

# 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  
Congressional Black Caucus-PAC

ADDRESS (number and street) 227 Massachusetts Ave., NE  
 Check if different than previously reported. (ACC)  
Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** C00147512  
**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 11 07 2006 in the State of DC

5. Covering Period 10 19 2006 through 11 27 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 Art Collins

Signature of Treasurer Electronically Filed by Art Collins Date 12 07 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Congressional Black Caucus-PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

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		319756.11
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	349493.28									
(c) Total Receipts (from Line 19) .....	27697.49	247808.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	377190.77	567564.11								
7. Total Disbursements (from Line 31) .....	324002.98	514376.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	53187.79	53187.79								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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  
Congressional Black Caucus-PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

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	0.00	12650.00
(i) Itemized (use Schedule A) .....	0.00	200.00
(ii) Unitemized .....	0.00	12850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	26000.00	233250.00
(c) Other Political Committees (such as PACs) .....	26000.00	246100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	26000.00	246100.00
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) .....	1696.22	1696.22
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1.27	11.78
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)) .....	27697.49	247808.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27697.49	247808.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	141502.98	273126.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	141502.98	273126.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	172500.00	230000.00
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	1250.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1250.00
29. Other Disbursements.....	10000.00	10000.00
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))..	324002.98	514376.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	324002.98	514376.32

**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) .....	26000.00	246100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26000.00	244850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	141502.98	273126.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1696.22	1696.22
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	139806.76	271430.10

**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 / 42
	<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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. National Association of Home Builders (Build PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 1201 15th Street, NW		<b>Transaction ID:</b> AFAE4FA57FCF94E4E8EA	
City State Zip Code Washington DC 20005-2800	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>	PAC to PAC Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. AMERIPAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 5304 McKinley Street		<b>Transaction ID:</b> A882380F771034AF3B52	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>	PAC to PAC Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Lorillard Tobacco Company Public Affairs Committee</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 714 Green Valley Road		<b>Transaction ID:</b> A5CF79DA94B7D4BA7A42	
City State Zip Code Greensboro NC 27408	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>	PAC to PAC Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Credit Suisse Securities PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 1155 21st Street, NW, Suite 300		<b>Transaction ID: A58937923895848B7BF7</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>	PAC to PAC Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Merrill Lynch &amp; Co., Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 1455 Pennsylvania Ave., NW Suite 950		<b>Transaction ID: AD9252167040548E7975</b>	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>	PAC to PAC Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Washington Gas Light Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 1100 H Street, NW		<b>Transaction ID: AB1E335C3A68E49179E2</b>	
City State Zip Code Washington DC 20080	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	PAC to PAC Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	26000.00

**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 8 / 42
	<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 checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Congressional Black Caucus-PAC

**A.** Full Name (Last, First, Middle Initial)  
Schneiders of Capitol Hill

Mailing Address 300 Massachusetts Ave., NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.12

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

**Transaction ID:** A2A0D1E51EAF441E3A5A

Amount of Each Receipt this Period  
605.12

Refund

**B.** Full Name (Last, First, Middle Initial)  
Continental Airlines

Mailing Address 1600 Smith Street

City State Zip Code  
Houston TX 77002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
939.10

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

**Transaction ID:** A6C3EE5E5B03342B882B

Amount of Each Receipt this Period  
939.10

Refund of unused airfare

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1544.22
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1544.22

