

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
STRAIGHT TALK AMERICA

ADDRESS (number and street) PO Box 9785
 Check if different than previously reported. (ACC)
ALEXANDRIA VA 22304

2. **FEC IDENTIFICATION NUMBER** C00413245
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 02 01 2007 through 02 28 2007

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 20 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
STRAIGHT TALK AMERICA

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		33386.58
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	45081.96									
(c) Total Receipts (from Line 19)	18148.74	49044.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	63230.70	82431.31								
7. Total Disbursements (from Line 31)	44086.89	63287.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19143.81	19143.81								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	10525.86									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	183352.58									

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
STRAIGHT TALK AMERICA

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

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	11000.00	28000.00
(i) Itemized (use Schedule A)	347.94	1790.73
(ii) Unitemized	11347.94	29790.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	5000.00
(c) Other Political Committees (such as PACs)	16347.94	34790.73
(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.)	1800.80	14254.00
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))	18148.74	49044.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18148.74	49044.73

DETAILED SUMMARY PAGE

of Disbursements

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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.....	44086.89	63212.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	44086.89	63212.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent 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	75.00
(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	75.00
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))..	44086.89	63287.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	44086.89	63287.50

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	16347.94	34790.73
34. Total Contribution Refunds (from Line 28(d))	0.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16347.94	34715.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44086.89	63212.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44086.89	63212.50

**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 / 34
	<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)
STRAIGHT TALK AMERICA

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

Mailing Address 502 W. Rusk St.

City State Zip Code
Rockwall TX 75087

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

Name of Employer Federal Reserve Bank Occupation Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: SA11A1.97190

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Gregory W. Wendt

Mailing Address 1 Muir Loop

City State Zip Code
San Francisco CA 94129

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

Name of Employer Capital Group Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2007

Transaction ID: SA11A1.97185

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mrs. Lisa Wendt

Mailing Address 1 Muir Loop

City State Zip Code
San Francisco CA 94129

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

Name of Employer Self Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2007

Transaction ID: SA11A1.97186

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	11000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 34
	(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)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 1133 21st St. N. W.
Ste 900

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	0	7

Transaction ID: SA11C.97178

Amount of Each Receipt this Period
5000.00

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 34
	(check only one)
<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. SCHWARZ FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 7
Mailing Address 6123 W. Saginaw Hwy.		Transaction ID: SA17.97201
City	State	Zip Code
Lansing	MI	49016
FEC ID number of contributing federal political committee.	C C00395822	Amount of Each Receipt this Period 372.20
Name of Employer	Occupation	Travel Reimbursement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.20	

Full Name (Last, First, Middle Initial) B. Vernon L. Tarrance		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 7
Mailing Address 400 Madison Street #209		Transaction ID: SA17.97202
City	State	Zip Code
Alexandria	VA	22314
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1428.60
Name of Employer	Occupation	Travel Reimbursement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1428.60	

SUBTOTAL of Receipts This Page (optional)	1800.80
TOTAL This Period (last page this line number only)	1800.80

**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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.97234	
Mailing Address PO Box 1270		Date of Disbursement MM / DD / YYYY 02 / 16 / 2007	
City Newark	State NJ	Zip Code 07101-1270	Amount of Each Disbursement this Period 2401.04
Purpose of Disbursement Credit Card Payment (See Memos)		001 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. Budget Conferencing Cambridge		Transaction ID: SB21B.97254	
Mailing Address 60 State Street Suite 700		Date of Disbursement MM / DD / YYYY 01 / 04 / 2007	
City Cambridge	State MA	Zip Code 02109	Amount of Each Disbursement this Period 73.20
Purpose of Disbursement Teleconferencing Service		001 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:			

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Budget Conferencing Cambridge		Transaction ID: SB21B.97267	
Mailing Address 60 State Street Suite 700		Date of Disbursement MM / DD / YYYY 02 / 04 / 2007	
City Cambridge	State MA	Zip Code 02109	Amount of Each Disbursement this Period 19.68
Purpose of Disbursement Teleconferencing Service		001 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:			

