		001 Category/ Type																					
Candidate Name																							
Office Sought:	Disbursement For: 2006																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	3930.88
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 33 / 76

<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Automatic Data Processing		Transaction ID: D11448 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6
Mailing Address 99 Jefferson Rd		Amount of Each Disbursement this Period 46.44
City Parsippany State NJ Zip Code 07054-2815	Purpose of Disbursement Payroll Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Automatic Data Processing		Transaction ID: D11532 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 99 Jefferson Rd		Amount of Each Disbursement this Period 55.44
City Parsippany State NJ Zip Code 07054-2815	Purpose of Disbursement Payroll expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Automatic Data Processing		Transaction ID: D11533 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 99 Jefferson Rd		Amount of Each Disbursement this Period 1942.22
City Parsippany State NJ Zip Code 07054-2815	Purpose of Disbursement Payroll taxes Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2044.10
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)

PAGE 34 / 76

<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Automatic Data Processing		Transaction ID: D11534 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 99 Jefferson Rd		Amount of Each Disbursement this Period 46.44
City Parsippany State NJ Zip Code 07054-2815	Purpose of Disbursement Payroll expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Automatic Data Processing		Transaction ID: D11535 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 99 Jefferson Rd		Amount of Each Disbursement this Period 1942.22
City Parsippany State NJ Zip Code 07054-2815	Purpose of Disbursement Payroll taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Automatic Data Processing		Transaction ID: D11536 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 99 Jefferson Rd		Amount of Each Disbursement this Period 46.44
City Parsippany State NJ Zip Code 07054-2815	Purpose of Disbursement Payroll expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2035.10
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Automatic Data Processing		Transaction ID: D11539 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 99 Jefferson Rd		Amount of Each Disbursement this Period 1942.20
City Parsippany State NJ Zip Code 07054-2815	Purpose of Disbursement Payroll taxes Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Automatic Data Processing		Transaction ID: D11538 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 99 Jefferson Rd		Amount of Each Disbursement this Period 46.44
City Parsippany State NJ Zip Code 07054-2815	Purpose of Disbursement Payroll expense Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Bargold Storage Systems		Transaction ID: D11470 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 216 E 45th St		Amount of Each Disbursement this Period 600.00
City New York State NY Zip Code 10017-3304	Purpose of Disbursement Storage Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2588.64
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. BBH Solutions		Transaction ID: D11450 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 121 E 24th St		Amount of Each Disbursement this Period 346.80	
City New York State NY Zip Code 10010-2912	Purpose of Disbursement Computer Systems & Databases Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Completecampaigns.com		Transaction ID: D11451 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 4676 Kensington Dr		Amount of Each Disbursement this Period 60.00	
City San Diego State CA Zip Code 92116-3823	Purpose of Disbursement Internet Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Completecampaigns.com		Transaction ID: D11429 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 4676 Kensington Dr		Amount of Each Disbursement this Period 50.00	
City San Diego State CA Zip Code 92116-3823	Purpose of Disbursement Internet Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	456.80
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Completecampaigns.com		Transaction ID: D11430 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 4676 Kensington Dr		Amount of Each Disbursement this Period 50.00
City San Diego State CA Zip Code 92116-3823	Purpose of Disbursement Internet service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Completecampaigns.com		Transaction ID: D11433 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 4676 Kensington Dr		Amount of Each Disbursement this Period 50.00
City San Diego State CA Zip Code 92116-3823	Purpose of Disbursement Internet service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Con Edison		Transaction ID: D11477 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address PO Box 138		Amount of Each Disbursement this Period 49.83
City New York State NY Zip Code 10276-0138	Purpose of Disbursement Utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	149.83
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Con Edison		Transaction ID: D11546 Date of Disbursement 06 / 01 / 2006	
Mailing Address PO Box 138		Amount of Each Disbursement this Period 83.13	
City New York State NY Zip Code 10276-0138	Purpose of Disbursement Utilities	Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS		Transaction ID: D11523 Date of Disbursement 06 / 08 / 2006	
Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 11.83	
City Washington State DC Zip Code 20003	Purpose of Disbursement fundraising services	Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		* in-kind received	

