

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
Conservative Reform Agenda in Government (CRAIG PAC)

ADDRESS (number and street) 228 S. Washington Street
Suite 115
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00409326
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 31 2006

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

Type or Print Name of Treasurer Keith Davis

Signature of Treasurer Electronically Filed by Keith Davis Date 04 13 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
Conservative Reform Agenda in Government (CRAIG PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">1434.52</td></tr></table>	1434.52
Y	Y	Y	Y									
2	0	0	6									
1434.52												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">1434.52</td></tr></table>	1434.52										
1434.52												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">26850.00</td></tr></table>	26850.00	<table border="1" style="width: 100%;"><tr><td align="center">26850.00</td></tr></table>	26850.00								
26850.00												
26850.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">28284.52</td></tr></table>	28284.52	<table border="1" style="width: 100%;"><tr><td align="center">28284.52</td></tr></table>	28284.52								
28284.52												
28284.52												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">20522.69</td></tr></table>	20522.69	<table border="1" style="width: 100%;"><tr><td align="center">20522.69</td></tr></table>	20522.69								
20522.69												
20522.69												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">7761.83</td></tr></table>	7761.83	<table border="1" style="width: 100%;"><tr><td align="center">7761.83</td></tr></table>	7761.83								
7761.83												
7761.83												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Conservative Reform Agenda in Government (CRAIG PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15000.00	15000.00
(ii) Unitemized	350.00	350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15350.00	15350.00
(b) Political Party Committees	2500.00	2500.00
(c) Other Political Committees (such as PACs)	9000.00	9000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26850.00	26850.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26850.00	26850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26850.00	26850.00

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.....	14222.69	14222.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	14222.69	14222.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6300.00	6300.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20522.69	20522.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20522.69	20522.69

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)	26850.00	26850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26850.00	26850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14222.69	14222.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14222.69	14222.69

**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 / 17
	<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)
Conservative Reform Agenda in Government (CRAIG PAC)

Full Name (Last, First, Middle Initial) A. Walker R. Bickerstaff		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006
Mailing Address P.O. Box 942		Transaction ID: SA11A1.4303
City Columbus	State GA	Zip Code 31902
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
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. Oscar H. Brock		Date of Receipt M M / D D / Y Y Y Y Y 01 / 12 / 2006
Mailing Address 1217 Fort Stephenson Oval		Transaction ID: SA11A1.4259
City Lookout Mountain	State TN	Zip Code 37350
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 450.00	
Name of Employer Signal Financial Partners	Occupation Real estate/financial services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Lewis Card, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 01 / 12 / 2006
Mailing Address P.O. Box 24		Transaction ID: SA11A1.4260
City Hixson	State TN	Zip Code 37343
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 450.00	
Name of Employer Card-Monroe Corporation	Occupation Vice-President, Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
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 / 17
	<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)
Conservative Reform Agenda in Government (CRAIG PAC)

A. Full Name (Last, First, Middle Initial)
Amy R. DeCosimo

Mailing Address 5500 Summerfield Lane

City State Zip Code
Signal Mountain TN 37377-2859

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2006

Transaction ID: SA11A1.4261

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Daniel J. Leahy

Mailing Address P.O. Box 641

City State Zip Code
Bend OR 97709

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

Name of Employer Occupation
Adair Homes, Inc. Homebuilding executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2006

Transaction ID: SA11A1.4289

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Joi L. Leahy

Mailing Address P.O. Box 641

City State Zip Code
Bend OR 97709

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2006

Transaction ID: SA11A1.4290

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	7800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 17
	(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)
Conservative Reform Agenda in Government (CRAIG PAC)

Full Name (Last, First, Middle Initial) A. Michael I. Lebovitz		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address 2030 Hamilton Place Suite 500		Transaction ID: SA11A1.4262	
City State Zip Code Chattanooga TN 37421	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CBL & Associates, Inc.	Occupation Sr. Vice-President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Craig Schelske		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 1021 Whitehall Drive		Transaction ID: SA11A1.4308	
City State Zip Code Franklin TN 37069	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gingerdog, Inc.	Occupation Marketing and career strategist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5300.00
TOTAL This Period (last page this line number only) ▶	15000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

<input type="checkbox"/> 11a	<input checked="" 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)
Conservative Reform Agenda in Government (CRAIG PAC)

A. Full Name (Last, First, Middle Initial)
ILLINOIS REPUBLICAN PARTY

Mailing Address P.O. Box 78

City	State	Zip Code
Springfield	IL	62705

FEC ID number of contributing federal political committee. C C00005926

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	0	6

Transaction ID: SA11B.4279

Amount of Each Receipt this Period

	2500.00
--	---------

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<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)
Conservative Reform Agenda in Government (CRAIG PAC)

