

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
Tercentenary Fund

ADDRESS (number and street) 1650 Arch Street
22nd Floor
 Check if different than previously reported. (ACC)
Philadelphia PA 19103

2. **FEC IDENTIFICATION NUMBER** C00162719
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 01 01 2006 through 03 31 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 Arthur A. Zatz

Signature of Treasurer Electronically Filed by Arthur A. Zatz Date 04 06 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
Tercentenary Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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="right">1939.64</td></tr></table>	1939.64
Y	Y	Y	Y									
2	0	0	6									
1939.64												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">1939.64</td></tr></table>	1939.64										
1939.64												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">108210.00</td></tr></table>	108210.00	<table border="1" style="width: 100%;"><tr><td align="right">108210.00</td></tr></table>	108210.00								
108210.00												
108210.00												
(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="right">110149.64</td></tr></table>	110149.64	<table border="1" style="width: 100%;"><tr><td align="right">110149.64</td></tr></table>	110149.64								
110149.64												
110149.64												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">58209.00</td></tr></table>	58209.00	<table border="1" style="width: 100%;"><tr><td align="right">58209.00</td></tr></table>	58209.00								
58209.00												
58209.00												
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="right">51940.64</td></tr></table>	51940.64	<table border="1" style="width: 100%;"><tr><td align="right">51940.64</td></tr></table>	51940.64								
51940.64												
51940.64												
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="right">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="right">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
Tercentenary Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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	107870.00	107870.00
(i) Itemized (use Schedule A)	340.00	340.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	108210.00	108210.00
(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)	108210.00	108210.00
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 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))	108210.00	108210.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	108210.00	108210.00

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.....	9.00	9.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	9.00	9.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58200.00	58200.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	58209.00	58209.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	58209.00	58209.00

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)	108210.00	108210.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	108210.00	108210.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9.00	9.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9.00	9.00

**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 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Mark L. Alderman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 775 Woodleave Road		Transaction ID: SA11A1.5533
City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 1450.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) B. Caroline Austin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 2 Wedgewood Circle		Transaction ID: SA11A1.5534
City State Zip Code Cherry Hill NJ 08003	Amount of Each Receipt this Period 560.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) C. Tami Bogutz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 26 Old Stevens Lane		Transaction ID: SA11A1.5535
City State Zip Code Voorhees NJ 08043	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr & Solis-Cohen	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional) ▶	2910.00
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 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Joseph C. Bright		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 401 Colebrook Lane		Transaction ID: SA11A1.5536	
City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 1150.00		
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00		

Full Name (Last, First, Middle Initial) B. David Bronston		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 85 East End Avenue No. 8-L		Transaction ID: SA11A1.5537	
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 850.00		
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) C. Clark Brooks		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 305 E. 86th Street		Transaction ID: SA11A1.5591	
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 700.00		
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	2700.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Gilbert Brooks		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 33 Radcliffe Drive		Transaction ID: SA11A1.5538
City State Zip Code Voorhees NJ 08043	Amount of Each Receipt this Period 850.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Todd Brower		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 14 Carriage Way		Transaction ID: SA11A1.5539
City State Zip Code Montclair NJ 07042	Amount of Each Receipt this Period 950.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) C. David Chidekel		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 355 A Central Park Avenue		Transaction ID: SA11A1.5589
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 720.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Co	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional) ▶	2520.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Andrew Chirls		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 2405 Lombard Street		Transaction ID: SA11A1.5540	
City State Zip Code Philadelphia PA 19146		Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Louis Chodoff		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 1009 Mt. Pleasant Way		Transaction ID: SA11A1.5541	
City State Zip Code Cherry Hill NJ 08034		Amount of Each Receipt this Period 850.00	
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP		Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Daniel Clearfield		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 1412 Smokehouse Lane		Transaction ID: SA11A1.5542	
City State Zip Code Harrisburg PA 17110		Amount of Each Receipt this Period 1300.00	
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional) ▶	3050.00
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 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Daniel Clifford

Mailing Address 514 Cresheim Valley Road

City State Zip Code
Wyndmoor PA 19038

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

Name of Employer
Wolf Block Schorr Solis-Cohen

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5543

Amount of Each Receipt this Period
600.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Felix Cohen

Mailing Address 3 Black Rock Road

City State Zip Code
Chadds Ford PA 19317

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5545

Amount of Each Receipt this Period
750.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Thomas Cohn

Mailing Address 4 Highfield Terrace

City State Zip Code
North Caldwell NJ 07006

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

Name of Employer
Wolf Block Schorr Solis-Cohen

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5546

Amount of Each Receipt this Period
1300.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	2650.00
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 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial) Matthew Collins		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 24 Beaver Ridge Road		Transaction ID: SA11A1.5547	
City Morris Plains	State NJ	Zip Code 07950	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Leonard Cooper		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 1603 Harris Road		Transaction ID: SA11A1.5548	
City Laverock	State PA	Zip Code 19038	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Robert Crowe		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 220 Boylston Street Apt. 1104		Transaction ID: SA11A1.5549	
City Boston	State MA	Zip Code 02116	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr Solis-Cohen		Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1290.00		

SUBTOTAL of Receipts This Page (optional) ▶	2350.00
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 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Frank Digiacomio

Mailing Address 33 Continental La.

