

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Dream PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

	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>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		29747.12
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period	65992.87									
(c) Total Receipts (from Line 19)	25000.00	83000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90992.87	112747.12								
7. Total Disbursements (from Line 31)	30165.97	51920.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60826.90	60826.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Dream PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

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	8500.00	26500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	8500.00	26500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	16500.00	56500.00
(c) Other Political Committees (such as PACs)	25000.00	83000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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))	25000.00	83000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25000.00	83000.00

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.....	26665.97	42420.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	26665.97	42420.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	3500.00
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.....	1000.00	6000.00
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))..	30165.97	51920.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	30165.97	51920.22

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	25000.00	83000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25000.00	83000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26665.97	42420.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	26665.97	42420.22

**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 / 13
	<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)
American Dream PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael Allen Amiri		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 4
Mailing Address 625 13th Street		Transaction ID: SA11A1.5542
City State Zip Code Manhattan Beach CA 90266	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Primetime Nutrition	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Ms. Rebecca L. Anderson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 4
Mailing Address 3525 South 17th Street		Transaction ID: SA11A1.5546
City State Zip Code Arlington VA 22204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Williams & Jensen	Occupation 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) C. Mr. Stephen E. Carey		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 4
Mailing Address P. O. Box 23267		Transaction ID: SA11A1.5529
City State Zip Code Washington DC 20026-3267	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer U. S. Strategies Corp.	Occupation Vice President of Legal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4750.00
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 / 13
	<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)
American Dream PAC

Full Name (Last, First, Middle Initial) A. Mr. Bertram W. Carp		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 4
Mailing Address 1155 21st Street, NW Third Floor		Transaction ID: SA11A1.5544
City State Zip Code Washington DC 20036-3308	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Williams & Jensen	Occupation Attorney	
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. Mr. Manuel Castaneda		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 4
Mailing Address 19315 East San Jose Avenue		Transaction ID: SA11A1.5540
City State Zip Code City of Industry CA 91748	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Nutircion Fundamental, In- c.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Mr. Keith M. Salisbury		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 4
Mailing Address 5916 evergreen Trail		Transaction ID: SA11A1.5527
City State Zip Code Lorton VA 22079	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer EMC2	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	3750.00
TOTAL This Period (last page this line number only) ▶	8500.00

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

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

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NAME OF COMMITTEE (In Full)
American Dream PAC

Full Name (Last, First, Middle Initial) A. American Meat Institute Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 4
Mailing Address 1700 North Moore Street Suite 1600		Transaction ID: SA11C.5549
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C C00024281		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
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. EMC Corporation Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 4
Mailing Address 171 South Street		Transaction ID: SA11C.5522
City Hopkinton	State MA	Zip Code 01748
FEC ID number of contributing federal political committee. C C00385948		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
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) C. General Atomics Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 4
Mailing Address P. O. Box 85608		Transaction ID: SA11C.5524
City San Diego	State CA	Zip Code 92186
FEC ID number of contributing federal political committee. C C00215285		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

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

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NAME OF COMMITTEE (In Full)
American Dream PAC

Full Name (Last, First, Middle Initial) A. SBC Communicatios, Inc. Employee Federal Political Action Committee (SBC EMPAC)		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 4
Mailing Address 175 E. Houston 7-A-50		Transaction ID: SA11C.5521
City State Zip Code San Antonio TX 78205	FEC ID number of contributing federal political committee. C C00109017	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
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. UST, Inc. Executives Administrators and Managers Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 4
Mailing Address 100 West Putnam Avenue		Transaction ID: SA11C.5550
City State Zip Code Greenwich CT 06830	FEC ID number of contributing federal political committee. C C00104851	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
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) C. Williams and Jensen, PLLC Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 4
Mailing Address 1155 21st Street NW Suite 300		Transaction ID: SA11C.5548
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C C00039206	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
TOTAL This Period (last page this line number only)	▶	16500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 13

<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)
American Dream PAC

Full Name (Last, First, Middle Initial) A. Dallas National Bank Card Services		Transaction ID: SB21B.5532 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 4
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 197.00
City Tampa State FL Zip Code 33630-3131	Purpose of Disbursement Office Supplies/Postage/Printing Candidate Name Category/Type 001	
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. Dallas National Bank Card Services		Transaction ID: SB21B.5552 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 4
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 187.00
City Tampa State FL Zip Code 33630-3131	Purpose of Disbursement Office Supplies/Postage Candidate Name Category/Type 001	
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. Lajitas Resort		Transaction ID: SB21B.5537 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 4
Mailing Address HC 70, Box 400		Amount of Each Disbursement this Period 16759.33
City Terlingua State TX Zip Code 79852	Purpose of Disbursement Event Expense/Fundraising Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	17143.33
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dream PAC

Full Name (Last, First, Middle Initial) A. Lajitas Resort		Transaction ID: SB21B.5554 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 4	
Mailing Address HC 70, Box 400		Amount of Each Disbursement this Period 5000.00	
City Terlingua State TX Zip Code 79852	Purpose of Disbursement Event Expense/Fundraising Candidate Name	003 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. Wiley, Rein & Fielding		Transaction ID: SB21B.5553 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 4	
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 1518.07	
City Washington State DC Zip Code 20006	Purpose of Disbursement Consultant Expense/Legal Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wiley, Rein & Fielding		Transaction ID: SB21B.5555 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 4	
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 3003.19	
City Washington State DC Zip Code 20006	Purpose of Disbursement Consultant Expense/Legal Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	9521.26
TOTAL This Period (last page this line number only) ▶	26664.59

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 12 / 13

<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)
American Dream PAC

Full Name (Last, First, Middle Initial) A. Armendariz Klein Campaign		Transaction ID: SB23.5535 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 4	
Mailing Address P. O. Box 1508		Amount of Each Disbursement this Period 2500.00	
City Austin State TX Zip Code 78767	Purpose of Disbursement Contribution Candidate Name Mrs. Becky Armendariz Klein	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

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

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NAME OF COMMITTEE (In Full)
American Dream PAC

Full Name (Last, First, Middle Initial) A. Oklahomans for Denise Bode		Transaction ID: SB29.5556																					
Mailing Address P. O. Box 60941		Date of Disbursement																					
City Oklahoma City State OK Zip Code 73146		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	4		2	0	0	4														
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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