

# 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  
IA Vets for Congress

ADDRESS (number and street) 90 Park Ave  
17th Floor  
 Check if different than previously reported. (ACC)  
New York NY 10016

2. **FEC IDENTIFICATION NUMBER** C00425694  
**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 07 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer Malea Stenzel

Signature of Treasurer Electronically Filed by Malea Stenzel Date 10 15 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**

Write or Type Committee Name  
IA Vets for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	6									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td>250.00</td></tr></table>	250.00										
250.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td>75528.10</td></tr></table>	75528.10	<table border="1" style="width: 100%;"><tr><td>75778.10</td></tr></table>	75778.10								
75528.10												
75778.10												
(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>75778.10</td></tr></table>	75778.10	<table border="1" style="width: 100%;"><tr><td>75778.10</td></tr></table>	75778.10								
75778.10												
75778.10												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td>73608.25</td></tr></table>	73608.25	<table border="1" style="width: 100%;"><tr><td>73608.25</td></tr></table>	73608.25								
73608.25												
73608.25												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td>2169.85</td></tr></table>	2169.85	<table border="1" style="width: 100%;"><tr><td>2169.85</td></tr></table>	2169.85								
2169.85												
2169.85												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>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  
IA Vets for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	73000.00	73200.00
(i) Itemized (use Schedule A) .....	2528.10	2578.10
(ii) Unitemized .....	75528.10	75778.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	75528.10	75778.10
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)) .....	75528.10	75778.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	75528.10	75778.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	16057.27	16057.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	16057.27	16057.27
22. Transfers to Affiliated/Other Party Committees.....	57300.98	57300.98
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	250.00	250.00
(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)) .....	250.00	250.00
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))..	73608.25	73608.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	73608.25	73608.25

**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) .....	75528.10	75778.10
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	75278.10	75528.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16057.27	16057.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16057.27	16057.27