# 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Precision Signworks</b>		<b>Transaction ID:</b> B852C5216CFD44C60A31 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 701 Hills Avenue		Amount of Each Disbursement this Period 11425.00
City Nashville State TN Zip Code 37210	Purpose of Disbursement Advertising expense 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>B. Premiere Transportation</b>		<b>Transaction ID:</b> B6EF8F2F328484DA1890 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 1000 Corporate Center Drive Suite 120		Amount of Each Disbursement this Period 10300.00
City Franklin State TN Zip Code 37067	Purpose of Disbursement Travel expense 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>C. Premiere Transportation</b>		<b>Transaction ID:</b> B2936A180268A4980A8B <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 1000 Corporate Center Drive Suite 120		Amount of Each Disbursement this Period 2000.00
City Franklin State TN Zip Code 37067	Purpose of Disbursement Travel Expenses 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	23725.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Minshall &amp; Minshall</b>		<b>Transaction ID:</b> BE0B91EF685B74E97858 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 5 Lefever Lane		Amount of Each Disbursement this Period 1430.00
City Little Rock State AR Zip Code 72227	Purpose of Disbursement Printing and reproduction Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Mindshare Interactive Campaign LLC</b>		<b>Transaction ID:</b> B130E047E3D604DD085F <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1025 Vermont Avenue, NW Suite 1200		Amount of Each Disbursement this Period 633.68
City Washington State DC Zip Code 20005	Purpose of Disbursement Computer Software Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Tigereye Design, Inc.</b>		<b>Transaction ID:</b> BF9428D05D30D46ACB1E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 11198 State Route 185		Amount of Each Disbursement this Period 2766.00
City Versailles State OH Zip Code 45380-8412	Purpose of Disbursement CBC printing and reproduction Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4829.68**

**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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Strauss Radio Strategies, Inc.</b>		<b>Transaction ID:</b> B556E01238CA3421C893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address National Press Building 529 14th Street, NW, Suite 1163		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20045		
Purpose of Disbursement CBC Advertising Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Air Charter Team</b>		<b>Transaction ID:</b> BB6C4CEA4A3C04E2BABB <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 10015 NW Ambassador Drive Suite 202		Amount of Each Disbursement this Period 18047.00
City Kansas City State MO Zip Code 64153		
Purpose of Disbursement Travel expenses		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Continental Airlines</b>		<b>Transaction ID:</b> B1015F35D40A64B2FAEB <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 1435.80
City Houston State TX Zip Code 77002		
Purpose of Disbursement Travel expenses		Category/ Type
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) ..... ► **44482.80**

**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 12 / 42

<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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines</b>		<b>Transaction ID:</b> B331E2A83B5954F3AA76 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 478.60
City Houston State TX Zip Code 77002	Purpose of Disbursement CBC Staff travel	
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>B. Ovation Travel</b>		<b>Transaction ID:</b> B3394BE187A964681940 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 71 Fifth Avenue		Amount of Each Disbursement this Period 70.00
City New York State NY Zip Code 10003	Purpose of Disbursement CBC Staff travel	
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>C. Arthur Collins</b>		<b>Transaction ID:</b> B73F905937DAA4E8C97B <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 509 C Street, NE		Amount of Each Disbursement this Period 400.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Reimbursement for meals	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	948.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Ovation Travel</b>		<b>Transaction ID:</b> B8EBE618716444CE1B89 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 71 Fifth Avenue		Amount of Each Disbursement this Period 70.00
City New York State NY Zip Code 10003	Purpose of Disbursement CBC staff travel	
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>B. Continental Airlines</b>		<b>Transaction ID:</b> BE7731725DD8541EEB4E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 394.30
City Houston State TX Zip Code 77002	Purpose of Disbursement CBC staff travel	
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>C. Continental Airlines</b>		<b>Transaction ID:</b> BA5991D87D75D45EFB28 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 239.30
City Houston State TX Zip Code 77002	Purpose of Disbursement CBC staff travel	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	703.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Ovation Travel</b>		<b>Transaction ID:</b> B1138CF4AD3D84724AB6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 71 Fifth Avenue		Amount of Each Disbursement this Period 35.00
City New York State NY Zip Code 10003	Purpose of Disbursement CBC staff travel	
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>B. Powerful Performance Solutions, LLC</b>		<b>Transaction ID:</b> BEBD38428A19B4C07937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 2903 SW 13th Terrace		Amount of Each Disbursement this Period 7500.00
City Lee's Summit State MO Zip Code 64081	Purpose of Disbursement CBC Consulting	
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>C. NICHE Public Relations and Communications</b>		<b>Transaction ID:</b> B9ED3ED66588F481E907 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 1532 Starlight Drive		Amount of Each Disbursement this Period 7500.00
City Ferguson State MO Zip Code 63135	Purpose of Disbursement CBC Consulting	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15035.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Sheraton Columbia</b>		<b>Transaction ID:</b> B2BEEA115283248A8843 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 10207 Wincopin Circle		Amount of Each Disbursement this Period 2177.70
City Columbia State MD Zip Code 21044	Purpose of Disbursement CBC staff travel	
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>B. United Airlines</b>		<b>Transaction ID:</b> B92048C76C6924D49B24 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 1857.20
City Chicago State IL Zip Code 60666	Purpose of Disbursement CBC staff travel	
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>C. Southwest Air</b>		<b>Transaction ID:</b> BCB8714B97FE645B39BA <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO Box 36647, 1CR		Amount of Each Disbursement this Period 1106.80
City Dallas State TX Zip Code 74235-1647	Purpose of Disbursement CBC staff travel	
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) ..... ▶

