

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 TerriPAC

ADDRESS (number and street) Box 348322 Check if different than previously reported. (ACC) Coral Gables FL 33234

2. FEC IDENTIFICATION NUMBER C00417576 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

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

5. Covering Period 07 01 2006 through 09 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 Brian Schiavo Signature of Treasurer Electronically Filed by Brian Schiavo Date 10 27 2006

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
TerriPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">1465.70</td></tr></table>	1465.70
Y	Y	Y	Y									
2	0	0	6									
1465.70												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">1465.70</td></tr></table>	1465.70										
1465.70												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">37651.45</td></tr></table>	37651.45	<table border="1" style="width: 100%;"><tr><td align="center">37651.45</td></tr></table>	37651.45								
37651.45												
37651.45												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">39117.15</td></tr></table>	39117.15	<table border="1" style="width: 100%;"><tr><td align="center">39117.15</td></tr></table>	39117.15								
39117.15												
39117.15												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">26298.72</td></tr></table>	26298.72	<table border="1" style="width: 100%;"><tr><td align="center">26298.72</td></tr></table>	26298.72								
26298.72												
26298.72												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">12818.43</td></tr></table>	12818.43	<table border="1" style="width: 100%;"><tr><td align="center">12818.43</td></tr></table>	12818.43								
12818.43												
12818.43												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
TerriPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16750.00	16750.00
(i) Itemized (use Schedule A)	20901.45	20901.45
(ii) Unitemized	37651.45	37651.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	37651.45	37651.45
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	37651.45	37651.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37651.45	37651.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	18798.72	18798.72
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26298.72	26298.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26298.72	26298.72

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	37651.45	37651.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37651.45	37651.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
TerriPAC

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

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TerriPAC

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

Full Name (Last, First, Middle Initial) B. Paul Crothers		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address 4567 Diaz Dr.		Transaction ID: SA11A1.4142
City State Zip Code Fremont CA 94536	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TerriPAC

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

Mailing Address 17039 Avenue de Santa Ynez

City State Zip Code
Pacific Palisades CA 90272

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

Name of Employer Unknown Occupation Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11A1.4114

Amount of Each Receipt this Period
250.00

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

Mailing Address 706 Shell St.

City State Zip Code
Tallahassee FL 32303

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

Name of Employer FSU Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: SA11A1.4128

Amount of Each Receipt this Period
250.00

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

Mailing Address 1 Maplewood Dr.

City State Zip Code
Newton Square PA 19073

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

Name of Employer Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11A1.4148

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TerriPAC

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

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TerriPAC

A. Full Name (Last, First, Middle Initial)
Victoria Hill

Mailing Address 22618 Locust Way

City State Zip Code
Brier WA 98036

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

Name of Employer Occupation
Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11A1.4134

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James Hillhouse

Mailing Address 1901 McCall Rd.

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
JD House Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2006

Transaction ID: SA11A1.4101

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Richard Hirsh

Mailing Address 100 West 57 St.
20H

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11A1.4116

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TerriPAC

A. Full Name (Last, First, Middle Initial)
Ed Hogdemaker

Mailing Address Best Efforts

City State Zip Code

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2006

Transaction ID: SA11A1.4105

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ferdinand Massari

Mailing Address 268 E. Fallkill Rd.

City State Zip Code
Hyde Park NY 12538

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11A1.4152

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Donovan Moore

Mailing Address 170 Columbia Hts.

City State Zip Code
Brooklyn NY 11201

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

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: SA11A1.4118

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TerriPAC

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

Mailing Address PO Box 1205

City State Zip Code
Boca Grande FL 33921

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11A1.4111

Amount of Each Receipt this Period
1000.00

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

Mailing Address 355 Malaga Dr.

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Self Writer, Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: SA11A1.4150

Amount of Each Receipt this Period
2000.00

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

Mailing Address 270 Santa Rosa Ln.

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Farm Capitol Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11A1.4126

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TerriPAC

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

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 24	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TerriPAC

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

Mailing Address 1526 Lakeside Ave. S.