Full Name (Last, First, Middle Initial) C. ExxonMobil		Transaction ID: D11608 Date of Disbursement 06 / 21 / 2006	
Mailing Address P.O. Box 4598		Amount of Each Disbursement this Period 14.34	
City Carol Stream State IL Zip Code 60197-4598	Purpose of Disbursement Automobile Expenses	Category/Type 002	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	109.30
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D11447 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 198.59	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Messenger-FedEx Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D11552 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 102.58	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Messenger-FedEx Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D11553 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 71.09	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Messenger-FedEx Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	372.26
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Health Plan of New York		Transaction ID: D11484 Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2006
Mailing Address Box 9221 G. P. O.		Amount of Each Disbursement this Period 350.00
City New York State NY Zip Code 10087-9221	Purpose of Disbursement Health Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Health Plan of New York		Transaction ID: D11554 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2006
Mailing Address Box 9221 G. P. O.		Amount of Each Disbursement this Period 300.00
City New York State NY Zip Code 10087-9221	Purpose of Disbursement Health Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Health Plan of New York		Transaction ID: D11555 Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2006
Mailing Address Box 9221 G. P. O.		Amount of Each Disbursement this Period 300.00
City New York State NY Zip Code 10087-9221	Purpose of Disbursement Health Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	950.00
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Lenox Terrace Development Assoc.		Transaction ID: D11492 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address PO Box 21018		Amount of Each Disbursement this Period 315.04
City New York State NY Zip Code 10286-2018	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lenox Terrace Development Assoc.		Transaction ID: D11566 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 21018		Amount of Each Disbursement this Period 315.04
City New York State NY Zip Code 10286-2018	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lenox Terrace Development Assoc.		Transaction ID: D11567 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address PO Box 21018		Amount of Each Disbursement this Period 630.08
City New York State NY Zip Code 10286-2018	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1260.16
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. LZBTH WLSN DSGNS		Transaction ID: D11461 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address Art Direction/Graphic Design 499 Van Brunt Street		Amount of Each Disbursement this Period 259.00
City Brooklyn State NY Zip Code 11231	001 Category/ Type	
Purpose of Disbursement Printing (non-candidate) Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NGP Software		Transaction ID: D11574 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 5039 Conn. Ave., NW Suite 1A		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20008	001 Category/ Type	
Purpose of Disbursement Computer Systems & Databases Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NGP Software		Transaction ID: D11573 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 5039 Conn. Ave., NW Suite 1A		Amount of Each Disbursement this Period 150.00
City Washington State DC Zip Code 20008	001 Category/ Type	
Purpose of Disbursement Computer Systems & Databases Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1409.00
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Oldaker Biden and Belair, LLP		Transaction ID: D11443 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 818 Connecticut Ave NW Ste 1100		Amount of Each Disbursement this Period 1008.02
City Washington State DC Zip Code 20006-2702		
Purpose of Disbursement Legal Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Oldaker Biden and Belair, LLP		Transaction ID: D11497 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 818 Connecticut Ave NW Ste 1100		Amount of Each Disbursement this Period 1002.34
City Washington State DC Zip Code 20006-2702		
Purpose of Disbursement Legal Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Oldaker Biden and Belair, LLP		Transaction ID: D11577 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 818 Connecticut Ave NW Ste 1100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20006-2702		
Purpose of Disbursement Legal Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3010.36
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Olympia Florist, Inc.		Transaction ID: D11498 Date of Disbursement 05 / 22 / 2006