5141.70

**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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Ovation Travel</b>		<b>Transaction ID:</b> B75075BB3C3874235B44 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 71 Fifth Avenue		Amount of Each Disbursement this Period 245.00
City New York State NY Zip Code 10003	Purpose of Disbursement CBC staff travel	
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>B. FedEx Corporation</b>		<b>Transaction ID:</b> BDE526F4DFB23461D805 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 332		Amount of Each Disbursement this Period 69.30
City Memphis State TN Zip Code 38194-4741	Purpose of Disbursement CBC postage and delivery	
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>C. Company Car</b>		<b>Transaction ID:</b> BA0AFAA3E3B5E41A7BDC <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 2425 Saint Clair Avenue		Amount of Each Disbursement this Period 530.31
City Cleveland State OH Zip Code 44114	Purpose of Disbursement CBC staff travel	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	844.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines</b>		<b>Transaction ID:</b> BDDC98D724BA44667AB0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 939.10
City Houston State TX Zip Code 77002	Purpose of Disbursement CBC staff travel	
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>B. Fornos of Spain Restaurant</b>		<b>Transaction ID:</b> B91E8FC702CB14211895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 47 Ferry Street		Amount of Each Disbursement this Period 534.45
City Newark State NJ Zip Code 07105	Purpose of Disbursement CBC Meals	
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>C. Amtrak</b>		<b>Transaction ID:</b> B6E9E8B11D75B4EBCBC4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 600 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 320.00
City Washington State DC Zip Code 20002	Purpose of Disbursement CBC staff travel	
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) ..... ► **1793.55**

**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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Holiday Inn Boardman</b>		<b>Transaction ID:</b> BB2E1AE2D2D3C4D2CA76 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 7410 South Avenue		Amount of Each Disbursement this Period 749.80
City Boardman State OH Zip Code 44512	Purpose of Disbursement CBC staff travel	
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>B. C and C Elite Services</b>		<b>Transaction ID:</b> B5A527B31256148C2B36 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 39 Wild Flower Circle		Amount of Each Disbursement this Period 780.00
City Stroudsburg State PA Zip Code 18360	Purpose of Disbursement CBC staff travel	
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>C. Stephens and Associates</b>		<b>Transaction ID:</b> B8D6D65582321483A996 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 3240 Greenknoll Road		Amount of Each Disbursement this Period 2433.00
City Windsor Mill State MD Zip Code 21244	Purpose of Disbursement CBC consulting	
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) ..... **3962.80**