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	2401.04
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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Caplin & Drysdale		Transaction ID: SB21B.97236 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address One Thomas Circle, NW Ste. 1100		Amount of Each Disbursement this Period 5883.91
City Washington State DC Zip Code 20005	Purpose of Disbursement Consultant-Legal 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. Care First Blue Cross Blue Shield		Transaction ID: SB21B.97211 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 392.00
City Baltimore State MD Zip Code 21279	Purpose of Disbursement Health Insurance 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. Carey International		Transaction ID: SB21B.97257 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 520 North Capitol Street		Amount of Each Disbursement this Period 180.69
City Washington State DC Zip Code 20001	Purpose of Disbursement Travel-Car Service Candidate Name Category/Type 002	
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]

SUBTOTAL of Disbursements This Page (optional) ▶	6275.91
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)

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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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Carey International		Transaction ID: SB21B.97269 Date of Disbursement MM / DD / YYYY 02 / 04 / 2007
Mailing Address 520 North Capitol Street		Amount of Each Disbursement this Period -238.77
City Washington State DC Zip Code 20001	[MEMO ITEM]	
Purpose of Disbursement Travel - Car Service Credit		Category/Type 002
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. Efax Plus		Transaction ID: SB21B.97260 Date of Disbursement MM / DD / YYYY 01 / 04 / 2007
Mailing Address 6922 Hollywood Blvd 5th Floor		Amount of Each Disbursement this Period 26.95
City Los Angeles State CA Zip Code 90028	[MEMO ITEM]	
Purpose of Disbursement Fax Service		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Efax Plus		Transaction ID: SB21B.97271 Date of Disbursement MM / DD / YYYY 02 / 04 / 2007
Mailing Address 6922 Hollywood Blvd 5th Floor		Amount of Each Disbursement this Period 16.95
City Los Angeles State CA Zip Code 90028	[MEMO ITEM]	
Purpose of Disbursement Fax Service		Category/Type 001
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: SB21B.97238 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 172.54
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping 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. Federal Express		Transaction ID: SB21B.97224 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 9.45
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping 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. Federal Express		Transaction ID: SB21B.97239 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 35.32
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	217.31
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)

PAGE 13 / 34

<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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Huckaby Davis Lisker		Transaction ID: SB21B.97241 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 228 S. Washington St., Suite 115		Amount of Each Disbursement this Period 9000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Consultant-Compliance/Accounting 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. Integrated Web Strategy, LLC		Transaction ID: SB21B.97214 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 4715 N. 32nd Street, Ste. 107		Amount of Each Disbursement this Period 1550.00
City Phoenix State AZ Zip Code 85018	Purpose of Disbursement Consultant-Web 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. Integrated Web Strategy, LLC		Transaction ID: SB21B.97243 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 4715 N. 32nd Street, Ste. 107		Amount of Each Disbursement this Period 1550.00
City Phoenix State AZ Zip Code 85018	Purpose of Disbursement Consultant-Web 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	12100.00
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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Courtney Nahigian		Transaction ID: SB21B.97226 Date of Disbursement 02 / 20 / 2007
Mailing Address 331 Cameron Station Blvd.		Amount of Each Disbursement this Period 200.00
City Alexandria State VA Zip Code 22304	001 Category/ Type	
Purpose of Disbursement Rent		
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. Courtney Nahigian		Transaction ID: SB21B.97230 Date of Disbursement 02 / 28 / 2007
Mailing Address 331 Cameron Station Blvd.		Amount of Each Disbursement this Period 3201.90
City Alexandria State VA Zip Code 22304	001 Category/ Type	
Purpose of Disbursement Salaries		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paula Y. Edwards, CPA		Transaction ID: SB21B.97222 Date of Disbursement 02 / 28 / 2007
Mailing Address 1318 Roxanna Road, NW		Amount of Each Disbursement this Period 6650.00
City Washington State DC Zip Code 20012	001 Category/ Type	
Purpose of Disbursement Consultant-Compliance/Accounting		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10051.90
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)