Mailing Address 3799 Broadway		Amount of Each Disbursement this Period 876.92
City New York	State NY Zip Code 10032-1524	
Purpose of Disbursement Flowers		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PBCC		Transaction ID: D11501 Date of Disbursement 05 / 12 / 2006
Mailing Address PO Box 856460		Amount of Each Disbursement this Period 46.89
City Louisville	State KY Zip Code 40285-6460	
Purpose of Disbursement Postage (non-candidate)		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Pitney Bowes Inc.		Transaction ID: D11502 Date of Disbursement 05 / 03 / 2006
Mailing Address PO Box 85390		Amount of Each Disbursement this Period 382.54
City Louisville	State KY Zip Code 40285-5390	
Purpose of Disbursement Postage (non-candidate)		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1306.35
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Pitney Bowes Inc.		Transaction ID: D11580 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address PO Box 85390		Amount of Each Disbursement this Period 406.99	
City Louisville	State KY	Zip Code 40285-5390	001 Category/ Type
Purpose of Disbursement Postage (non-candidate)		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. Pitney Bowes Inc.		Transaction ID: D11581 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address PO Box 85390		Amount of Each Disbursement this Period 445.04	
City Louisville	State KY	Zip Code 40285-5390	001 Category/ Type
Purpose of Disbursement Postage (non-candidate)		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. Sprint PCS		Transaction ID: D11503 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address PO Box 62071		Amount of Each Disbursement this Period 86.25	
City Baltimore	State MD	Zip Code 21264-2071	001 Category/ Type
Purpose of Disbursement Mobile Phone		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	938.28
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Sprint PCS		Transaction ID: D11582	
Mailing Address PO Box 62071		Date of Disbursement 06 / 01 / 2006	
City Baltimore	State MD	Zip Code 21264-2071	Amount of Each Disbursement this Period 77.36
Purpose of Disbursement Mobile Phone	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D11458	
Mailing Address P.O. Box 9020		Date of Disbursement 04 / 19 / 2006	
City Des Moines	State IA	Zip Code 50368	Amount of Each Disbursement this Period 916.57
Purpose of Disbursement Office supplies	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D11583	
Mailing Address P.O. Box 9020		Date of Disbursement 06 / 21 / 2006	
City Des Moines	State IA	Zip Code 50368	Amount of Each Disbursement this Period 360.66
Purpose of Disbursement Office supplies	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1354.59
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. State Hospitality, Inc.		Transaction ID: D11504 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 2565 Broadway Suite 304		Amount of Each Disbursement this Period 585.00
City New York State NY Zip Code 10025	Purpose of Disbursement Fundraising consultant Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The State Insurance Fund		Transaction ID: D11452 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 199 Church Street		Amount of Each Disbursement this Period 344.24
City New York State NY Zip Code 10007-1100	Purpose of Disbursement Disability Benefits Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The State Insurance Fund		Transaction ID: D11453 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 199 Church Street		Amount of Each Disbursement this Period 238.68
City New York State NY Zip Code 10007-1100	Purpose of Disbursement Disability Benefits Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1167.92
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Time Warner Cable 16M		Transaction ID: D11588 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2006
Mailing Address P.O. Box 9227		Amount of Each Disbursement this Period 171.14
City Uniondale State NY Zip Code 11555-9227	Purpose of Disbursement TV-Cable Buy Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Time Warner Cable 16M		Transaction ID: D11587 Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2006
Mailing Address P.O. Box 9227		Amount of Each Disbursement this Period 171.14
City Uniondale State NY Zip Code 11555-9227	Purpose of Disbursement TV-Cable Buy Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Time Warner Cable 16M		Transaction ID: D11589 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2006
Mailing Address P.O. Box 9227		Amount of Each Disbursement this Period 342.28
City Uniondale State NY Zip Code 11555-9227	Purpose of Disbursement TV-Cable Buy Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	684.56
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. TIME WARNER CABLE OF NYC		Transaction ID: D11506 Date of Disbursement
Mailing Address 5120 Broadway		<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City New York	State NY	Zip Code 10034
Purpose of Disbursement TV-Cable Buy	<input type="text" value="004"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="182.35"/>