**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)

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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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Carey International Inc.</b>		<b>Transaction ID:</b> B26398B89CF2C47C2BA9 Date of Disbursement 11 / 01 / 2006
Mailing Address 4530 Wisconsin Avenue, NW		Amount of Each Disbursement this Period 1683.88
City Washington State DC Zip Code 20016	Purpose of Disbursement CBC staff travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Ovation Travel</b>		<b>Transaction ID:</b> B3D906AD7B5D948A0B33 Date of Disbursement 11 / 01 / 2006
Mailing Address 71 Fifth Avenue		Amount of Each Disbursement this Period 35.00
City New York State NY Zip Code 10003	Purpose of Disbursement CBC staff travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Fab Limousines Inc.</b>		<b>Transaction ID:</b> B2810B58C1DF54758BB7 Date of Disbursement 11 / 01 / 2006
Mailing Address 4326 New Road		Amount of Each Disbursement this Period 209.00
City Youngstown State OH Zip Code 44515	Purpose of Disbursement CBC staff travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1927.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		<b>Transaction ID:</b> BD3BF7031C12B4D8DA0C <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 20766		Amount of Each Disbursement this Period 219.60
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement CBC staff travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Ovation Travel</b>		<b>Transaction ID:</b> BC901AF85E1D8433395C <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 71 Fifth Avenue		Amount of Each Disbursement this Period 70.00
City New York State NY Zip Code 10003	Purpose of Disbursement CBC staff travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Hilton Newark</b>		<b>Transaction ID:</b> B5F65E0DB5BDB4538B26 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address One Gateway Center Raymond Boulevard		Amount of Each Disbursement this Period 2903.04
City Newark State NJ Zip Code 07102	Purpose of Disbursement CBC staff travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3192.64
<b>TOTAL</b> 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> B557317A2140A46EC84E Date of Disbursement 11 / 03 / 2006
Mailing Address P.O. Box 25118		Amount of Each Disbursement this Period 25.00
City Tampa State FL Zip Code 33622-5118	Purpose of Disbursement Bank Fees 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>B. Bank of America</b>		<b>Transaction ID:</b> B3E8064257A404BFB8D5 Date of Disbursement 11 / 06 / 2006
Mailing Address P.O. Box 25118		Amount of Each Disbursement this Period 44.95
City Tampa State FL Zip Code 33622-5118	Purpose of Disbursement Bank Fees 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>C. Embassy Suites</b>		<b>Transaction ID:</b> BF8558C2DB1B54DDC9FE Date of Disbursement 11 / 06 / 2006
Mailing Address		Amount of Each Disbursement this Period 268.70
City State Zip Code	Purpose of Disbursement CBC staff travel 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	338.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Ovation Travel</b>		<b>Transaction ID:</b> BA7D6DDA335534DEC855 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 71 Fifth Avenue		Amount of Each Disbursement this Period 35.00
City New York State NY Zip Code 10003	Purpose of Disbursement CBC staff travel	
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>B. FedEx Corporation</b>		<b>Transaction ID:</b> BD905A3EF09874C0CA8B <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 332		Amount of Each Disbursement this Period 62.55
City Memphis State TN Zip Code 38194-4741	Purpose of Disbursement CBC postage and delivery	
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>C. American Air</b>		<b>Transaction ID:</b> B23164195DE4243D189D <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 4255 Amon Carter Boulevard MD 2400		Amount of Each Disbursement this Period 381.30
City Fort Worth State TX Zip Code 76155-2603	Purpose of Disbursement CBC staff travel	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	478.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Washington Capital Management</b>		<b>Transaction ID:</b> B8E00228E24634360BA2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 538 3rd Street., NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement CBC Consulting, 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) <b>B. Solutions Studio International</b>		<b>Transaction ID:</b> B5B7A919BA5B44A45B4D <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 4140 17th St NW		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20011	Purpose of Disbursement Consulting	
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>C. Griffin Event Solutions</b>		<b>Transaction ID:</b> B137FFCDC0B9B4CF5A27 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO box 6939		Amount of Each Disbursement this Period 7500.00
City Silver Spring State MD Zip Code 20916	Purpose of Disbursement Consulting	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 42