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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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB21B.97231	
Mailing Address 7450 Tilghman St., Ste. 107		Date of Disbursement MM / DD / YYYY 02 / 12 / 2007	
City Allentown	State PA	Zip Code 18106-9037	
Purpose of Disbursement Payroll Service Charge		Amount of Each Disbursement this Period 272.43	
Candidate Name		001 Category/ Type	
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. Paychex		Transaction ID: SB21B.97229	
Mailing Address 7450 Tilghman St., Ste. 107		Date of Disbursement MM / DD / YYYY 02 / 28 / 2007	
City Allentown	State PA	Zip Code 18106-9037	
Purpose of Disbursement Employer Contrib P/R Tax		Amount of Each Disbursement this Period 1642.35	
Candidate Name		001 Category/ Type	
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) C. Regency Hotel		Transaction ID: SB21B.97262	
Mailing Address 540 Park Avenue		Date of Disbursement MM / DD / YYYY 01 / 04 / 2007	
City New York	State NY	Zip Code 10021	
Purpose of Disbursement Travel-Lodging		Amount of Each Disbursement this Period 1639.33	
Candidate Name		002 Category/ Type	
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:			

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	1914.78
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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Southern Insights, LLC		Transaction ID: SB21B.97217 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 3072 Sunview Drive		Amount of Each Disbursement this Period 795.68
City Birmingham State AL Zip Code 35243	Purpose of Disbursement Travel Reimbursement 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. Southwest Publishing and Mailing Corp.		Transaction ID: SB21B.97249 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 2600 NW Topeka Blvd.		Amount of Each Disbursement this Period 3782.29
City Topeka State KS Zip Code 66617	Purpose of Disbursement Direct Mail-Production 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) ▼

Full Name (Last, First, Middle Initial) C. Southwest Publishing and Mailing Corp.		Transaction ID: SB21B.97250 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 2600 NW Topeka Blvd.		Amount of Each Disbursement this Period 4.84
City Topeka State KS Zip Code 66617	Purpose of Disbursement Direct Mail-Postage 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) ▶	4582.81
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 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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Staples Corporate Chambersburg		Transaction ID: SB21B.97264 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 1025 Wayne Avenue		Amount of Each Disbursement this Period 50.34
City Chambersburg State PA Zip Code 17201	[MEMO ITEM]	
Purpose of Disbursement Office Supplies 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) B. Staples Corporate Chambersburg		Transaction ID: SB21B.97272 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 7
Mailing Address 1025 Wayne Avenue		Amount of Each Disbursement this Period 50.37
City Chambersburg State PA Zip Code 17201	[MEMO ITEM]	
Purpose of Disbursement Office Supplies 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. Strategic Telecommunications		Transaction ID: SB21B.97334 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 7591 9th Street North		Amount of Each Disbursement this Period 3940.00
City Oakdale State MN Zip Code 55128	003 Category/Type	
Purpose of Disbursement Telemarketing 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

3940.00

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 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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. The Computer Workshop		Transaction ID: SB21B.97219
Mailing Address 3223 Brookings Court		Date of Disbursement MM / DD / YYYY 02 / 16 / 2007
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Computer Services	Candidate Name	001 Category/ Type
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) ▼	Amount of Each Disbursement this Period 27.50
State: District:		

Full Name (Last, First, Middle Initial) B. The Dennehy Group		Transaction ID: SB21B.97245
Mailing Address 11 Depot Street, Ste. 2		Date of Disbursement MM / DD / YYYY 02 / 16 / 2007
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Travel Reimbursement	Candidate Name	002 Category/ Type
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) ▼	Amount of Each Disbursement this Period 2017.30
State: District:		

Full Name (Last, First, Middle Initial) C. US Postal Service		Transaction ID: SB21B.97258
Mailing Address 1100 Wythe Street		Date of Disbursement MM / DD / YYYY 01 / 04 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Postage	Candidate Name	001 Category/ Type
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) ▼	Amount of Each Disbursement this Period 230.50
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	2044.80
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 19 / 34