Full Name (Last, First, Middle Initial) B. Time Warner Cable of NYC-HQ-10U		Transaction ID: D11454 Date of Disbursement
Mailing Address PO Box 9227		<input type="text" value="04"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Uniondale	State NY	Zip Code 11555-9227
Purpose of Disbursement TV-Cable Buy	<input type="text" value="004"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="113.36"/>

Full Name (Last, First, Middle Initial) C. Time Warner Cable of NYC-HQ-10U		Transaction ID: D11507 Date of Disbursement
Mailing Address PO Box 9227		<input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Uniondale	State NY	Zip Code 11555-9227
Purpose of Disbursement TV-Cable Buy	<input type="text" value="004"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="113.36"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="409.07"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. Time Warner Cable of NYC-HQ-10U		Transaction ID: D11606 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2006
Mailing Address PO Box 9227		Amount of Each Disbursement this Period 113.05
City Uniondale State NY Zip Code 11555-9227	Purpose of Disbursement TV-Cable Buy Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Trump Restaurants LLC		Transaction ID: D11508 Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2006
Mailing Address 725 Fifth Avenue		Amount of Each Disbursement this Period 2810.88
City New York State NY Zip Code 10022	Purpose of Disbursement Catering (non-candidate) Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TVEyes Inc.		Transaction ID: D11590 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2006
Mailing Address 2150 Post Road		Amount of Each Disbursement this Period 1200.00
City Fairfield State CT Zip Code 06824	Purpose of Disbursement Media production Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4123.93
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. US Treasury		Transaction ID: D11511 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20220	Purpose of Disbursement contribution disgorgement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

Full Name (Last, First, Middle Initial) B. Verizon Wireless - DC		Transaction ID: D11513 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 97.70
City Baltimore State MD Zip Code 21297-1464	Purpose of Disbursement Mobile Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: D11594 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 198.61
City Newark State NJ Zip Code 07101-0489	Purpose of Disbursement Mobile Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	2296.31
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: D11602 Date of Disbursement MM / DD / YYYY 06 / 26 / 2006
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 56.97
City Newark State NJ Zip Code 07101-0489	Purpose of Disbursement Mobile Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: D11595 Date of Disbursement MM / DD / YYYY 06 / 26 / 2006
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 88.69
City Newark State NJ Zip Code 07101-0489	Purpose of Disbursement Mobile Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D11456 Date of Disbursement MM / DD / YYYY 04 / 19 / 2006
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 362.71
City Albany State NY Zip Code 12212-5154	Purpose of Disbursement Phones Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	508.37
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)

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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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D11457 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 160.11
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Phones Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D11603 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 182.07
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Phones Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D11601 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 390.72
City Albany State NY Zip Code 12212-5154	Purpose of Disbursement Phones Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	732.90
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D11604 Date of Disbursement MM / DD / YYYY 06 / 21 / 2006
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 368.40
City Albany	State NY Zip Code 12250-0001	
Purpose of Disbursement Phones Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Walter Swett		Transaction ID: D11439 Date of Disbursement MM / DD / YYYY 04 / 01 / 2006
Mailing Address 378 Pacific Street		Amount of Each Disbursement this Period 2541.89
City Brooklyn	State NY Zip Code 11217	
Purpose of Disbursement Salary Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Walter Swett		Transaction ID: D11528 Date of Disbursement MM / DD / YYYY 04 / 15 / 2006
Mailing Address 378 Pacific Street		Amount of Each Disbursement this Period 2541.89
City Brooklyn	State NY Zip Code 11217	
Purpose of Disbursement Salary Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5452.18
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Walter Swett		Transaction ID: D11529 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 378 Pacific Street		Amount of Each Disbursement this Period 2541.89	
City Brooklyn State NY Zip Code 11217	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Walter Swett		Transaction ID: D11530 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 378 Pacific Street		Amount of Each Disbursement this Period 2541.89	
City Brooklyn State NY Zip Code 11217	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Walter Swett		Transaction ID: D11598 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 378 Pacific Street		Amount of Each Disbursement this Period 97.81	
City Brooklyn State NY Zip Code 11217	Purpose of Disbursement Office expense reimbursement Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5181.59
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Walter Swett		Transaction ID: D11597 Date of Disbursement 06 / 26 / 2006	
Mailing Address 378 Pacific Street		Amount of Each Disbursement this Period 170.50	
City Brooklyn State NY Zip Code 11217	Purpose of Disbursement Travel expense reimbursement Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Walter Swett		Transaction ID: D11599 Date of Disbursement 06 / 26 / 2006	
Mailing Address 378 Pacific Street		Amount of Each Disbursement this Period 160.00	
City Brooklyn State NY Zip Code 11217	Purpose of Disbursement Office expense reimbursement Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Windows Over Harlem		Transaction ID: D11440 Date of Disbursement 04 / 03 / 2006	
Mailing Address 163 W 125th Street		Amount of Each Disbursement this Period 680.00	
City New York State NY Zip Code 10027-4436	Purpose of Disbursement Catering (non-candidate) Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1010.50
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. MBNA America		Transaction ID: D11495 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address PO Box 15019		Amount of Each Disbursement this Period 6865.03
City Wilmington State DE Zip Code 19886-5019	Purpose of Disbursement Credit card payment - various Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: D11466 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address PO Box 619612-MD		Amount of Each Disbursement this Period 329.30
City Dallas State TX Zip Code 75261	Purpose of Disbursement Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: D11467 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address PO Box 619612-MD		Amount of Each Disbursement this Period 2029.90
City Dallas State TX Zip Code 75261	Purpose of Disbursement Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	6865.03
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)