**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 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Margo Alexander		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 138 East 92nd Street		<b>Transaction ID:</b> SA11A1.4199	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> John Alvarado		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 298 Division Street		<b>Transaction ID:</b> SA11A1.4200	
City State Zip Code Sag Harbor NY 11963	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gordon Alvarado Occupation Real Estate	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Carter Burden		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 27 North Moore Street Apt. 10E		<b>Transaction ID:</b> SA11A1.4260	
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LogicWorks Occupation Engineer	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2100.00
<b>TOTAL</b> 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 / 35
	<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)  
IA Vets for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Leonard J Carr Mailing Address 30 Maplewood Ave. City <u>Maplewood</u> State <u>NJ</u> Zip Code <u>07040</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4268 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	6	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	7		2	0	0	6														
300.00																							
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer Tykhe Capital Occupation Finance																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																				
300.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Marge Coloff Mailing Address 1185 Park Ave Apt 3-1 City <u>New York</u> State <u>NY</u> Zip Code <u>10128</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4206 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	5		2	0	0	6														
250.00																							
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer White & Case Occupation Attorney																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Edward G. Corrigan Mailing Address 171 East 74th Street City <u>New York</u> State <u>NY</u> Zip Code		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4288 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	5		2	0	0	6														
250.00																							
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer Future Metals Occupation Manager																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Cristine Cronin		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address PO Box 1725		<b>Transaction ID:</b> SA11A1.4207	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Wave Systems Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Blair Efron		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 299 Park Avenue 38th Floor		<b>Transaction ID:</b> SA11A1.4276	
City State Zip Code New York NY 10171		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation UBS Warburg Banker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jason Flom		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 146 Central Park West Apt 2E		<b>Transaction ID:</b> SA11A1.4197	
City State Zip Code New York NY 10023		Amount of Each Receipt this Period 11300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Virgin Records CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 11300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	14050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 35
	<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)  
IA Vets for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) KC Genzmer		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 1641 Third Ave #5J		<b>Transaction ID:</b> SA11A1.4212	
City State Zip Code New York NY 10128		Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Tutor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Pear-Ellen Gordon		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 47 East 88th Street Apt 10D		<b>Transaction ID:</b> SA11A1.4214	
City State Zip Code New York NY 10128		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Psychoanalyst			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mia Grosjean		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 47 Howard Street		<b>Transaction ID:</b> SA11A1.4215	
City State Zip Code Sag Harbor NY 11963		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bay Street Theater Occupation Literary Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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 / 35
	<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)  
IA Vets for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Haddad		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 33 Garden Place		<b>Transaction ID:</b> SA11A1.4217
City State Zip Code Brooklyn NY 11530	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mike Haddad		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 33 Garden Place		<b>Transaction ID:</b> SA11A1.4218
City State Zip Code Brooklyn NY 11530	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Brian Hardwick		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 511 East 20th Street #7D		<b>Transaction ID:</b> SA11A1.4257
City State Zip Code New York NY 10010	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Penn Schoen & Berland Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> 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 / 35
	<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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Judith Hope		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 9 Two Holes of Water		<b>Transaction ID:</b> SA11A1.4219
City State Zip Code East Hampton NY 11937	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Rob Johnson		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 98 Glenwood Drive		<b>Transaction ID:</b> SA11A1.4220
City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Investor Self		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Margaret Kerry		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 72 Barrow Street Apt 4B		<b>Transaction ID:</b> SA11A1.4221
City State Zip Code New York NY 10014	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation US State Dept Adviser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> 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 / 35
	<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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Orin Kramer		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 261 Glenwood Road		Transaction ID: SA11A1.4250
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Boston Provident, LP	Occupation General Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Edward Krugman		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006
Mailing Address 247 West 12th Street Penthouse A		Transaction ID: SA11A1.4262
City State Zip Code New York NY 10014	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bondurant Mixson Elmore	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Howard Ned Lamont		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 4 Ashton Drive		Transaction ID: SA11A1.4222
City State Zip Code Greenwich CT 06831	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lamont Television Systems	Occupation Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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 / 35
	<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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Lenore Laupheinmer		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 10 Old Jackson Ave #51		<b>Transaction ID:</b> SA11A1.4284	
City State Zip Code Hastings-On-Hudson NY 10706	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Susie Levine		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 1701 E Linden Ave		<b>Transaction ID:</b> SA11A1.4223	
City State Zip Code Linden NJ 07036	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CEO	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jonathan McCann		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address PO Box 1775		<b>Transaction ID:</b> SA11A1.4258	
City State Zip Code Sag Harbor NY 11963	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CEO	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 35
	<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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Terry Meehan		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006	
Mailing Address 39 Broadway 36th Floor		<b>Transaction ID:</b> SA11A1.4263	
City State Zip Code New York NY 10006	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Azimuth Trust	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lee Minrel		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address 143 West 20th Street		<b>Transaction ID:</b> SA11A1.4279	
City State Zip Code New York NY 10011	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Shelton, Mindel & Associates	Occupation Architect		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Harriet Molk		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2006	
Mailing Address 205 East 69th Street		<b>Transaction ID:</b> SA11A1.4225	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Graphic Designer and Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5750.00
<b>TOTAL</b> 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 / 35
	<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)  
IA Vets for Congress