City Marlton State NJ Zip Code 08053

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

Name of Employer Wolf Block Schorr and Solis-Cohen LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

Transaction ID: SA11A1.5550

Amount of Each Receipt this Period
 700.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Alvin Dorsky

Mailing Address 351 Burnside Avenue

City Jeffersonville State PA Zip Code 19403

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

Name of Employer Wolf Block Schorr and Solis-Cohen LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

Transaction ID: SA11A1.5551

Amount of Each Receipt this Period
 700.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Susan Dromsky-Reed

Mailing Address 521 Pepperidge Tree

City Kinnelon State NJ Zip Code 07405

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

Name of Employer Wolf Block Schorr & Solis-Cohen Occupation attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: SA11A1.5592

Amount of Each Receipt this Period
 550.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	1950.00
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 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Jay Dubow		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 1335 Wooded Way		Transaction ID: SA11A1.5552
City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 1750.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Richard Duffy		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 25 Crest Road		Transaction ID: SA11A1.5553
City State Zip Code Rowayton CT 06853	Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Burton Eichler		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 11 Hillview Terrace		Transaction ID: SA11A1.5554
City State Zip Code Summit NJ 07901	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	3600.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Herman Fala

Mailing Address 704 Meadowcreek Circle

City State Zip Code
Lower Gwynedd PA 19002

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1550.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2006

Transaction ID: SA11A1.5555

Amount of Each Receipt this Period
1550.00

individual contribution

B. Full Name (Last, First, Middle Initial)
John Fanburg

Mailing Address 1 Cedar Ridge Drive

City State Zip Code
Chester NJ 07901

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

Name of Employer
Wolf Block Schorr Solis-Cohen

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2006

Transaction ID: SA11A1.5556

Amount of Each Receipt this Period
1750.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Ralph Ferrara

Mailing Address 2 Langtry Terrace

City State Zip Code
Long Branch NJ 08740

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

Name of Employer
Wolf Block Schorr Solis-Cohen

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2006

Transaction ID: SA11A1.5557

Amount of Each Receipt this Period
1250.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	4550.00
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 15 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Peter Fields		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 70 Ridge Road		Transaction ID: SA11A1.5558
City State Zip Code New Rochelle NY 10804	Amount of Each Receipt this Period 1300.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. Joseph Finkelstein		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 716 Oxford Road		Transaction ID: SA11A1.5559
City State Zip Code Bala Cynwyd PA 19004	Amount of Each Receipt this Period 950.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) C. Robert Fischer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 67 Pine Brook Road		Transaction ID: SA11A1.5560
City State Zip Code Bedford NY 10506	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Kenneth Fisher

Mailing Address 7 Willow Street

City State Zip Code
Brooklyn NY 11201

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

Name of Employer
Wolf Block Schorr Solis-Cohen

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5561

Amount of Each Receipt this Period
1300.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Herbert Fixler

Mailing Address 415 E. 52nd Street

City State Zip Code
New York NY 10022

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5562

Amount of Each Receipt this Period
1350.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Brian Flaherty

Mailing Address 503 Woodbrook Lane

City State Zip Code
Philadelphia PA 19119

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5563

Amount of Each Receipt this Period
1150.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	3800.00
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 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Martha Flanders

Mailing Address 14 Montrose Road

City State Zip Code
Scarsdale NY 10583

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

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

Transaction ID: SA11A1.5564

Amount of Each Receipt this Period
800.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Mark Fontana

Mailing Address One Drayton Court

City State Zip Code
Mechanicsburg PA 17055

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

Name of Employer
Wolf Block Schorr & Solis-Cohe

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

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

Transaction ID: SA11A1.5565

Amount of Each Receipt this Period
1100.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Sue French

Mailing Address 500 Rock House Lane

City State Zip Code
Media PA 19063

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

Name of Employer
Wolf Block Schorr Solis-Cohen

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

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

Transaction ID: SA11A1.5566

Amount of Each Receipt this Period
600.00

individual contribution

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: (check only one)	PAGE 18 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
William Frey

Mailing Address 1125 Ashton Road

City Wynnewood State PA Zip Code 19096

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5567

Amount of Each Receipt this Period
900.00

individual contribution

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

Mailing Address 620 Manor Road

City Narberth State PA Zip Code 19072

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5568

Amount of Each Receipt this Period
1000.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Thomas Gallagher