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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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Catering By Windows		Transaction ID: D11474 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 5724 General Washington Drive		Amount of Each Disbursement this Period 297.29
City Alexandria State VA Zip Code 22312	Purpose of Disbursement Catering (non-candidate)	
Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Champion Trophies		Transaction ID: D11475 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 409 K St NW		Amount of Each Disbursement this Period 305.08
City Washington State DC Zip Code 20001-2530	Purpose of Disbursement Engraving	
Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Fisher Island Inn & Marina		Transaction ID: D11480 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address One Drive		Amount of Each Disbursement this Period 750.00
City Fisher Island State FL Zip Code 33109	Purpose of Disbursement Travel	
Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. Got Company Inc.		Transaction ID: D11482 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 560 S. Winchester Blvd. Suite 500		Amount of Each Disbursement this Period 250.00
City San Jose State CA Zip Code 95128	[MEMO ITEM]	
Purpose of Disbursement Website development Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Hotels.com		Transaction ID: D11485 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 10440 North Central Expressway		Amount of Each Disbursement this Period 400.05
City Dallas State TX Zip Code 75231	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Hotels.com		Transaction ID: D11486 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 10440 North Central Expressway		Amount of Each Disbursement this Period 147.64
City Dallas State TX Zip Code 75231	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 Leadership PAC

Full Name (Last, First, Middle Initial) A. USAir		Transaction ID: D11512 Date of Disbursement 05 / 04 / 2006	
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 309.30	
City Arlington State VA Zip Code 22227-0001	Purpose of Disbursement TRAVEL	Category/Type 002	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. World Cell		Transaction ID: D11514 Date of Disbursement 05 / 04 / 2006	
Mailing Address 801 Roeder Road Suite 800		Amount of Each Disbursement this Period 416.70	
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Mobile Phone	Category/Type 001	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	50348.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. ANGIE PACCIONE FOR CONGRESS		Transaction ID: D11537 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 1292		Amount of Each Disbursement this Period 5000.00
City Ft. Collins	State CO	
Zip Code 80522		
Purpose of Disbursement Contribution Candidate Name Angie Paccione Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ARCURI FOR CONGRESS		Transaction ID: D11571 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 2617 CRESTWAY		Amount of Each Disbursement this Period 5000.00
City UTICA	State NY	
Zip Code 13501		
Purpose of Disbursement Contribution Candidate Name Michael Arcuri Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CARNEY FOR CONGRESS		Transaction ID: D11545 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO BOX 38		Amount of Each Disbursement this Period 5000.00
City DIMOCK	State PA	
Zip Code 18816		
Purpose of Disbursement Contribution Candidate Name Chris Carney Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. CHARLIE MELANCON CAMPAIGN COMMITTEE INC		Transaction ID: D11544 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 511 CONGRESS ST PO BOX 549		Amount of Each Disbursement this Period 1000.00
City NAPOLEONVILLE State LA Zip Code 70390	011 Category/ Type	
Purpose of Disbursement Contribution		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name Charlie Melancon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03		