City	State	Zip Code
Seattle	FL	98144

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

Name of Employer	Occupation
	Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11A1.4154

Amount of Each Receipt this Period

500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 24

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

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NAME OF COMMITTEE (In Full)
TerriPAC

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

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

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

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

**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 16 / 24

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

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NAME OF COMMITTEE (In Full)
TerriPAC

Full Name (Last, First, Middle Initial) A. Patrick Murphy for Congress		Transaction ID: SB23.4169 Date of Disbursement 09 / 13 / 2006
Mailing Address 7500 Bristol Pike		Amount of Each Disbursement this Period 1000.00
City Levittown	State PA	
Zip Code 19057		
Purpose of Disbursement		
Candidate Name Patrick Murphy for Congress		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 8		

Full Name (Last, First, Middle Initial) B. Shays for Congress		Transaction ID: SB23.4160 Date of Disbursement 09 / 13 / 2006
Mailing Address 98 East Ave.		Amount of Each Disbursement this Period 1000.00
City Norwalk	State CT	
Zip Code 06851		
Purpose of Disbursement		
Candidate Name Chris Shays		011 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: CT District: 4		

Full Name (Last, First, Middle Initial) C. Stender for Congress		Transaction ID: SB23.4171 Date of Disbursement 09 / 13 / 2006
Mailing Address 211 Park Ave.		Amount of Each Disbursement this Period 1000.00
City Scotch Plains	State NJ	
Zip Code 07076		
Purpose of Disbursement		
Candidate Name Stender for Congress		011 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: NJ District: 7		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TerriPAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: SB29.4200 Date of Disbursement
Mailing Address 5000 Biscayne Blvd.		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Miami	State FL	Zip Code 33137
Purpose of Disbursement Fees	<input type="text" value="10.00"/>	
Candidate Name	<input type="text" value="001"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: SB29.4198 Date of Disbursement
Mailing Address 5000 Biscayne Blvd.		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Miami	State FL	Zip Code 33137
Purpose of Disbursement Fees	<input type="text" value="0.08"/>	
Candidate Name	<input type="text" value="001"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: SB29.4201 Date of Disbursement
Mailing Address 5000 Biscayne Blvd.		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Miami	State FL	Zip Code 33137
Purpose of Disbursement Fees	<input type="text" value="16.00"/>	
Candidate Name	<input type="text" value="001"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="26.08"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 24

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

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NAME OF COMMITTEE (In Full)
TerriPAC

Full Name (Last, First, Middle Initial) A. Frederick Polls		Transaction ID: SB29.4202 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 2101 Wilson Blvd. 104		Amount of Each Disbursement this Period 3456.50
City Arlington State VA Zip Code 22201		
Purpose of Disbursement Candidate Name	005 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Indigo Design		Transaction ID: SB29.4190 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 158		Amount of Each Disbursement this Period 286.25
City Newburgh State IN Zip Code 47630		
Purpose of Disbursement Website services Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Indigo Design		Transaction ID: SB29.4204 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address PO Box 158		Amount of Each Disbursement this Period 232.05
City Newburgh State IN Zip Code 47630		
Purpose of Disbursement Website services Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3974.80
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)

PAGE 19 / 24

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

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NAME OF COMMITTEE (In Full)
TerriPAC

Full Name (Last, First, Middle Initial) A. Junco Partners		Transaction ID: SB29.4196 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 2399 SW 26 Lane		Amount of Each Disbursement this Period 1000.00
City Miami	State FL	
Zip Code 33133		
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type 004

Full Name (Last, First, Middle Initial) B. OnTimeFundraiser		Transaction ID: SB29.4207 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 8190 W. 26 Ave. 102		Amount of Each Disbursement this Period 2184.72
City Miami	State FL	
Zip Code 33016		
Purpose of Disbursement Fundraising Fees Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type 003

Full Name (Last, First, Middle Initial) C. PayPal		Transaction ID: SB29.4205 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address Box 45950		Amount of Each Disbursement this Period 199.01
City Omaha	State NE	
Zip Code 68145		
Purpose of Disbursement Fundraising fees Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type 003

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 24

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

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NAME OF COMMITTEE (In Full)
TerriPAC

Full Name (Last, First, Middle Initial) A. Peak Strategy Group		Transaction ID: SB29.4194																					
Mailing Address PO Box 440640		Date of Disbursement																					
City Ft. Lauderdale State FL Zip Code 33355		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>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	8		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	1		2	0	0	6														
Purpose of Disbursement Printing and Design		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">378.16</td> </tr> </table>		378.16																			
378.16																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:		<table border="1"> <tr> <td colspan="2" style="text-align: center;">004</td> </tr> <tr> <td colspan="2" style="text-align: center;">Category/ Type</td> </tr> </table>		004		Category/ Type																	
004																							
Category/ Type																							