<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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. US Postal Service		Transaction ID: SB21B.97266 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 1100 Wythe Street		Amount of Each Disbursement this Period 219.05
City Alexandria State VA Zip Code 22314	[MEMO ITEM]	
Purpose of Disbursement Postage 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) B. US Postal Service		Transaction ID: SB21B.97270 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 7
Mailing Address 1100 Wythe Street		Amount of Each Disbursement this Period 12.15
City Alexandria State VA Zip Code 22314	[MEMO ITEM]	
Purpose of Disbursement Postage 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. US Postal Service		Transaction ID: SB21B.97273 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 7
Mailing Address 1100 Wythe Street		Amount of Each Disbursement this Period 119.60
City Alexandria State VA Zip Code 22314	[MEMO ITEM]	
Purpose of Disbursement Postage 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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	43528.55

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HEATHER WILSON FOR CONGRESS	Nature of Debt (Purpose): Travel - Airfare and Lodging
Mailing Address PO Box 14070	
City State ZIP Code Albuquerque NM 87191	

Outstanding Balance Beginning This Period 454.80	Transaction ID: SD9.96368	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 454.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Karen Floyd 2006 Campaign	Nature of Debt (Purpose): Travel-Airfare
Mailing Address 113 West Main Street	
City State ZIP Code Spartanburg SC 29306	

Outstanding Balance Beginning This Period 791.23	Transaction ID: SD9.96364	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 791.23

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MIKE DEWINE FOR US SENATE	Nature of Debt (Purpose): Travel-Airfare
Mailing Address PO Box 340188	
City State ZIP Code Columbus OH 43234	

Outstanding Balance Beginning This Period 9279.83	Transaction ID: SD9.96363	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9279.83

1) SUBTOTALS This Period This Page (optional).....	▶	10525.86
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCHWARZ FOR CONGRESS			Nature of Debt (Purpose): Travel-Airfare
Mailing Address 6123 W. Saginaw Hwy.			
City Lansing	State MI	ZIP Code 49016	

Outstanding Balance Beginning This Period		Transaction ID: SD9.77251	
372.20			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	372.20	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	10525.86
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): Credit Card Travel/Admini- strative Charge
Mailing Address PO Box 1270	
City State ZIP Code Newark NJ 07101-1270	

Outstanding Balance Beginning This Period 2401.04	Transaction ID: SD10.97173	
Amount Incurred This Period 0.00	Payment This Period 2401.04	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caplin & Drysdale	Nature of Debt (Purpose): Consultant-Legal
Mailing Address One Thomas Circle, NW Ste. 1100	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 9343.37	Transaction ID: SD10.96339	
Amount Incurred This Period 0.00	Payment This Period 5883.91	Outstanding Balance at Close of This Period 3459.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caplin & Drysdale	Nature of Debt (Purpose): Consultant-Legal
Mailing Address One Thomas Circle, NW Ste. 1100	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 3006.40	Transaction ID: SD10.97158	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3006.40

1) SUBTOTALS This Period This Page (optional).....	▶	6465.86
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Federal Express	Nature of Debt (Purpose): Shipping
Mailing Address PO Box 371461	
City State ZIP Code Pittsburgh PA 15250-7461	

Outstanding Balance Beginning This Period <input type="text" value="207.86"/>	Transaction ID: SD10.97159	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="207.86"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Consultant-Compliance/Accounting
Mailing Address 228 S. Washington St., Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="9000.00"/>	Transaction ID: SD10.97163	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="9000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Web Strategy, LLC	Nature of Debt (Purpose): Consulting-Web/Internet
Mailing Address 4715 N. 32nd Street, Ste. 107	
City State ZIP Code Phoenix AZ 85018	

Outstanding Balance Beginning This Period <input type="text" value="1550.00"/>	Transaction ID: SD10.96343	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1550.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richard Quinn & Associates			Nature of Debt (Purpose): Consultant-Polling
Mailing Address 1600 Gervais Street			
City State Columbia SC	ZIP Code 29201		

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.97204	
Amount Incurred This Period <input type="text" value="26725.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="26725.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southwest Publishing and Mailing Corp.			Nature of Debt (Purpose): Direct Mail-Postage/Production
Mailing Address 2600 NW Topeka Blvd.			
City State Topeka KS	ZIP Code 66617		