Full Name (Last, First, Middle Initial) B. COURTNEY FOR CONGRESS		Transaction ID: D11489 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 38 RISLEY ROAD		Amount of Each Disbursement this Period 2000.00
City VERNON State CT Zip Code 06066	011 Category/ Type	
Purpose of Disbursement Contribution		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name Joe Courtney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02		

Full Name (Last, First, Middle Initial) C. COURTNEY FOR CONGRESS		Transaction ID: D11605 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 38 RISLEY ROAD		Amount of Each Disbursement this Period 1000.00
City VERNON State CT Zip Code 06066	011 Category/ Type	
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name Joe Courtney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02		

SUBTOTAL of Disbursements This Page (optional)	4000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. COURTNEY FOR CONGRESS		Transaction ID: D11557 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 38 RISLEY ROAD		Amount of Each Disbursement this Period 2000.00
City VERNON State CT Zip Code 06066	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Joe Courtney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CRANLEY FOR CONGRESS		Transaction ID: D11560 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 4369 CARNATION CIR		Amount of Each Disbursement this Period 5000.00
City CINCINNATI State OH Zip Code 45238	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Joe Cranley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DARCY BURNER FOR CONGRESS		Transaction ID: D11547 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO BOX 1090		Amount of Each Disbursement this Period 5000.00
City CARNATION State WA Zip Code 98014	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Darcy Burner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. ELLISON FOR CONGRESS		Transaction ID: D11564 Date of Disbursement 06 / 26 / 2006
Mailing Address PO BOX 11818		Amount of Each Disbursement this Period 2000.00
City MINNEAPOLIS	State MN	
Zip Code 55411		
Purpose of Disbursement Contribution 011 Category/Type		
Candidate Name Keith Ellison		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 05		

Full Name (Last, First, Middle Initial) B. ELLSWORTH FOR CONGRESS COMMITTEE		Transaction ID: D11542 Date of Disbursement 06 / 09 / 2006
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 4000.00
City EVANSVILLE	State IN	
Zip Code 47708		
Purpose of Disbursement Contribution 011 Category/Type		
Candidate Name Brad Ellsworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 08		

Full Name (Last, First, Middle Initial) C. FRIENDS OF BARON HILL		Transaction ID: D11540 Date of Disbursement 06 / 09 / 2006
Mailing Address PO BOX 1071		Amount of Each Disbursement this Period 3000.00
City SEYMOUR	State IN	
Zip Code 47274		
Purpose of Disbursement Contribution 011 Category/Type		
Candidate Name Baron Hill		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 09		

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

A. FRIENDS OF CHARLIE WILSON

Full Name (Last, First, Middle Initial)

Mailing Address 7 CADIZ PIKE

City BRIDGEPORT State OH Zip Code 43912

Purpose of Disbursement Contribution

Candidate Name Charlie Wilson

Office Sought: House Senate President
State: OH District: 06

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: D11460
Date of Disbursement

04 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

B. FRIENDS OF JOHN BARROW

Full Name (Last, First, Middle Initial)

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement Contribution

Candidate Name John Barrow

Office Sought: House Senate President
State: GA District: 12

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: D11559
Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

3000.00

C. FRIENDS OF TAMMY DUCKWORTH

Full Name (Last, First, Middle Initial)

Mailing Address 416 W 22ND ST

City LOMBARD State IL Zip Code 60148

Purpose of Disbursement Contribution

Candidate Name Tammy Duckworth

Office Sought: House Senate President
State: IL District: 06

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: D11584
Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ►