Mailing Address 203 S. Aberdeen Avenue

City St. Davids State PA Zip Code 19087

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5569

Amount of Each Receipt this Period
1250.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	3150.00
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 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial) Philip Garber		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 1915 Rolling Lane		Transaction ID: SA11A1.5570	
City State Zip Code Cherry Hill NJ 08003	Amount of Each Receipt this Period 1350.00		
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00		

B. Full Name (Last, First, Middle Initial) David Gittlin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 411 Clairemont Road		Transaction ID: SA11A1.5571	
City State Zip Code Villanova PA 19085	Amount of Each Receipt this Period 1450.00		
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00		

C. Full Name (Last, First, Middle Initial) Ronald Glazer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 270 Huntsman Lane		Transaction ID: SA11A1.5572	
City State Zip Code Blue Bell PA 19422	Amount of Each Receipt this Period 1200.00		
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Edward Glickman

Mailing Address 623 Greythorne Road

City Wynnewood State PA Zip Code 19096

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

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

Transaction ID: SA11A1.5573

Amount of Each Receipt this Period
1650.00

individual contribution

B. Full Name (Last, First, Middle Initial)
David Glyn

Mailing Address 6 Issac Lane

City Cherry Hill State NJ Zip Code 08002

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

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

Transaction ID: SA11A1.5574

Amount of Each Receipt this Period
1500.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Thomas Glynn

Mailing Address 14 Coventry Lane

City Riverside State CT Zip Code 06878

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

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

Transaction ID: SA11A1.5575

Amount of Each Receipt this Period
1100.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	4250.00
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 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
M. Norman Goldberger

Mailing Address 7793 Spring Avenue

City State Zip Code
Elkins Park PA 19027

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

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

Transaction ID: SA11A1.5576

Amount of Each Receipt this Period
850.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Dov Goldman

Mailing Address 76 Hallberg Avenue

City State Zip Code
Bergenfield NJ 07621

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

Name of Employer
Wolf Block Schorr Solis-Cohen

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

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

Transaction ID: SA11A1.5577

Amount of Each Receipt this Period
700.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Joseph Gorrell

Mailing Address 2 McKay Drive

City State Zip Code
Bridgewater NJ 08807

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

Name of Employer
Wolf Block Schorr Solis-Cohen

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

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

Transaction ID: SA11A1.5578

Amount of Each Receipt this Period
1250.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
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 22 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. James Greenberg		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 38 Dublin Lane		Transaction ID: SA11A1.5579
City State Zip Code Cherry Hill NJ 08003-2504	Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Alan Hammer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 3 Fawn Drive		Transaction ID: SA11A1.5580
City State Zip Code Livingston NJ 07039	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation attorney	
Receipt For: <input 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. Charles Hart		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 213 Woodland Avenue		Transaction ID: SA11A1.5581
City State Zip Code Haddonfield NJ 08033	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	3600.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Robert Hoffman

Mailing Address 1068 Derry Wood Drive

City Hummelstown State PA Zip Code 17036

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

Name of Employer: Wolf Block Schorr & Solis-Cohe
Occupation: attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: SA11A1.5582

Amount of Each Receipt this Period
 800.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Alan Kessler

Mailing Address 204 Daisy Lane

City Wynnewood State PA Zip Code 19096

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: SA11A1.5583

Amount of Each Receipt this Period
 2000.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Mark Kessler

Mailing Address 500 Waldron Park Drive

City Haverford State PA Zip Code 19041

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.5584

Amount of Each Receipt this Period
 1000.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	3800.00
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 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Dana Klinges		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 40 Battle Road		Transaction ID: SA11A1.5585
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 950.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation attorney	
Receipt For: <input 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. Alan Kohler		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 1815 Crums Mill Road		Transaction ID: SA11A1.5586
City State Zip Code Harrisburg PA 17110	Amount of Each Receipt this Period 850.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Hersh Kozlov		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 1820 Ticonderoga Lane		Transaction ID: SA11A1.5587
City State Zip Code Cherry Hill NJ 08003	Amount of Each Receipt this Period 1350.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

SUBTOTAL of Receipts This Page (optional) ▶	3150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Laura Krabill

Mailing Address 3108 Burrough's Mill Circle

City State Zip Code
Cherry Hill NJ 08002

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

Name of Employer
Wolf Block Schorr & Solis-Cohe

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

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

Transaction ID: SA11A1.5588

Amount of Each Receipt this Period
700.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Melissa Kurtzman

Mailing Address 7 Progress Place

City State Zip Code
Voorhees NJ 08043

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: SA11A1.5624

Amount of Each Receipt this Period
750.00

individual contribution

C. Full Name (Last, First, Middle Initial)
David Landau

Mailing Address 11 Oak Knoll Road

City State Zip Code
Wallingford PA 19086

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

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

Transaction ID: SA11A1.5625

Amount of Each Receipt this Period
1150.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Bernard Lee		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 1011 W. Allens Lane		Transaction ID: SA11A1.5626
City Philadelphia	State PA	Zip Code 19119
Amount of Each Receipt this Period 1150.00		individual contribution
FEC ID number of contributing federal political committee. C		
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) B. Bruce Lesser		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 2048 Wisteria Lane		Transaction ID: SA11A1.5627
City Lafayette	State PA	Zip Code 19444
Amount of Each Receipt this Period 1550.00		individual contribution
FEC ID number of contributing federal political committee. C		
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	