Outstanding Balance Beginning This Period <input type="text" value="83805.67"/>		Transaction ID: SD10.86868	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3787.13"/>	Outstanding Balance at Close of This Period <input type="text" value="80018.54"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southwest Publishing and Mailing Corp.			Nature of Debt (Purpose): Direct Mail-Postage/Production
Mailing Address 2600 NW Topeka Blvd.			
City State Topeka KS	ZIP Code 66617		

Outstanding Balance Beginning This Period <input type="text" value="16648.18"/>		Transaction ID: SD10.96351	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16648.18"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="123391.72"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor St. Paul Travelers	Nature of Debt (Purpose): Insurance
Mailing Address PO Box 96359	
City State ZIP Code Chicago IL 60693-6359	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.97205	
Amount Incurred This Period 1569.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1569.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Telecommunications	Nature of Debt (Purpose): Telemarketing
Mailing Address 7591 9th Street North	
City State ZIP Code Oakdale MN 55128	

Outstanding Balance Beginning This Period 54666.00	Transaction ID: SD10.96353	
Amount Incurred This Period 0.00	Payment This Period 3940.00	Outstanding Balance at Close of This Period 50726.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor T&M Protection Resources	Nature of Debt (Purpose): Security
Mailing Address 42 Broadway, Ste. 1630	
City State ZIP Code New York NY 10004	

Outstanding Balance Beginning This Period 1200.00	Transaction ID: SD10.97161	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1200.00

1) SUBTOTALS This Period This Page (optional).....	▶	53495.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 / 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dennehy Group	Nature of Debt (Purpose): Travel Reimbursement
Mailing Address 11 Depot Street, Ste. 2	
City State ZIP Code Concord NH 03301	

Outstanding Balance Beginning This Period <input type="text" value="2017.30"/>	Transaction ID: SD10.97164	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2017.30"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Weaver	Nature of Debt (Purpose): Meeting Expense-Meals
Mailing Address 337 West 12th Street	
City State ZIP Code New York NY 10014	

Outstanding Balance Beginning This Period <input type="text" value="125.27"/>	Transaction ID: SD10.97160	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="125.27"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="183352.58"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value=""/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value=""/>

Form/Schedule: **F3XA**

Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures disclosed on Schedule B, Line 21b were made on behalf of any specifically identified federal candidate. All expenditures made on behalf of a specifically identified federal candidate have been disclosed on Schedule B, Line 23. 11 CFR 104.3 (b) and 106.1 2) No expenditures disclosed on Schedule B, Line 21b were made for public communications (as defined by 11 CFR 100.26) or voter drive activity (under 11 CFR 106.6(b)(2)(i)) containing express advocacy as defined under 11 CFR 100.22 and thus did not constitute in-kind contributions or independent expenditures. 3) The committee has reviewed all travel and subsistence expenditures, and reviewed the reporting requirements outlined at 11 CFR 104.9 and in the instructions for Schedule B. There is no further itemization required under any Commission regulation for these expenditures.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.97234**

It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt. The memo entries appear in the report designated by memo text as pertaining to this payment.

Image# 27930674083

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97254**

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97267**

Image# 27930674084

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97257**

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97269**

Image# 27930674085

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97260**

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97271**

Image# 27930674086

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97262**

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97264**

Image# 27930674087

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97272**

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97258**

Image# 27930674088

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97266**

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97270**

Image# 27930674089

Form/Schedule: **SB21B** See American Express 2/16/2007, ID #SB21B.97234. It is not possible to attach the ultimate vendor memo transactions to this credit card payment because the payment is attached to a debt.
Transaction ID: **SB21B.97273**

Form/Schedule: **SD10** This invoice was never delivered to the Committee because the Committee moved its offices. On February 17, 2007, the Committee paid the balance in full on the invoice dated February 6, 2007 without realizing that an invoice was missing. The detail of the charges was obtained from the vendor recently. The report is being amended to correctly reflect the Debts and Obligations Owed by the Committee for the period January 1 through January 31, 2007.
Transaction ID: **SD10.97173**