12000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. GILLIBRAND FOR CONGRESS		Transaction ID: D11565 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 1279		Amount of Each Disbursement this Period 5000.00
City Hudson State NY Zip Code 12534	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Kirsten Gillibrand		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HAFEN FOR CONGRESS		Transaction ID: D11585 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO BOX 530996		Amount of Each Disbursement this Period 5000.00
City HENDERSON State NV Zip Code 89053	012 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Tessa Hafen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HAROLD FORD JR FOR TENNESSEE		Transaction ID: D11435 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 5120 Barry Road SUITE 1300		Amount of Each Disbursement this Period -3000.00
City Memphis State TN Zip Code 38117	011 Category/ Type	
Purpose of Disbursement Voided check		
Candidate Name Harold Ford Jr.		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. HAROLD FORD JR FOR TENNESSEE		Transaction ID: D11436 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 5120 Barry Road SUITE 1300		Amount of Each Disbursement this Period 3000.00
City Memphis State TN Zip Code 38117		
Purpose of Disbursement Contribution Candidate Name Harold Ford Jr.	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JILL DERBY FOR CONGRESS		Transaction ID: D11556 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO BOX 1901		Amount of Each Disbursement this Period 5000.00
City MINDEN State NV Zip Code 89423		
Purpose of Disbursement Contribution Candidate Name Jill Derby	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. KILROY FOR CONGRESS		Transaction ID: D11449 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 929 HARRISON AVENUE SUITE 305		Amount of Each Disbursement this Period 1000.00
City COLUMBUS State OH Zip Code 43215		
Purpose of Disbursement Contribution Candidate Name Mary Jo Kilroy	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. KILROY FOR CONGRESS		Transaction ID: D11570 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2006
Mailing Address 929 HARRISON AVENUE SUITE 305		Amount of Each Disbursement this Period 4000.00
City COLUMBUS State OH Zip Code 43215		
Purpose of Disbursement Contribution Candidate Name Mary Jo Kilroy	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LOIS MURPHY FOR CONGRESS		Transaction ID: D11494 Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2006
Mailing Address 21 SNOWDEN ROAD		Amount of Each Disbursement this Period 3000.00
City BALA CYNWYD State PA Zip Code 19004		
Purpose of Disbursement Contribution Candidate Name Lois Murphy	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LUCAS FOR CONGRESS		Transaction ID: D11491 Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2006
Mailing Address PO BOX 175765		Amount of Each Disbursement this Period 5000.00
City COVINGTON State KY Zip Code 41017		
Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. MADRID FOR CONGRESS		Transaction ID: D11578 Date of Disbursement																					
Mailing Address PO Box 25626		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	9		2	0	0	6														
City Albuquerque	State NM	Zip Code 87125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		011	4000.00																				
Candidate Name Patricia Madrid		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NM	District: 01																						

Full Name (Last, First, Middle Initial) B. MASSA FOR CONGRESS		Transaction ID: D11550 Date of Disbursement																					
Mailing Address 59 EAST MARKET STREET SUITE 244		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	9		2	0	0	6														
City CORNING	State NY	Zip Code 14830	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		011	3000.00																				
Candidate Name Eric Massa		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 29																						

Full Name (Last, First, Middle Initial) C. MATHESON FOR CONGRESS		Transaction ID: D11488 Date of Disbursement																					
Mailing Address 677 South 200 West Suite A		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	2		2	0	0	6														
City Salt Lake City	State UT	Zip Code 84101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		011	5000.00																				
Candidate Name Jim Matheson		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: UT	District: 02																						

SUBTOTAL of Disbursements This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. OUR COMMON VALUES PAC		Transaction ID: D11500 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 101 W. Grand Ave. Suite 200		Amount of Each Disbursement this Period 5000.00
City Chicago State IL Zip Code 60610	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:

Full Name (Last, First, Middle Initial) B. PHYLLIS BUSANSKY FOR CONGRESS		Transaction ID: D11579 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 3611 SCHEFFLERA ROAD		Amount of Each Disbursement this Period 5000.00
City TAMPA State FL Zip Code 33618	Purpose of Disbursement Contribution Candidate Name Phyllis Busansky Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: FL District: 09

Full Name (Last, First, Middle Initial) C. ROTH FOR CONGRESS		Transaction ID: D11441 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address PO Box 1107		Amount of Each Disbursement this Period 1000.00
City La Quinta State CA Zip Code 92247	Purpose of Disbursement Contribution Candidate Name David Roth Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: CA District: 45

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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)