Full Name (Last, First, Middle Initial) C. Lawrence Lesser		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 334 St. Andrews Place		Transaction ID: SA11A1.5628
City Blue Bell	State PA	Zip Code 19422
Amount of Each Receipt this Period 850.00		individual contribution
FEC ID number of contributing federal political committee. C		
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional) ▶	3550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Ivan Light

Mailing Address 205 Clarion Avenue

City State Zip Code
Melrose Park PA 19027

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5629

Amount of Each Receipt this Period
850.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Lester Lipschutz

Mailing Address 129 Maple Avenue

City State Zip Code
Bala Cynwyd PA 19004

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1450.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5630

Amount of Each Receipt this Period
1450.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Diana Liu

Mailing Address 1 Franklin Town Apartments
Apt. 312

City State Zip Code
Philadelphia PA 19103

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5631

Amount of Each Receipt this Period
1050.00

individual contribution

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 28 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Gregory Lomax		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 1 Arborwood Court		Transaction ID: SA11A1.5632
City State Zip Code Sewell NJ 08080	Amount of Each Receipt this Period 950.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input 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. George Matteo		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 597 Sentinel Road		Transaction ID: SA11A1.5642
City State Zip Code Moorestown NJ 08057	Amount of Each Receipt this Period 950.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) C. Patrick Matusky		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 77 Bunning Drive		Transaction ID: SA11A1.5641
City State Zip Code Voorhees NJ 08043	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	3150.00
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 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Thomas McGonigle		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 1305 A Shipley Road		Transaction ID: SA11A1.5643
City State Zip Code Wilmington DE 19803	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Steven Miano		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 204 Deaver Road		Transaction ID: SA11A1.5633
City State Zip Code Wyncote PA 19095	Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Henry Miller		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 238 Locust Street		Transaction ID: SA11A1.5634
City State Zip Code Philadelphia PA 19106	Amount of Each Receipt this Period 1650.00	
FEC ID number of contributing federal political committee. C		individual contribution
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

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 30 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. William Morehouse		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 145 Anton Road		Transaction ID: SA11A1.5635
City Wynnewood	State PA	Zip Code 19096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Pamela Morone		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 226 Echelon Road		Transaction ID: SA11A1.5636
City Voorhees	State NJ	Zip Code 08043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Williams Mosca		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 30 Smoke Rise Lane		Transaction ID: SA11A1.5637
City Bedminster	State NJ	Zip Code 07921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation Attorney	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) ▶	2300.00
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 31 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Renee Myers

Mailing Address 2315 Longwood Lane

City Enola State PA Zip Code 17025

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

Name of Employer Wolf Block Schorr & Solis-Cohe
Occupation attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5638

Amount of Each Receipt this Period
500.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Kermit Rader

Mailing Address 604 Aronmink Place

City Drexel Hill State PA Zip Code 19026

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

Name of Employer Wolf Block Schorr and Solis-Cohen LLP
Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5639

Amount of Each Receipt this Period
650.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Howell Reeves

Mailing Address 914 Roundelaz Lane

City West Chester State PA Zip Code 19382

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

Name of Employer Wolf Block Schorr and Solis-Cohen LLP
Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5640

Amount of Each Receipt this Period
1050.00

individual contribution

SUBTOTAL of Receipts This Page (optional) ► **2200.00**

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 32 / 55
	(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

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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Kenneth Roberts		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 145 Beach Avenue		Transaction ID: SA11A1.5623	
City State Zip Code Larchmont NY 10538	Amount of Each Receipt this Period 850.00		
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) B. Dante Romanini		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 13 Lexton Run		Transaction ID: SA11A1.5622	
City State Zip Code Voorhees NJ 08043	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Michael Rosenberg		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 11 Nottingham Way		Transaction ID: SA11A1.5620	
City State Zip Code Mount Laurel NJ 08054	Amount of Each Receipt this Period 550.00		
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr Solis-Cohen	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ▶	2200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Gretchen Santamour		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 545 Brookfield Lane		Transaction ID: SA11A1.5618	
City Ambler	State PA	Zip Code 19002	Amount of Each Receipt this Period 1050.00
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation attorney	Aggregate Year-to-Date ▼ 1050.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dan Schulder		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 2919 Green Street		Transaction ID: SA11A1.5619	
City Harrisburg	State PA	Zip Code 17110	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation attorney	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jonathan Segal		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 290 Tulip Tree Court		Transaction ID: SA11A1.5616	
City Blue Bell	State PA	Zip Code 19422	Amount of Each Receipt this Period 1750.00
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	Aggregate Year-to-Date ▼ 1750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	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 34 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Robert Segal