**A.** Full Name (Last, First, Middle Initial)  
Norman Orentrach

Mailing Address 140 East 72nd Street

City State Zip Code  
New York NY 10021

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: SA11A1.4259

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Susan Patricof

Mailing Address 830 Park Avenue

City State Zip Code  
New York NY 10021

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

Name of Employer APAX Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2006

Transaction ID: SA11A1.4248

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Lisa Perry

Mailing Address 1 Sutton Place South

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

Transaction ID: SA11A1.4264

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 16 / 35
	<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)  
IA Vets for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Rene Pollard Mailing Address 151 East 83rd City State Zip Code New York NY 10028 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 <b>Transaction ID: SA11A1.4282</b> Amount of Each Receipt this Period 400.00
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Julie Rather Mailing Address 95 Ely Brook to Hands Creek Road City State Zip Code East Hampton NY 10021 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006 <b>Transaction ID: SA11A1.4227</b> Amount of Each Receipt this Period 1000.00
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Philanthrapist Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John Brandon Rhea Mailing Address 745 7th Avenue, 24th Floor City State Zip Code New York NY 10019 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006 <b>Transaction ID: SA11A1.4277</b> Amount of Each Receipt this Period 500.00
Name of Employer JP Morgan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Investment Banker Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1900.00
<b>TOTAL</b> 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 / 35
	<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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Jack Rivkin		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address PO Box 1424		Transaction ID: SA11A1.4228
City Amagansett	State NY	Zip Code 11930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Receipt For:	Occupation Retired	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Barbara Roberts		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 299 West 12th Street Suite 7E		Transaction ID: SA11A1.4265
City New York	State NY	Zip Code 10014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Roberts & Company	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼ 500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Lizanne Rosenstein		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006
Mailing Address 768 El Camino Del Mar		Transaction ID: SA11A1.4271
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For:	Occupation Homemaker	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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 / 35
	<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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Jeff Ross		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address 28 E 11th Street #2F		<b>Transaction ID:</b> SA11A1.4270
City State Zip Code New York NY 10003	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation NBC Producer	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Carol Saper		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 812 Park Avenue		<b>Transaction ID:</b> SA11A1.4247
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self Art Dealer	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Nina Schwalbe		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 55 White Street 3C		<b>Transaction ID:</b> SA11A1.4231
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation TS Alliance Public Health	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 / 35
	<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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Francesca Schwartz		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 1000 Park Avenue Apt 6A		<b>Transaction ID:</b> SA11A1.4280
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Clinical Psychologist Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Sybil Shainwald		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006
Mailing Address 955 Fifth Avenue		<b>Transaction ID:</b> SA11A1.4266
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lawyer Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jonathon Sheffer		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 59 W 10th Street		<b>Transaction ID:</b> SA11A1.4274
City State Zip Code New York NY 10011	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Artistic Director Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> 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:	PAGE 20 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Neal Shipley		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 136 West 95th Street		<b>Transaction ID:</b> SA11A1.4233
City State Zip Code New York NY 10025	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Harold Snyder		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 592 Fifth Avenue, 6th Floor		<b>Transaction ID:</b> SA11A1.4234
City State Zip Code New York NY 10036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HBJ Investments	Occupation Investments/Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Alexandra Stanton		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 139 Reade Street #3A		<b>Transaction ID:</b> SA11A1.4236
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer David Patterson	Occupation Policy Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> 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 21 / 35
	<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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> John Sykes		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 911 Park Avenue		Transaction ID: SA11A1.4251
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sykes Investments	Occupation Sales and Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Christine Wasserstein		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 1030 Fifth Avenue		Transaction ID: SA11A1.4267
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Psychotherapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Weiskopf		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 71 Three Mile Harbor Drive		Transaction ID: SA11A1.4241
City State Zip Code East Hampton NY 11937	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<b>TOTAL</b> 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 22 / 35
	<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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Wayne Winnick		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 159 East 74th Street		<b>Transaction ID:</b> SA11A1.4243
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Howard Wolfson		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 86 Chambers Street Suite 702		<b>Transaction ID:</b> SA11A1.4249
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Glover Park Group Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Zimmerman		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 160 Middle Neck Rd 6G		<b>Transaction ID:</b> SA11A1.4245
City State Zip Code Great Neck NY 11021	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Zimmerman - Edelson, Inc. Occupation Marketing / Public Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> 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 23 / 35	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

**A.** Full Name (Last, First, Middle Initial)  
Benjamin Zwirn

Mailing Address 37 North Hollow Drive

City State Zip Code  
East Hampton NY 11937

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

Name of Employer Occupation  
Suffolk County DPH - Co-Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	6

Transaction ID: SA11A1.4246

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	73000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A. Paulette Aniskoff</b>		<b>Transaction ID:</b> SB21B.4295 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 227 West 11th, Apt #65		Amount of Each Disbursement this Period 4000.00
City New York State NY Zip Code 10014	Purpose of Disbursement Fundraising Consulting Fee 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