PAGE 71 / 76

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. SESTAK FOR CONGRESS		Transaction ID: D11558 Date of Disbursement
Mailing Address P.O. Box 16		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City Media	State PA	Zip Code 19063
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Joe Sestek		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 07		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. SPRATT FOR CONGRESS COMMITTEE		Transaction ID: D11562 Date of Disbursement
Mailing Address PO BOX 830		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City YORK	State SC	Zip Code 29745
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name John Spratt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 05		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) C. SPRATT FOR CONGRESS COMMITTEE		Transaction ID: D11561 Date of Disbursement
Mailing Address PO BOX 830		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City YORK	State SC	Zip Code 29745
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name John Spratt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 05		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. STEVE FILSON FOR CONGRESS		Transaction ID: D11442 Date of Disbursement																				
Mailing Address POST OFFICE BOX 2499		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	1		2	0	0	6													
City DANVILLE	State CA	Zip Code 94526																				
Purpose of Disbursement Contribution		<table border="1"><tr><td>011</td></tr></table> Category/Type	011																			
011																						
Candidate Name Steve Filson																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: CA	District: 11																					
		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						

Full Name (Last, First, Middle Initial) B. WOOLSEY FOR CONGRESS		Transaction ID: D11568 Date of Disbursement																				
Mailing Address PO Box 750176		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	4		2	0	0	6													
City Petaluma	State CA	Zip Code 94975																				
Purpose of Disbursement Contribution		<table border="1"><tr><td>010</td></tr></table> Category/Type	010																			
010																						
Candidate Name Lynn Woolsey																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: CA	District: 06																					
		Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>124000.00</td></tr></table>	124000.00
124000.00		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. Americans for Democratic Action		Transaction ID: D11468 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1625 K St NW Ste 210		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20006-1611		
Purpose of Disbursement Contribution Candidate Name		012 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. California Democratic Party		Transaction ID: D11543 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 1401 21st Street #200		Amount of Each Disbursement this Period 5000.00
City Sacramento State CA Zip Code 95814		
Purpose of Disbursement Contributon Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Evolucion Press		Transaction ID: D11437 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address PO Box 250351		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10025		
Purpose of Disbursement Contribution Candidate Name		012 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. Exodus Transitional Community		Transaction ID: D11479 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 161 East 104th Street		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10029	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Contribution Candidate Name		

Full Name (Last, First, Middle Initial) B. Harlem Congregations for Community Improv		Transaction ID: D11483 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 2854 Frederick Douglass Blvd		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10039-2145	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Contribution Candidate Name		

Full Name (Last, First, Middle Initial) C. Little Sisters Health Service		Transaction ID: D11459 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 333 East 115th Street		Amount of Each Disbursement this Period 600.00
City New York State NY Zip Code 10029	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Contribution Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Leadership PAC

Full Name (Last, First, Middle Initial) A. NY Gray Panthers Project Fund		Transaction ID: D11607 Date of Disbursement
Mailing Address c/o Judy Lear 36 East 38th Street Apt. 4F		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City New York	State NY	Zip Code 10016
Purpose of Disbursement Contribution	<input type="text" value="500.00"/>	
Candidate Name	<input type="text" value="012"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NY Gray Panthers Project Fund		Transaction ID: D11575 Date of Disbursement
Mailing Address c/o Judy Lear 36 East 38th Street Apt. 4F		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City New York	State NY	Zip Code 10016
Purpose of Disbursement Contribution	<input type="text" value="500.00"/>	
Candidate Name	<input type="text" value="012"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="10100.00"/>

Form/Schedule: **F3XA**

Transaction ID:

November 22, 2006 Ms. Andrea Needles Senior Campaign Finance Analyst Reports Analysis Division Federal Election Commission Washington, DC 20463 Identification Number: C00302588 Re: Amended July Quarterly Report (4/1/06 – 6/30/06), received 10/13/06 Dear Ms. Needles: This letter is in response to your preliminary review of the National Leadership PAC (“Committee”) Amended July Quarterly Report. That report disclosed contributions made to candidates that were designated for the Primary election when that election had already occurred. We are amending the above-mentioned report to address your inquiry. The Committee mistakenly had entered incorrect election designations for the contributions identified in your inquiry. Thank you in advance.