

# 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

The Commonwealth PAC

ADDRESS (number and street) 1 Thomas Circle NW, Suite 1100

Check if different than previously reported. (ACC)

Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00403022

**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:

|                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

(c) 12-Day **PRE-Election** Report for the:

|   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

|  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer Audrey Perry

Signature of Treasurer Electronically Filed by Audrey Perry Date 04 05 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
The Commonwealth PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>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 |  | 30110.41 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 546537.54               |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 196908.77               | 2850724.21                        |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 743446.31               | 2880834.62                        |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 557798.58               | 2695186.89                        |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 185647.73               | 185647.73                         |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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  
The Commonwealth PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 188900.00                     | 2732278.59                        |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 850.00                        | 29766.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 189750.00                     | 2762044.59                        |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 76700.00                          |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 189750.00                     | 2838744.59                        |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 4820.85                           |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 7158.77                       | 7158.77                           |
| 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)) .....                          | 196908.77                     | 2850724.21                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 196908.77                     | 2850724.21                        |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>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.....   | 557298.58                             | 2402186.89                                |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                         | 557298.58                             | 2402186.89                                |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 0.00                                  | 223750.00                                 |
| 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                                  | 250.00                                    |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                                  | 250.00                                    |
| 29. Other Disbursements.....  | 500.00                                | 69000.00                                  |
| 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))..        | 557798.58                             | 2695186.89                                |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 557798.58                             | 2695186.89                                |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 189750.00                     | 2838744.59                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 250.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 189750.00                     | 2838494.59                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 557298.58                     | 2402186.89                        |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 4820.85                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 557298.58                     | 2397366.04                        |

**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 / 164 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Allen

Mailing Address 3784 Grove Ave.

City Palo Alto State CA Zip Code 94303

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

Name of Employer Townsend & Townsend & Crew, LL  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: 100006150

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Craig Anderson

Mailing Address 1517 Olive Lane

City La Canada State CA Zip Code 91011

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

Name of Employer Self Employed  
Occupation Builder

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2006

Transaction ID: 100006140

Amount of Each Receipt this Period  
4000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Martin Begien

Mailing Address 407 Warren Street

City Brookline State MA Zip Code 02445

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

Name of Employer N/A  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2006

Transaction ID: 100006088

Amount of Each Receipt this Period  
1000.00

Receipt

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 5500.00 |
| <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 / 164                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Bisno

Mailing Address 66 Beverly Park

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer Occupation  
Bisno Development Co. L.L.C. Real Estate Developer / Invest

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

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

Transaction ID: 100006089

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Vern Boe

Mailing Address 1233 Kirmar Place

City State Zip Code  
Oceanside CA 92054

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

Name of Employer Occupation  
Self Employed Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 6

Transaction ID: 100006161

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Fred Carpenter

Mailing Address 3997 El Lado Drive

City State Zip Code  
Glendale CA 91214

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

Name of Employer Occupation  
Glenwood Financial Group President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

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

Transaction ID: 100006092

Amount of Each Receipt this Period  
5000.00

Receipt

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 10200.00 |
| <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 8 / 164 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
The Commonwealth PAC

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Glenda Carpenter</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address 3997 El Lado Drive  |   | Transaction ID: 100006091                                     |  |
| City State Zip Code<br>Glendale CA 91214  | Amount of Each Receipt this Period<br>5000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer None<br>Occupation Homemaker   | Aggregate Year-to-Date ▼<br>5000.00           |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dave Dougherty</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |  |
| Mailing Address 8125 Muchmore Point Lane  |   | Transaction ID: 100006097                                     |  |
| City State Zip Code<br>Cincinnati OH 45243  | Amount of Each Receipt this Period<br>5000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer Convergys<br>Occupation Executive  | Aggregate Year-to-Date ▼<br>5000.00           |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kimberly Dougherty</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |  |
| Mailing Address 8125 Muchmore Point   |   | Transaction ID: 100006096                                     |  |
| City State Zip Code<br>Cincinnati OH 45243  | Amount of Each Receipt this Period<br>5000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer Robinson & Cole, LLP<br>Occupation Attorney  | Aggregate Year-to-Date ▼<br>5000.00           |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><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)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 / 164 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
The Commonwealth PAC

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Marc Fleischaker   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |  |
| Mailing Address 1050 Connecticut Ave NW   |   | Transaction ID: 100006098                                     |  |
| City State Zip Code<br>Washington DC 20036  | Amount of Each Receipt this Period<br>1000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer<br>Arent Fox   | Occupation<br>Attorney                        |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00           |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Marc Fleischaker   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |  |
| Mailing Address 1050 Connecticut Ave NW   |  | Transaction ID: 100006099                                     |  |
| City State Zip Code<br>Washington DC 20036  | Amount of Each Receipt this Period<br>250.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Receipt   |  |
| Name of Employer<br>Arent Fox   | Occupation<br>Attorney                       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1250.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Cyrus Freidheim  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |  |
| Mailing Address 11105 Old Harbour Road  |   | Transaction ID: 100006100                                     |  |
| City State Zip Code<br>North Palm Beach FL 33408  | Amount of Each Receipt this Period<br>5000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer<br>Chiquita Brands Intl.   | Occupation<br>C.E.O. and Chairman             |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 6250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 10 / 164 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Marguerite Freidheim