Mailing Address 1130 Red Rose Lane

City Villanova State PA Zip Code 19085

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1450.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5617

Amount of Each Receipt this Period
1450.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Jason Shargel

Mailing Address 602 Fariston Drive

City Wynnewood State PA Zip Code 19096

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5614

Amount of Each Receipt this Period
1100.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Michael Sherman

Mailing Address 617 Wayfield Road

City Wynnewood State PA Zip Code 19096

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5615

Amount of Each Receipt this Period
1150.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	3700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Stuart Shorestein

Mailing Address 101 Central Park West
Apt. 4-D

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Wolf Block Schorr and Solis-Cohen LLP Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1350.00

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

Transaction ID: SA11A1.5612

Amount of Each Receipt this Period
1350.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Judith Siegel-Baum

Mailing Address 400 E. 56th Street
Apt. 26-P

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Wolf Block Schorr and Solis-Cohen LLP Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1550.00

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

Transaction ID: SA11A1.5613

Amount of Each Receipt this Period
1550.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Adam Silverman

Mailing Address 8144 High School Road

City State Zip Code
Elkins Park PA 19027

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

Name of Employer Occupation
Wolf Block Schorr Solis-Cohen attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

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

Transaction ID: SA11A1.5611

Amount of Each Receipt this Period
650.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	3550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Jennifer Silverman

Mailing Address 250 W. 85th Street #6H

City New York State NY Zip Code 10024

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

Name of Employer Wolf Block Schorr & Solis-Cohe
Occupation attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2006

Transaction ID: SA11A1.5610

Amount of Each Receipt this Period
700.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Rebecca Smolen

Mailing Address 185 Summit Lane

City Bala Cynwyd State PA Zip Code 19004

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

Name of Employer Wolf Block Schorr Solis-Cohen
Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2006

Transaction ID: SA11A1.5609

Amount of Each Receipt this Period
600.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Shawn Tucker

Mailing Address 25 Yeates Drive

City New Castle State DE Zip Code 19720

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

Name of Employer Wolf Block Schorr Solis-Cohen
Occupation attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2006

Transaction ID: SA11A1.5608

Amount of Each Receipt this Period
1100.00

individual contribution

SUBTOTAL of Receipts This Page (optional) ► **2400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Anthony Twardowski

Mailing Address 7 Spring Mill Drive

City State Zip Code
Sewell NJ 08080

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2006

Transaction ID: SA11A1.5607

Amount of Each Receipt this Period
1000.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Peter Wakiyama

Mailing Address 212 Woodstock Road

City State Zip Code
Villanova PA 19085

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

Name of Employer
Wolf Block Schorr & Solis-Cohen

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2006

Transaction ID: SA11A1.5606

Amount of Each Receipt this Period
700.00

individual contribution

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

Mailing Address 559 Red Fox Lane

City State Zip Code
Wayne PA 19087

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2006

Transaction ID: SA11A1.5605

Amount of Each Receipt this Period
1150.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	2850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 55
	<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Abby Wenzel		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 242 E. 19th Street Apt. 10A		Transaction ID: SA11A1.5604
City New York	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1650.00
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name (Last, First, Middle Initial) B. Jonathan Wetchler		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 401 Sherry Way		Transaction ID: SA11A1.5602
City Cherry Hill	State NJ	Zip Code 08034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 850.00
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Matthew White		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 215 Spruce Street		Transaction ID: SA11A1.5600
City Philadelphia	State PA	Zip Code 19106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer Wolf Block Schorr and Solis-Cohen LLP	Occupation Attorney	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	▶	3600.00
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 39 / 55
	<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)
Tercentenary Fund

A. Full Name (Last, First, Middle Initial)
Ronald Wiener

Mailing Address 369 Youngsford Place

City Gladwyne State PA Zip Code 19035

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11A1.5599

Amount of Each Receipt this Period
500.00

individual contribution

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

Mailing Address 351 Summit Road

City Springfield State PA Zip Code 19064

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

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

Transaction ID: SA11A1.5598

Amount of Each Receipt this Period
1100.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Thomas Witt

Mailing Address 5127 Pulaski Avenue

City Philadelphia State PA Zip Code 19144

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

Name of Employer: Wolf Block Schorr and Solis-Cohen LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: SA11A1.5597

Amount of Each Receipt this Period
750.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	2350.00
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 40 / 55
	<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)
Tercentenary Fund

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

Mailing Address 4309 Somerset Lane

City State Zip Code
Aston PA 19014

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

Name of Employer
Wolf Block Schorr Solis-Cohen

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5596

Amount of Each Receipt this Period
550.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Cheryl Young

