

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER 2006 OCT 16 P 12:58 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Fulton Financial Corporation PAC (MD)

ADDRESS (number and street)

83 West Washington Street

PO Box 189

Check if different than previously reported. (ACC)

Hagerstown

MD

21741

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 00414243

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)

X October 15 Quarterly Report (Q3)

January 31 Year-End 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 (12S)

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

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 Karl J. Sichelstiel

Signature of Treasurer

Karl J. Sichelstiel

Date

10 12 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.

Office Use Only

FEC FORM 3X Rev. 12/2004

26039221937

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fulton Financial Corporation PAC (MD)

Report Covering the Period: From: 07 / 01 / 2006 To: 09 / 30 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		760.00
(b) Cash on Hand at Beginning of Reporting Period.....	760.00	
(c) Total Receipts (from Line 19).....	1,585.00	1,585.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2,345.00	2,345.00
7. Total Disbursements (from Line 31).....	96.85	96.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d)).....	2,248.15	2,248.15
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

26039221938

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fulton Financial Corporation PAC (MD)

Report Covering the Period: From: **07 01 2006** To: **09 30 2006**

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		
(i) Itemized (use Schedule A).....	1,080.00	1,080.00
(ii) Unitemized.....	505.00	505.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,585.00	1,585.00
(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).....▶	1,585.00	1,585.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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 Transfers (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)).....▶	1,585.00	1,585.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,585.00	1,585.00

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**DETAILED SUMMARY PAGE
of Disbursements**

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	96.85	96.85
(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.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	96.85	96.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96.85	96.85

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	1,585.00	1,585.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,585.00	1,585.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	96.85	96.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,488.15	1,488.15

26039221941

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 1 OF 2	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
Fulton Financial Corporation PAC (MD)

Full Name (Last, First, Middle Initial) A. Hart, Judy E.			Date of Receipt 07 / 11 / 2006		
Mailing Address 190 Lance Court			Amount of Each Receipt this Period 260.00		
City Elkton	State MD	Zip Code 21921	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 260.00		
Name of Employer Peoples Bank of Elkton		Occupation Director	Amount of Each Receipt this Period 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	Amount of Each Receipt this Period 260.00		

Full Name (Last, First, Middle Initial) B. Williams, David K. Jr.			Date of Receipt 07 / 28 / 2006		
Mailing Address 3098 Augustine Herman Highway			Amount of Each Receipt this Period 260.00		
City Chesapeake City	State MD	Zip Code 21915	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 260.00		
Name of Employer Peoples Bank of Elkton		Occupation Board	Amount of Each Receipt this Period 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	Amount of Each Receipt this Period 260.00		

Full Name (Last, First, Middle Initial) C. Brown, Harry C.			Date of Receipt 07 / 28 / 2006		
Mailing Address 80 Pond Creek Lane			Amount of Each Receipt this Period 260.00		
City Earleville	State MD	Zip Code 21919	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 260.00		
Name of Employer Peoples Bank of Elkton		Occupation Board	Amount of Each Receipt this Period 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	Amount of Each Receipt this Period 260.00		

SUBTOTAL of Receipts This Page (optional).....▶	780.00
TOTAL This Period (last page this line number only).....▶	

26039221842

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

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

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)

Fulton Financial Corporation PAC (MD)

Full Name (Last, First, Middle Initial)

A. Bernardi, Richard L.

Mailing Address

4906 Bangor Drive

City

N. Bethesda

State

MD

Zip Code

20895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resource Bank

Occupation

SVP

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 11 / 2006

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

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

300.00

1,080.00

26039221943

**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 1 OF 1

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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)

Fulton Financial Corporation PAC (MD)

Full Name (Last, First, Middle Initial)

A. Deluxe Check Printing

Date of Disbursement

07 / 18 / 2006

Mailing Address

City State Zip Code

Purpose of Disbursement

Check Book Fee

OO1
Category/
Type

Amount of Each Disbursement this Period

96.85

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Check Book Fee

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

96.85

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

96.85

26039221944

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
Fulton Financial Corporation PAC (MD)

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	
TOTALS This Period (last page in this line only).....▶	0.00
Carry outatanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

26039221945

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page _____ of Schedule C

NAME OF COMMITTEE (In Full) Fulton Financial Corporation PAC (MD)		FEC IDENTIFICATION NUMBER C									
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) _____ %									
Mailing Address	Date Incurred or Established	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> </tr> <tr> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> </tr> </table>		M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y
M / D / Y	M / D / Y			M / D / Y	M / D / Y						
M / D / Y	M / D / Y	M / D / Y	M / D / Y								
City State Zip Code	Date Due										
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred									
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____									
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)											
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes									
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____									
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: _____		Location of account: Address: _____ City, State, Zip: _____									
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.											
G. COMMITTEE TREASURER Typed Name Signature		DATE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> </tr> <tr> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> </tr> </table>		M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y
M / D / Y	M / D / Y	M / D / Y	M / D / Y								
M / D / Y	M / D / Y	M / D / Y	M / D / Y								
H. Attach a signed copy of the loan agreement.											
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.											
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> </tr> <tr> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> <td style="width:25%; text-align: center;">M / D / Y</td> </tr> </table>		M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y
M / D / Y	M / D / Y	M / D / Y	M / D / Y								
M / D / Y	M / D / Y	M / D / Y	M / D / Y								
Title											

26039221946

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

NAME OF COMMITTEE (In Full)
Fulton Financial Corporation PAC (MD)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

26039221947

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Fulton Financial Corporation PAC (MD)	FEC IDENTIFICATION NUMBER C
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City State Zip Code _____	Date MM / DD / YYYY _____ / _____ / _____ Amount _____
Purpose of Expenditure _____ Category/Type _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____ Calendar Year-To-Date Per Election for Office Sought _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City State Zip Code _____	Date MM / DD / YYYY _____ / _____ / _____ Amount _____
Purpose of Expenditure _____ Category/Type _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____ Calendar Year-To-Date Per Election for Office Sought _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	_____
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____ 0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date MM / DD / YYYY _____ / _____ / _____

26039221948

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): DHL	Shipping Date 10/13/06
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jel
 PREPARER
 (3/2005)

10/16/06
 DATE PREPARED

26039221950