Full Name (Last, First, Middle Initial) B. The November Group		Transaction ID: SB29.4176																					
Mailing Address Box 348231		Date of Disbursement																					
City Coral Gables State FL Zip Code 33234		<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>7</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	8		2	0	0	6														
Purpose of Disbursement Reimbursement - Room Rental		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">367.76</td> </tr> </table>		367.76																			
367.76																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:		<table border="1"> <tr> <td colspan="2" style="text-align: center;">004</td> </tr> <tr> <td colspan="2" style="text-align: center;">Category/ Type</td> </tr> </table>		004		Category/ Type																	
004																							
Category/ Type																							

Full Name (Last, First, Middle Initial) C. The November Group		Transaction ID: SB29.4178																					
Mailing Address Box 348231		Date of Disbursement																					
City Coral Gables State FL Zip Code 33234		<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>7</td><td></td><td>1</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	7		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	9		2	0	0	6														
Purpose of Disbursement Reimbursement for Travel		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">488.18</td> </tr> </table>		488.18																			
488.18																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:		<table border="1"> <tr> <td colspan="2" style="text-align: center;">002</td> </tr> <tr> <td colspan="2" style="text-align: center;">Category/ Type</td> </tr> </table>		002		Category/ Type																	
002																							
Category/ Type																							

SUBTOTAL of Disbursements This Page (optional)	1234.10
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 21 / 24

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

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NAME OF COMMITTEE (In Full)
TerriPAC

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

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

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 24

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

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NAME OF COMMITTEE (In Full)
TerriPAC

Full Name (Last, First, Middle Initial) A. The November Group		Transaction ID: SB29.4183	
Mailing Address Box 348231		Date of Disbursement MM / DD / YYYY 08 / 15 / 2006	
City Coral Gables	State FL	Zip Code 33234	Amount of Each Disbursement this Period 395.59
Purpose of Disbursement Reimbursement - Air fare		002 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. The November Group		Transaction ID: SB29.4184	
Mailing Address Box 348231		Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
City Coral Gables	State FL	Zip Code 33234	Amount of Each Disbursement this Period 359.60
Purpose of Disbursement Reimbursement - Air fare		002 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. The November Group		Transaction ID: SB29.4186	
Mailing Address Box 348231		Date of Disbursement MM / DD / YYYY 08 / 18 / 2006	
City Coral Gables	State FL	Zip Code 33234	Amount of Each Disbursement this Period 862.30
Purpose of Disbursement Reimbursement travel and accounting		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1617.49
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 24

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

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NAME OF COMMITTEE (In Full)
TerriPAC

Full Name (Last, First, Middle Initial) A. The November Group		Transaction ID: SB29.4187 Date of Disbursement																					
Mailing Address Box 348231		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	8		2	0	0	6														
City Coral Gables	State FL	Zip Code 33234	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting Fees			<input type="text" value="3000.00"/>																				
Candidate Name			<input type="text" value="001"/> Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. The November Group		Transaction ID: SB29.4188 Date of Disbursement																					
Mailing Address Box 348231		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	5		2	0	0	6														
City Coral Gables	State FL	Zip Code 33234	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting Fees			<input type="text" value="3000.00"/>																				
Candidate Name			<input type="text" value="001"/> Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. The November Group		Transaction ID: SB29.4189 Date of Disbursement																					
Mailing Address Box 348231		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	2		2	0	0	6														
City Coral Gables	State FL	Zip Code 33234	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting Fees			<input type="text" value="1500.00"/>																				
Candidate Name			<input type="text" value="001"/> Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 24

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

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NAME OF COMMITTEE (In Full)
TerriPAC

Full Name (Last, First, Middle Initial) A. Verison		Transaction ID: SB29.4192	
Mailing Address 140 West St.		Date of Disbursement MM / DD / YYYY 08 / 03 / 2006	
City New York	State NY	Zip Code 10007	Amount of Each Disbursement this Period 96.11
Purpose of Disbursement Cell phone	Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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