<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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Candice Tolliver</b>		<b>Transaction ID:</b> BCBADA1FD73E74E059AF <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1000 New Jersey Ave Suite 321		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	Purpose of Disbursement CBC Consulting	
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>B. Joshua Gray</b>		<b>Transaction ID:</b> BB4F69F4D4C1A4B6289F <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1217 Delafield Place NW		Amount of Each Disbursement this Period 1556.00
City Washington State DC Zip Code 20011	Purpose of Disbursement Consulting	
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>C. Magana Associates</b>		<b>Transaction ID:</b> BE1FB6E926686423F848 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1830 17th Street, NW		Amount of Each Disbursement this Period 247.82
City Washington State DC Zip Code 20009	Purpose of Disbursement CBC staff travel	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4303.82</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Magana Associates</b>		<b>Transaction ID:</b> B0B7692A530AD491082A Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1830 17th Street, NW		Amount of Each Disbursement this Period 600.00
City Washington State DC Zip Code 20009	Purpose of Disbursement CBC consulting	
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>B. William Hamilton</b>		<b>Transaction ID:</b> B810D7A09EFD0408BA48 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 3039 Davenport Street, NW		Amount of Each Disbursement this Period 600.00
City Washington State DC Zip Code 20008	Purpose of Disbursement CBC Consulting	
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>C. Keith Griffin</b>		<b>Transaction ID:</b> BFFFD4A10273944028FC Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 15106 Callohan Ct.		Amount of Each Disbursement this Period 1054.91
City Silver Spring State MD Zip Code 20906	Purpose of Disbursement CBC travel	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2254.91</b>
<b>TOTAL</b> 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Brothers Printing</b>		Transaction ID: B0E58C093249E4AF897D Date of Disbursement 11 / 09 / 2006
Mailing Address 2000 Euclid Avenue		Amount of Each Disbursement this Period 2791.78
City Cleveland	State OH	
Zip Code 44115		
Purpose of Disbursement CBC printing and reproduction		
Candidate Name		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>B. Air Charter Team</b>		Transaction ID: BA66AA26431F04724944 Date of Disbursement 11 / 09 / 2006
Mailing Address 10015 NW Ambassador Drive Suite 202		Amount of Each Disbursement this Period 421.85
City Kansas City	State MO	
Zip Code 64153		
Purpose of Disbursement CBC staff meals		
Candidate Name		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>C. Tyler Mounsey</b>		Transaction ID: BBF9616B69AF74CC8B2F Date of Disbursement 11 / 09 / 2006
Mailing Address 1257 Logan Street, #301		Amount of Each Disbursement this Period 635.41
City Denver	State CO	
Zip Code 80203		
Purpose of Disbursement Consultant travel reimbursement		
Candidate Name		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3849.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Tyler Mounsey</b>		Transaction ID: B4ECB6545D65D427ABF7 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1257 Logan Street, #301		Amount of Each Disbursement this Period 600.00
City Denver State CO Zip Code 80203	Purpose of Disbursement CBC consulting	
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>B. Margaret Buford</b>		Transaction ID: B7EFEE79469B7424F875 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1400 Constitution Avenue, NE Apt. #1		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement CBC consulting	
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>C. Rob Asprilla</b>		Transaction ID: B251F5345BB804D2F998 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 4717 Nicholson Street		Amount of Each Disbursement this Period 364.48
City Riverdale State MD Zip Code 20737	Purpose of Disbursement Consultant travel reimbursement	
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) ..... ► 2964.48

**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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Rob Asprilla</b>		<b>Transaction ID:</b> BFCFD1F7FCAAD420C81A Date of Disbursement 11 / 09 / 2006
Mailing Address 4717 Nicholson Street		Amount of Each Disbursement this Period 600.00
City Riverdale State MD Zip Code 20737	Purpose of Disbursement CBC Consulting	
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>B. Arian Dobson</b>		<b>Transaction ID:</b> BE005BCB272FE47AB817 Date of Disbursement 11 / 09 / 2006
Mailing Address c/o Lora Kim 373 Commonwealth Avenue, Apt. 4		Amount of Each Disbursement this Period 520.44
City Boston State MA Zip Code 02115-1806	Purpose of Disbursement CBC staff travel	
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>C. Arian Dobson</b>		<b>Transaction ID:</b> B4FBD8EA176D94B5F802 Date of Disbursement 11 / 09 / 2006
Mailing Address c/o Lora Kim 373 Commonwealth Avenue, Apt. 4		Amount of Each Disbursement this Period 800.00
City Boston State MA Zip Code 02115-1806	Purpose of Disbursement Consulting	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1920.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID:</b> BFB9B2778FD894651BE6									
Mailing Address P.O.Box 6050		Date of Disbursement <table border="1"> <tr> <td><sup>M</sup> 1</td> <td><sup>M</sup> /</td> <td><sup>D</sup> 1</td> <td><sup>D</sup> /</td> <td><sup>Y</sup> 2</td> <td><sup>Y</sup> 0</td> <td><sup>Y</sup> 0</td> <td><sup>Y</sup> 6</td> </tr> </table>		<sup>M</sup> 1	<sup>M</sup> /	<sup>D</sup> 1	<sup>D</sup> /	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 6
<sup>M</sup> 1	<sup>M</sup> /	<sup>D</sup> 1	<sup>D</sup> /	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 6				
City Inglewood	State CA	Zip Code 90312-0513	Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">212.56</td> </tr> </table>	212.56							
212.56											
Purpose of Disbursement Telephone expense	<table border="1"> <tr> <td style="text-align: center;">Category/ Type</td> </tr> </table>			Category/ Type							
Category/ Type											
Candidate Name											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State: District:											