A. Full Name (Last, First, Middle Initial)
ACTON PAC

Mailing Address P.O. Box 442

City State Zip Code
Sharpsburg GA 30277

FEC ID number of contributing federal political committee. **C** C00411579

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: SA11C.4268

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GEORGE ALLEN

Mailing Address POST OFFICE BOX 87

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00344853

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

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

Transaction ID: SA11C.4284

Amount of Each Receipt this Period
1800.00

C. Full Name (Last, First, Middle Initial)
Kim Wolfe for Congress

Mailing Address P.O. Box 509

City State Zip Code
Huntington WV 25710

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 0 6

Transaction ID: SA11C.4273

Amount of Each Receipt this Period
2200.00

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 17
	(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)
Conservative Reform Agenda in Government (CRAIG PAC)

A. Full Name (Last, First, Middle Initial)
WESTMORELAND FOR CONGRESS

Mailing Address P.O. Box 458

City State Zip Code
Sharpsburg GA 30277

FEC ID number of contributing federal political committee. **C** C00387126

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	6

Transaction ID: SA11C.4269

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	9000.00

**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 12 / 17

<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)
Conservative Reform Agenda in Government (CRAIG PAC)

Full Name (Last, First, Middle Initial) A. David Avella		Transaction ID: SB21B.4271 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 4618-C South 28th Road		Amount of Each Disbursement this Period 2100.00	
City Arlington State VA Zip Code 22206	Purpose of Disbursement Concert tickets	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Avella		Transaction ID: SB21B.4286 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 4618-C South 28th Road		Amount of Each Disbursement this Period 1610.91	
City Arlington State VA Zip Code 22206	Purpose of Disbursement travel;concert tickets	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Avella		Transaction ID: SB21B.4292 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address 4618-C South 28th Road		Amount of Each Disbursement this Period 1050.00	
City Arlington State VA Zip Code 22206	Purpose of Disbursement Concert tickets	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4760.91
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 17

<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)
Conservative Reform Agenda in Government (CRAIG PAC)

Full Name (Last, First, Middle Initial) A. David Avella		Transaction ID: SB21B.4305 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 4618-C South 28th Road		Amount of Each Disbursement this Period 393.10
City Arlington State VA Zip Code 22206	Purpose of Disbursement travel/concert tickets	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Donatelli Avella, Inc.		Transaction ID: SB21B.4265 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 25784		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22313	Purpose of Disbursement Consulting fee-fundraising	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Donatelli Avella, Inc.		Transaction ID: SB21B.4270 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 25784		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22313	Purpose of Disbursement Fundraising consulting fee	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4393.10
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Conservative Reform Agenda in Government (CRAIG PAC)

Full Name (Last, First, Middle Initial) A. Donatelli Avella, Inc.		Transaction ID: SB21B.4280 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address P.O. Box 25784		Amount of Each Disbursement this Period 2028.57	
City Alexandria State VA Zip Code 22313	Purpose of Disbursement Fundraising consulting fee	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. Donatelli Avella, Inc.		Transaction ID: SB21B.4291 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address P.O. Box 25784		Amount of Each Disbursement this Period 2000.00	
City Alexandria State VA Zip Code 22313	Purpose of Disbursement Consulting fee-fundraising	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. Huckaby Davis Lisker		Transaction ID: SB21B.4264 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 228 S. Washington Street, #115		Amount of Each Disbursement this Period 502.80	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Accounting services	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) ▶	4531.37
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Conservative Reform Agenda in Government (CRAIG PAC)

A. Full Name (Last, First, Middle Initial)
Huckaby Davis Lisker

Mailing Address 228 S. Washington Street, #115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
accounting services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.4285

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Conservative Reform Agenda in Government (CRAIG PAC)

Full Name (Last, First, Middle Initial) A. Chris Wakim for Congress		Transaction ID: SB23.4312 Date of Disbursement 03 / 31 / 2006
Mailing Address P.O. Box 2176		Amount of Each Disbursement this Period 1600.00
City Wheeling	State WV Zip Code 26003	
Purpose of Disbursement contribution Candidate Name Chris Wakim for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ED BRYANT FOR US SENATE INC		Transaction ID: SB23.4298 Date of Disbursement 03 / 27 / 2006
Mailing Address 115 PENN WARREN DRIVE STE 300-309		Amount of Each Disbursement this Period 2100.00
City BRENTWOOD	State TN Zip Code 37027	
Purpose of Disbursement contribution Candidate Name ED BRYANT FOR US SENATE INC Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ED BRYANT FOR US SENATE INC		Transaction ID: SB23.4304 Date of Disbursement 03 / 27 / 2006
Mailing Address 115 PENN WARREN DRIVE STE 300-309		Amount of Each Disbursement this Period 2100.00
City BRENTWOOD	State TN Zip Code 37027	
Purpose of Disbursement contribution Candidate Name ED BRYANT FOR US SENATE INC Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5800.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Conservative Reform Agenda in Government (CRAIG PAC)

A. Full Name (Last, First, Middle Initial)
Jeff Crank for Congress

Mailing Address P.O. Box 50887

City Colorado Sprins State CO Zip Code 80949

Purpose of Disbursement contribution

Candidate Name Jeff Crank for Congress

Office Sought: House Senate President

State: CO District: 05

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: SB23.4299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

6300.00