Mailing Address 1734 Clinton Drive

City State Zip Code
Ambler PA 19002

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5595

Amount of Each Receipt this Period
1250.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Arthur Zatz

Mailing Address 1301 Sussex Road

City State Zip Code
Wynnewood PA 19096

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

Name of Employer
Wolf Block Schorr and Solis-Cohen LLP

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.5594

Amount of Each Receipt this Period
440.00

individual contribution

SUBTOTAL of Receipts This Page (optional)	▶	2240.00
TOTAL This Period (last page this line number only)	▶	107870.00

**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 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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. BARNEY FRANK FOR CONGRESS COMMITTEE		Transaction ID: SB23.5672 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address PO Box 260		Amount of Each Disbursement this Period 1000.00
City Newtonville State MA Zip Code 02460	Category/ Type	
Purpose of Disbursement political contribution		
Candidate Name BARNEY FRANK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA 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. BILL NELSON FOR U S SENATE		Transaction ID: SB23.5522 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 500 RED SAIL WAY		Amount of Each Disbursement this Period 1000.00
City SATELITE BEACH State FL Zip Code 32937	Category/ Type	
Purpose of Disbursement political contribution		
Candidate Name BILL NELSON		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL 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) C. BILL NELSON FOR U S SENATE		Transaction ID: SB23.5523 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 500 RED SAIL WAY		Amount of Each Disbursement this Period 1000.00
City SATELITE BEACH State FL Zip Code 32937	Category/ Type	
Purpose of Disbursement political contribution		
Candidate Name BILL NELSON		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL 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) ▶	3000.00
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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. CAPUANO FOR CONGRESS COMMITTEE		Transaction ID: SB23.5675 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address PO BOX 440305		Amount of Each Disbursement this Period 1000.00
City SOMERVILLE State MA Zip Code 02144	Category/ Type	
Purpose of Disbursement political contribution		
Candidate Name MICHAEL E CAPUANO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CHAFEE FOR SENATE		Transaction ID: SB23.5654 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO BOX 7329		Amount of Each Disbursement this Period 1500.00
City WARWICK State RI Zip Code 02887	Category/ Type	
Purpose of Disbursement political contribution		
Candidate Name CHAFEE FOR SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI 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) C. CITIZENS FOR JOHN OLVER FOR CONGRESS		Transaction ID: SB23.5663 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 819 PO BOX 819		Amount of Each Disbursement this Period 1000.00
City Amherst State MA Zip Code 01004	Category/ Type	
Purpose of Disbursement political contribution		
Candidate Name JOHN W. OLVER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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 43 / 55

<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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. DAVID YASSKY FOR CONGRESS		Transaction ID: SB23.5659 Date of Disbursement
Mailing Address 41 SCHERMERHORN STREET SUITE 162		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City BROOKLYN	State NY	Zip Code 11201
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name DAVID YASSKY	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: 11		

Full Name (Last, First, Middle Initial) B. DELAHUNT FOR CONGRESS COMMITTEE		Transaction ID: SB23.5528 Date of Disbursement
Mailing Address 333 Victory Road		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Quincy	State MA	Zip Code 02171
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name DELAHUNT FOR CONGRESS COMMITTEE	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: MA District: 10		

Full Name (Last, First, Middle Initial) C. DURBIN FOR SENATE		Transaction ID: SB23.5710 Date of Disbursement
Mailing Address PO BOX 6161		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>
City CHICAGO	State IL	Zip Code 60680
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name RICHARD J DURBIN	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 00		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Engel for Congress		Transaction ID: SB23.5691 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 60		Amount of Each Disbursement this Period 1000.00
City State Zip Code Bronx NY 10463	Purpose of Disbursement political contribution Candidate Name Eliot Engel Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FORWARD TOGETHER PAC		Transaction ID: SB23.5518 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 6849 OLD DOMINION DRIVE SUITE 222		Amount of Each Disbursement this Period 1000.00
City State Zip Code MCLEAN VA 22101	Purpose of Disbursement political contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRELINGHUYSEN FOR CONGRESS		Transaction ID: SB23.5704 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 19 CATTANO AVENUE		Amount of Each Disbursement this Period 1000.00
City State Zip Code MORRISTOWN NJ 07960	Purpose of Disbursement political contribution Candidate Name RODNEY FRELINGHUYSEN Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Friends and Family of Mike Miller		Transaction ID: SB23.5731 Date of Disbursement 03 / 31 / 2006
Mailing Address Jimtown Road		Amount of Each Disbursement this Period -1000.00
City Lewes	State DE	
Zip Code 19958		
Purpose of Disbursement voided check		
Candidate Name Michael Miller		Category/Type
Office Sought: <input checked="" 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: DE District: 1		