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

212.56

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

140410.61

# 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. McCaskill for Missouri</b>		<b>Transaction ID:</b> BCB6157FC4C994204A17 Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 6771		Amount of Each Disbursement this Period 5000.00
City St. Louis      State MO      Zip Code 63144	Purpose of Disbursement MO/US Senate	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Zack Space for Congress Committee</b>		<b>Transaction ID:</b> BC02A7B2A407F494DB73 Date of Disbursement 10 / 23 / 2006
Mailing Address 714 N Wooster Avenue		Amount of Each Disbursement this Period 5000.00
City Dover      State OH      Zip Code 44622	Purpose of Disbursement OH/US House - 18	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Committee to Bring Back Baron</b>		<b>Transaction ID:</b> BB96C4FA32C6848929E9 Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 1071		Amount of Each Disbursement this Period 5000.00
City Seymour      State IN      Zip Code 47274	Purpose of Disbursement IN/US House - 09	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> 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 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Sherrod Brown</b>		<b>Transaction ID:</b> B43CABD81BE4F4BE0A72 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 2280 Kresge Drive, Suite 800		Amount of Each Disbursement this Period 5000.00
City Amherst State OH Zip Code 44001		
Purpose of Disbursement OH/US Senate Candidate Name Rep. Sherrod C. Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ben Cardin for Senate</b>		<b>Transaction ID:</b> B0EB41E06953743A0B72 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 21093		Amount of Each Disbursement this Period 5000.00
City Catonsville State MD Zip Code 21228		
Purpose of Disbursement MD/US Senate Candidate Name Rep. Benjamin L. Cardin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Carney for Congress</b>		<b>Transaction ID:</b> B304CF68B9FC042799FB <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box A		Amount of Each Disbursement this Period 5000.00
City Clarks Summit State PA Zip Code 18411		
Purpose of Disbursement PA/US House - 10 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 15000.00

**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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings for Congress</b>		<b>Transaction ID:</b> B8C20710104F54231B0F Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 8211 241st Street East		Amount of Each Disbursement this Period 5000.00
City Myakka City      State FL      Zip Code 34251		
Purpose of Disbursement FL/US House - 13		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> BE4E5CF3A79654EE1BCE Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 3068		Amount of Each Disbursement this Period 5000.00
City Barrington      State IL      Zip Code 60010		
Purpose of Disbursement IL/US House - 08		Category/ Type
Candidate Name Rep. Melissa L. Bean		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL      District: 08		