Full Name (Last, First, Middle Initial) <b>B. Paulette Aniskoff</b>		<b>Transaction ID:</b> SB21B.4325 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 227 West 11th, Apt #65		Amount of Each Disbursement this Period 4000.00
City New York State NY Zip Code 10014	Purpose of Disbursement Fundraising Consulting Fee 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

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		<b>Transaction ID:</b> SB21B.4306 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 915 South 500 East Suite 200		Amount of Each Disbursement this Period 31.90
City American Fork State UT Zip Code 84003	Purpose of Disbursement CC Merchant Fee 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8031.90</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> SB21B.4315 Date of Disbursement 09 / 20 / 2006
Mailing Address 72 Second Avenue		Amount of Each Disbursement this Period 25.00
City New York State NY Zip Code 10003	Purpose of Disbursement Wire Transfer Fee 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

Full Name (Last, First, Middle Initial) <b>B. Lon Johnson</b>		<b>Transaction ID:</b> SB21B.4330 Date of Disbursement 09 / 20 / 2006
Mailing Address 206 Curry Ave.		Amount of Each Disbursement this Period 3422.94
City Royal Oak State MI Zip Code 48067	Purpose of Disbursement Travel Reimbursement 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

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		<b>Transaction ID:</b> SB21B.4330.0 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 1057.91
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Airfare 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  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3447.94
<b>TOTAL</b> 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 26 / 35

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

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

<b>A. Amtrak</b> Full Name (Last, First, Middle Initial) Mailing Address 60 Massachusetts Ave, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Travel/Train Fare 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) ▼		Transaction ID: SB21B.4330.1 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 336.00 [MEMO ITEM]
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<b>B. Park Lane Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 36 Central Park South City New York State NY Zip Code 10019 Purpose of Disbursement Lodging 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) ▼		Transaction ID: SB21B.4330.2 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 2029.03 [MEMO ITEM]
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<b>C. Media Guys</b> Full Name (Last, First, Middle Initial) Mailing Address 7436 E. Stetson Drive, Suite 290 City Scottsdale State AZ Zip Code 85251 Purpose of Disbursement Website Development Services 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) ▼		Transaction ID: SB21B.4327 Date of Disbursement 09 / 18 / 2006 Amount of Each Disbursement this Period 2368.50
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2368.50
<b>TOTAL</b> 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 27 / 35

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

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Jason Moon		<b>Transaction ID:</b> SB21B.4300 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 10 / 2006
Mailing Address 1925 Paces Landing Circle, NW		Amount of Each Disbursement this Period 300.00
City Conyers State GA Zip Code 30012	Purpose of Disbursement Travel Per Diem 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

<b>B.</b> Full Name (Last, First, Middle Initial) Jason Moon		<b>Transaction ID:</b> SB21B.4304 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 23 / 2006
Mailing Address 1925 Paces Landing Circle, NW		Amount of Each Disbursement this Period 300.00
City Conyers State GA Zip Code 30012	Purpose of Disbursement Travel Per Diem 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

<b>C.</b> Full Name (Last, First, Middle Initial) Sandler, Reiff, and Young		<b>Transaction ID:</b> SB21B.4326 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 18 / 2006
Mailing Address 50 E Street, Suite 300		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Legal Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	850.00
<b>TOTAL</b> 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 28 / 35

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

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A. Sandler, Reiff, and Young</b>		<b>Transaction ID:</b> SB21B.4329 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 18 / 2006
Mailing Address 50 E Street, Suite 300		Amount of Each Disbursement this Period 115.00
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement Legal Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. VoteVets PAC</b>		<b>Transaction ID:</b> SB21B.4328 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 18 / 2006
Mailing Address 90 Park Avenue 17th Floor		Amount of Each Disbursement this Period 601.55
City NEW YORK State NY Zip Code 10016	Category/ Type	
Purpose of Disbursement Reimbursement/Credit Card Merchant Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		<b>Transaction ID:</b> SB21B.4328.0 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 18 / 2006
Mailing Address 915 South 500 East Suite 200		Amount of Each Disbursement this Period 197.72
City American Fork State UT Zip Code 84003	Category/ Type	
Purpose of Disbursement CC Merchant Fee		
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) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	716.55
<b>TOTAL</b> 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 29 / 35