Full Name (Last, First, Middle Initial) B. FRIENDS OF HILLARY		Transaction ID: SB23.5652 Date of Disbursement 03 / 29 / 2006
Mailing Address 1717 K STREET NW SUITE 309A		Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC	
Zip Code 20036		
Purpose of Disbursement political contribution		
Candidate Name HILLARY RODHAM CLINTON		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" 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: 00		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB23.5716 Date of Disbursement 03 / 14 / 2006
Mailing Address PO BOX 4322 STATE HOUSE SQUARE		Amount of Each Disbursement this Period 3000.00
City HAMDEN	State CT	
Zip Code 06514		
Purpose of Disbursement political contribution		
Candidate Name Joseph Lieberman		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" 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: CT District: 00		

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)

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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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. Friends of Kevin Powell		Transaction ID: SB23.5735 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 24810		Amount of Each Disbursement this Period 1000.00
City Brooklyn State NY Zip Code 11202-4810		
Purpose of Disbursement political contribution Candidate Name Kevin Powell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FRIENDS OF PATRICK J KENNEDY INC		Transaction ID: SB23.5681 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 1000.00
City Pawtucket State RI Zip Code 02862		
Purpose of Disbursement political contribution Candidate Name PATRICK J KENNEDY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FRIENDS OF SHERROD BROWN		Transaction ID: SB23.5698 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 2280 KRESGE DRIVE Suite 800		Amount of Each Disbursement this Period 1000.00
City AMHERST State OH Zip Code 44001		
Purpose of Disbursement political contribution Candidate Name SHERROD BROWN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. FRIENDS OF WEINER		Transaction ID: SB23.5732 Date of Disbursement 03 / 31 / 2006	
Mailing Address PO BOX 290-346		Amount of Each Disbursement this Period -1000.00	
City Brooklyn	State NY	Zip Code 11229	Category/ Type
Purpose of Disbursement voided check			
Candidate Name ANTHONY D MR WEINER			
Office Sought: <input checked="" 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: NY District: 09			

Full Name (Last, First, Middle Initial) B. Greenwood for Congress		Transaction ID: SB23.5729 Date of Disbursement 03 / 31 / 2006	
Mailing Address P.O. Box 2358		Amount of Each Disbursement this Period -300.00	
City Doylestown	State PA	Zip Code 18901	Category/ Type
Purpose of Disbursement voided check			
Candidate Name JAMES C GREENWOOD			
Office Sought: <input checked="" 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: PA District: 8			

Full Name (Last, First, Middle Initial) C. Jim Gerlach for Congress Committee		Transaction ID: SB23.5653 Date of Disbursement 03 / 29 / 2006	
Mailing Address 911 Welsh Ayers Way		Amount of Each Disbursement this Period 1000.00	
City Downingtown	State PA	Zip Code 19335	Category/ Type
Purpose of Disbursement political contribution			
Candidate Name JIM GERLACH			
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: PA District: 6			

SUBTOTAL of Disbursements This Page (optional)	-300.00
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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. JOHN TIERNEY FOR CONGRESS		Transaction ID: SB23.5669 Date of Disbursement																				
Mailing Address 133 WASHINGTON STREET		<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>2</td><td></td><td>1</td><td>6</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	2		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	6		2	0	0	6													
City SALEM	State MA	Zip Code 01970																				
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Candidate Name JOHN TIERNEY																						
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: MA	District: 06																					

Full Name (Last, First, Middle Initial) B. JON KYL FOR U S SENATE		Transaction ID: SB23.5713 Date of Disbursement																				
Mailing Address PO BOX 10246		<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>3</td><td></td><td>0</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	3		0	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	8		2	0	0	6													
City PHOENIX	State AZ	Zip Code 85064																				
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Candidate Name JON L KYL																						
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ	District: 00																					

Full Name (Last, First, Middle Initial) C. Kean for U.S. Senate		Transaction ID: SB23.5520 Date of Disbursement																				
Mailing Address 203 Elm Street, 1st Floor		<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>2</td><td></td><td>1</td><td>3</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	2		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	6													
City Westfield	State NJ	Zip Code 07090																				
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input checked="" 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: 00																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. KEEPING AMERICA'S PROMISE INC		Transaction ID: SB23.5724 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 511 C STREET NE		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement political contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. KENNEDY FOR SENATE 2006		Transaction ID: SB23.5525 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 301 4TH ST NE SUITE 202		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement political contribution Candidate Name EDWARD MOORE SENATOR KENNEDY Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA 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) C. LANGEVIN FOR CONGRESS		Transaction ID: SB23.5692 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 181-A KNIGHT ST		Amount of Each Disbursement this Period 1000.00
City WARWICK State RI Zip Code 02886	Purpose of Disbursement political contribution Candidate Name JAMES R LANGEVIN Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. LoBiondo for Congress		Transaction ID: SB23.5723 Date of Disbursement 03 / 29 / 2006
Mailing Address 5914 Main Street Suite 103		Amount of Each Disbursement this Period 3500.00
City Mays Landing State NJ Zip Code 08330	Purpose of Disbursement political contribution Candidate Name Frank LoBiondo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MALONEY FOR CONGRESS		Transaction ID: SB23.5694 Date of Disbursement 02 / 24 / 2006
Mailing Address 49 EAST 92ND STREET		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement political contribution Candidate Name CAROLYN B MALONEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 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 MARKEY COMMITTEE		Transaction ID: SB23.5524 Date of Disbursement 02 / 13 / 2006
Mailing Address P.O. Box 526		Amount of Each Disbursement this Period 1000.00
City Medford State MA Zip Code 02155	Purpose of Disbursement political contribution Candidate Name Ed Markey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 7 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. MARTY MEEHAN FOR CONGRESS COMMITTEE, THE		Transaction ID: SB23.5526
Mailing Address 75 Princeton Street		Date of Disbursement MM / DD / YYYY 02 / 13 / 2006
City No. Chelmsford	State MA	Zip Code 01863
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name MARTIN T MEEHAN		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: MA District: 05		