Full Name (Last, First, Middle Initial) <b>C. James Webb for US Senate</b>		<b>Transaction ID:</b> B4EE696DBECE4215B19 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1916 Wilson Boulevard, Suite 304		Amount of Each Disbursement this Period 5000.00
City Arlington      State VA      Zip Code 22201		
Purpose of Disbursement VA/US Senate		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> 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 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Tammy Duckworth</b>		<b>Transaction ID:</b> B130FF7DF1E0547BF84E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 416 West 22nd Street		Amount of Each Disbursement this Period 2500.00
City Lombard State IL Zip Code 60148	Purpose of Disbursement IL/US House - 06 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Sestak for Congress</b>		<b>Transaction ID:</b> BE3E1439CA99E4F16BAE <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 16		Amount of Each Disbursement this Period 5000.00
City Media State PA Zip Code 19063	Purpose of Disbursement PA/US House - 07 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Kellam for Congress</b>		<b>Transaction ID:</b> BB0DC3DEBB5A0449EA0F <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 56254		Amount of Each Disbursement this Period 5000.00
City Virginia Beach State VA Zip Code 23456	Purpose of Disbursement VA/US House - 02 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Lampson For Congress</b>		<b>Transaction ID:</b> B15CF5133B9AA4130B4A <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 21578		Amount of Each Disbursement this Period 5000.00
City Beaumont	State TX	
Zip Code 77720		Category/ Type
Purpose of Disbursement TX/US House- 22		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jefferson Committee</b>		<b>Transaction ID:</b> B2E8F2D71F92C455D825 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1723 Valmont Street		Amount of Each Disbursement this Period 5000.00
City New Orleans	State LA	
Zip Code 70115		Category/ Type
Purpose of Disbursement LA Runoff/US House - 02		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special2006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Menendez for Senate</b>		<b>Transaction ID:</b> BC4B812745F54412EB87 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 848		Amount of Each Disbursement this Period 5000.00
City Union City	State NJ	
Zip Code 07087		Category/ Type
Purpose of Disbursement NJ/US Senate		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> 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 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Angie Paccione for Congress</b>		<b>Transaction ID:</b> B53A20E78306B40AFB17 Date of Disbursement 10 / 23 / 2006	
Mailing Address PO Box 1292		Amount of Each Disbursement this Period 5000.00	
City Ft. Collins State CO Zip Code 80522	Purpose of Disbursement Candidate Name Rep. Angela V. Paccione Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 53	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Donna Christensen Campaign</b>		<b>Transaction ID:</b> B2DDE000F89144A87A47 Date of Disbursement 10 / 25 / 2006	
Mailing Address PO Box 5197		Amount of Each Disbursement this Period 5000.00	
City St. Croix State Zip Code 00823	Purpose of Disbursement US VI/US House - AL Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) <b>C. David Scott For Congress</b>		<b>Transaction ID:</b> B5293C2DC447A4F5DBF8 Date of Disbursement 10 / 23 / 2006	
Mailing Address 162 Hurt Street, NE		Amount of Each Disbursement this Period 2500.00	
City Atlanta State GA Zip Code 30307	Purpose of Disbursement GA/US House - 13 Candidate Name Rep. David Scott	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	12500.00
<b>TOTAL</b> 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 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)  
Congressional Black Caucus-PAC

<b>A. Jefferson Committee</b> Full Name (Last, First, Middle Initial) Jefferson Committee Mailing Address 1723 Valmont Street City New Orleans State LA Zip Code 70115 Purpose of Disbursement LA/US House - 02 Candidate Name Rep. William J. Jefferson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> BC01F8FAC37F3494D866 <b>Date of Disbursement:</b> 10 / 23 / 2006 Amount of Each Disbursement this Period 5000.00
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<b>B. Gillibrand for Congress</b> Full Name (Last, First, Middle Initial) Gillibrand for Congress Mailing Address PO Box 1279 City Hudson State NY Zip Code 12534 Purpose of Disbursement NY/US House - 20 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B899708659C3640FFA35 <b>Date of Disbursement:</b> 10 / 26 / 2006 Amount of Each Disbursement this Period 5000.00
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<b>C. Lois Murphy for Congress</b> Full Name (Last, First, Middle Initial) Lois Murphy for Congress Mailing Address PO Box 312 City Narberth State PA Zip Code 19072 Purpose of Disbursement PA/US House - 06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B204324D35EF44D1A954 <b>Date of Disbursement:</b> 10 / 23 / 2006 Amount of Each Disbursement this Period 5000.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID:</b> BA1B9AD4A57314282857 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 430 South Capitol Street, S.E.		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Party Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Julia Carson For Congress Committee</b>		<b>Transaction ID:</b> B6DBF1367634648C4977 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1 North Capitol Street #211 740 Market Square Center		Amount of Each Disbursement this Period 5000.00
City Indianapolis State IN Zip Code 46204	Purpose of Disbursement IN/US House - 07 Candidate Name Rep. Julia M. Carson	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Tim Mahoney for Florida</b>		<b>Transaction ID:</b> B4AA84100D2B0474B835 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1128-408 Royal Palm Beach Boulevard		Amount of Each Disbursement this Period 5000.00
City Royal Palm Beach State FL Zip Code 33411	Purpose of Disbursement FL/US House - 16 Candidate Name Rep. Tim Mahoney	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 67	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Arcuri for Congress</b>		<b>Transaction ID:</b> BF83F0531F8BF48EAB6B Date of Disbursement 10 / 26 / 2006
Mailing Address PO Box 8508		Amount of Each Disbursement this Period 5000.00
City Utica	State NM	
Zip Code 13505	Category/Type	
Purpose of Disbursement NY/US House - 24 Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ellison for Congress</b>		<b>Transaction ID:</b> BB6683C9C55DB4085A00 Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 11818		Amount of Each Disbursement this Period 5000.00
City Minneapolis	State MN	
Zip Code 55411	Category/Type	
Purpose of Disbursement Candidate Name Rep. Keith Ellison		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 58		