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

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

Full Name (Last, First, Middle Initial)

**A.** Bank of America

Mailing Address 72 Second Avenue

City State Zip Code  
New York NY 10003

Purpose of Disbursement  
CC Merchant Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4328.1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

403.83

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

15414.89

**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 30 / 35

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

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A. Friends of Tammy Duckworth</b>		<b>Transaction ID:</b> SB22.4321 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 416 W 22ND ST		Amount of Each Disbursement this Period 10000.00
City Lombard State IL Zip Code 60148	Category/ Type	
Purpose of Disbursement Transfer to Affiliate		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Tammy Duckworth</b>		<b>Transaction ID:</b> SB22.4339 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 416 W 22ND ST		Amount of Each Disbursement this Period 3814.77
City Lombard State IL Zip Code 60148	Category/ Type	
Purpose of Disbursement Transfer of Residual Funds		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Patrick Murphy for Congress</b>		<b>Transaction ID:</b> SB22.4323 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO BOX 868		Amount of Each Disbursement this Period 10000.00
City Levittown State PA Zip Code 19058	Category/ Type	
Purpose of Disbursement Transfer to Affiliate		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	23814.77
<b>TOTAL</b> 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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A. Patrick Murphy for Congress</b>		<b>Transaction ID:</b> SB22.4340 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO BOX 868		Amount of Each Disbursement this Period 3802.09
City Levittown	State PA	
Zip Code 19058		
Purpose of Disbursement Transfer of Residual Funds		
Candidate Name		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: PA District: 08		

Full Name (Last, First, Middle Initial) <b>B. Sestak for Congress</b>		<b>Transaction ID:</b> SB22.4322 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 10000.00
City Media	State PA	
Zip Code 19063		
Purpose of Disbursement Transfer to Affiliate		
Candidate Name		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: PA District: 7		

Full Name (Last, First, Middle Initial) <b>C. Sestak for Congress</b>		<b>Transaction ID:</b> SB22.4331 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 3865.51
City Media	State PA	
Zip Code 19063		
Purpose of Disbursement Transfer of Residual Funds		
Candidate Name		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: PA District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17667.60
<b>TOTAL</b> 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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A. VoteVets PAC</b>		<b>Transaction ID: SB22.4324</b>	
Mailing Address 90 Park Avenue 17th Floor		Date of Disbursement MM / DD / YYYY 09 / 18 / 2006	
City NEW YORK	State NY	Zip Code 10016	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement Transfer to Affiliate		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. VoteVets PAC</b>		<b>Transaction ID: SB22.4341</b>	
Mailing Address 90 Park Avenue 17th Floor		Date of Disbursement MM / DD / YYYY 09 / 27 / 2006	
City NEW YORK	State NY	Zip Code 10016	Amount of Each Disbursement this Period 5818.61
Purpose of Disbursement Transfer of Residual Funds		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

15818.61

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

57300.98



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
IA Vets for Congress

Full Name (Last, First, Middle Initial) <b>A. Malea Stenzel</b>		<b>Transaction ID: SB28A.4290</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6	
Mailing Address 90 Park Avenue 17th Floor		Amount of Each Disbursement this Period 250.00	
City New York State NY Zip Code 10016	Purpose of Disbursement Refund of Contribution	Category/ Type	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>250.00</b>

**Image# 26950672016**

Form/Schedule: **SB21B** This payment is for federal fundraising for the PAC, and not for any federal candidate  
Transaction ID: **SB21B.4295**

Form/Schedule: **SB21B** This payment is for federal fundraising for the PAC, and not for any federal candidate  
Transaction ID: **SB21B.4325**

\*\*\*\*\*

Image# 26950672017

Form/Schedule: **SB21B** Expenditure was for services provided to the Joint Fundraising Committee, and was not provided to any candidate  
Transaction ID: **SB21B.4327** for federal office.

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