Full Name (Last, First, Middle Initial) B. MATT BROWN FOR US SENATE		Transaction ID: SB23.5701
Mailing Address PO BOX 10180		Date of Disbursement MM / DD / YYYY 03 / 08 / 2006
City CRANSTON	State RI	Zip Code 02910
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name MATTHEW A BROWN		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" 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: RI District: 00		

Full Name (Last, First, Middle Initial) C. MENENDEZ FOR SENATE		Transaction ID: SB23.5718
Mailing Address P.O. Box 848		Date of Disbursement MM / DD / YYYY 03 / 16 / 2006
City Union City	State NJ	Zip Code 07087
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name ROBERT MENENDEZ		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" 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: NJ District: 13		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. NADLER FOR CONGRESS INC		Transaction ID: SB23.5689 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address Village Station P.O. Box 40		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10014	Purpose of Disbursement political contribution Candidate Name JERROLD LEWIS NADLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 08 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Transaction ID: SB23.5717 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement political contribution 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		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PASTOR FOR ARIZONA		Transaction ID: SB23.5707 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address PO BOX 6554		Amount of Each Disbursement this Period 1000.00
City PHOENIX State AZ Zip Code 85005	Purpose of Disbursement political contribution Candidate Name EDWARD L PASTOR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. RE-ELECT MCGOVERN COMMITTEE		Transaction ID: SB23.5666 Date of Disbursement
Mailing Address PO Box 60405 PO Box 60405		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City Worcester	State MA	Zip Code 01606
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name JAMES P MCGOVERN	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: MA District: 03		

Full Name (Last, First, Middle Initial) B. RICHARD E NEAL FOR CONGRESS COMMITTEE		Transaction ID: SB23.5527 Date of Disbursement
Mailing Address 76 MAGNOLIA TERRACE		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City SPRINGFIELD	State MA	Zip Code 01108
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name RICHARD E NEAL	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: MA District: 02		

Full Name (Last, First, Middle Initial) C. SANDERS FOR SENATE		Transaction ID: SB23.5515 Date of Disbursement
Mailing Address PO BOX 391		<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City BURLINGTON	State VT	Zip Code 05402
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name BERNARD SANDERS	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" 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: VT District: 00		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. SENATE DEMOCRATIC VICTORY 2006		Transaction ID: SB23.5656 Date of Disbursement
Mailing Address 120 MARYLAND AVENUE NE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name SENATE DEMOCRATIC VICTORY 2006		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" 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: 00		

Full Name (Last, First, Middle Initial) B. SERRANO FOR CONGRESS		Transaction ID: SB23.5695 Date of Disbursement
Mailing Address 275 MADISON AVENUE 275 MADISON AVENUE		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City NEW YORK	State NY	Zip Code 10016
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name JOSE E SERRANO		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: 16		

Full Name (Last, First, Middle Initial) C. SESTAK FOR CONGRESS		Transaction ID: SB23.5725 Date of Disbursement
Mailing Address P.O. Box 16		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Media	State PA	Zip Code 19063
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name JOSEPH A JR. SESTAK		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: PA District: 7		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
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)
Tercentenary Fund

Full Name (Last, First, Middle Initial) A. STEPHEN F. LYNCH FOR CONGRESS COMMITTEE		Transaction ID: SB23.5678
Mailing Address 105 Farragut Road		Date of Disbursement 02 / 16 / 2006
City South Boston	State MA	Zip Code 02127
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name STEPHEN F LYNCH	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: MA	District: 09	

Full Name (Last, First, Middle Initial) B. WHITEHOUSE 06		Transaction ID: SB23.5686
Mailing Address PO BOX 40280		Date of Disbursement 02 / 24 / 2006
City PROVIDENCE	State RI	Zip Code 02940
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name SHELDON II WHITEHOUSE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" 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: RI	District: 00	

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	58200.00