Full Name (Last, First, Middle Initial) <b>C. Phyllis Busansky for Congress</b>		<b>Transaction ID:</b> B784E73EBC12F4C388A9 Date of Disbursement 10 / 23 / 2006
Mailing Address 3611 Schefflera Road		Amount of Each Disbursement this Period 5000.00
City Tampa	State FL	
Zip Code 33618	Category/Type	
Purpose of Disbursement FL/US House - 09 Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> 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 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Dan Maffei</b>		<b>Transaction ID:</b> B5EFE32BA214B496EAC7 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 74		Amount of Each Disbursement this Period 5000.00
City Syracuse State NY Zip Code 13214	Purpose of Disbursement NY/US House - 25 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Cranley for Congress</b>		<b>Transaction ID:</b> B8ED48985F3D044358B3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 37 West 7th Street, Suite 804		Amount of Each Disbursement this Period 5000.00
City Cincinnati State OH Zip Code 45202	Purpose of Disbursement OH/US House - 01 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Klein for Congress</b>		<b>Transaction ID:</b> BD1B9850CB348494F89F <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 21301 Powerline Road Suite 204		Amount of Each Disbursement this Period 5000.00
City Boca Raton State FL Zip Code 33433	Purpose of Disbursement FL/US House - 22 Candidate Name Sen. Ron Klein	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

15000.00

**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)  
Congressional Black Caucus-PAC

<b>A. Kilroy for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 3391 North High Street Suite 305 City Columbus State OH Zip Code 43202 Purpose of Disbursement OH/US House - 15 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> BC3C8438A36684B10938 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 5000.00
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<b>B. Friends of John Barrow</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 8166 City Savannah State GA Zip Code 31412 Purpose of Disbursement GA/US House - 12 Candidate Name Rep. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B986F6968CB744489BBE <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 2500.00
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<b>C. Lucas for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 175765 City Covington State KY Zip Code 41017 Purpose of Disbursement KY/US House - 04 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B71ADB6A4D8C74526860 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 5000.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> 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 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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial)

**A.** Harold Ford, Jr. For TN

Mailing Address 5120 Barry Road  
Suite 1300

City Memphis State TN Zip Code 38117

Purpose of Disbursement  
KY/US Senate

Candidate Name  
Rep. Harold E. Ford, Jr.

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: TN District: 09

Transaction ID: BEEEC3E01B9714088914

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

172500.00

# 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 42 / 42

<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)  
Congressional Black Caucus-PAC

Full Name (Last, First, Middle Initial)

A. Philip Randolph Institute

Mailing Address 6585 Pine Top Circle

City Memphis State TN Zip Code 38141

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: B070BAAB6F3364FF4B96

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

10000.00

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

10000.00

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

10000.00