Mailing Address 11105 Old Harbour Road

City State Zip Code  
North Palm Beach FL 33408

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2006

Transaction ID: 100006101

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Aaron Garrity

Mailing Address 10275 N. Mystic Hollow

City State Zip Code  
Highland UT 84003

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

Name of Employer Nutritional Mgmt. / Xango L.L. Occupation President / C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 18 / 2006

Transaction ID: 100006103

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Tiffany Garrity

Mailing Address 10275 N. Mystic Hollow

City State Zip Code  
Highland UT 84003

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 18 / 2006

Transaction ID: 100006102

Amount of Each Receipt this Period  
5000.00

Receipt

|  |   |          |
|--|---|----------|
| <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 11 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Vere Gaynor</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |  |
| Mailing Address 212 East 3rd Street   |   | <b>Transaction ID: 100006160</b>                              |  |
| City State Zip Code<br>Cincinnati OH 45202  | Amount of Each Receipt this Period<br>5000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer<br>Bahl & Gaynor   | Occupation<br>President                       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Joseph Grigg</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 1 8 / 2 0 0 6 |  |
| Mailing Address 4942 Commonwealth Avenue  |   | <b>Transaction ID: 100006105</b>                              |  |
| City State Zip Code<br>La Canada CA 91011   | Amount of Each Receipt this Period<br>2500.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer<br>American Energy Operations, Inc.  | Occupation<br>President                       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00           |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Lynda Grigg</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 1 8 / 2 0 0 6 |  |
| Mailing Address 4942 Commonwealth Avenue  |   | <b>Transaction ID: 100006104</b>                              |  |
| City State Zip Code<br>La Canada CA 91011   | Amount of Each Receipt this Period<br>2500.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer<br>N/A   | Occupation<br>Homemaker                       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00           |   |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 10000.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Grow

Mailing Address 1408 Hopkins Street N.W.

City Washington State DC Zip Code 20036

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

Name of Employer Arent, Fox, Kintner, Plotkin & Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 100006106

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Hales

Mailing Address 3726 Beechglen Drive

City La Crescenta State CA Zip Code 91214

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

Name of Employer Crowell & Weeden Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006108

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Kendall Hales

Mailing Address 2852 Foothill Blvd.

City La Crescenta State CA Zip Code 91214

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

Name of Employer Kendall Hales Occupation Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 100006149

Amount of Each Receipt this Period  
1000.00

Receipt

note: Refund Mailed for 4/3/07

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 7000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Kendall Hales

Mailing Address 2852 Foothill Blvd.

City State Zip Code  
La Crescenta CA 91214

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

Name of Employer Kendall Hales Occupation Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 100006148

Amount of Each Receipt this Period  
4000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Marilyn Hales

Mailing Address 3726 Beechglen Drive

City State Zip Code  
La Crescenta CA 91214

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006107

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
William Harrison

Mailing Address 16 West Avenue  
C/O Vincent Andrews Mgmt.

City State Zip Code  
Darien CT 06820

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

Name of Employer J.P. Morgan Chase Occupation Chairman of the Board

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 100006109

Amount of Each Receipt this Period  
5000.00

Receipt

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 14000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 14 / 164                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Hawkes</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |  |
| Mailing Address 3415 Rosemary Avenue  |   | <b>Transaction ID: 100006153</b>                              |  |
| City State Zip Code<br>Glendale CA 91208  | Amount of Each Receipt this Period<br>4000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer<br>Self Employed   | Occupation<br>Car Dealer                      |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4000.00           |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. John Hawkins</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address 9377 Autoplex Drive   |   | <b>Transaction ID: 100006111</b>                              |  |
| City State Zip Code<br>Montclair CA 91763   | Amount of Each Receipt this Period<br>5000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer<br>Great Metro Auto Group  | Occupation<br>C.E.O.                          |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Rebecca Hawkins</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address 9377 Autoplex Drive   |   | <b>Transaction ID: 100006110</b>                              |  |
| City State Zip Code<br>Montclair CA 91763   | Amount of Each Receipt this Period<br>5000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt   |  |
| Name of Employer<br>None  | Occupation<br>Homemaker                       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 14000.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 15 / 164                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Don Higginson

Mailing Address 16413 Calle Ana

City Poway State CA Zip Code 92064

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

Name of Employer M.B.E. / City Of Poway Occupation S.V.P. - Attorney / Councilman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 100006113

Amount of Each Receipt this Period  
 2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Rebecca Higginson

Mailing Address 16413 Calle Ana

City Poway State CA Zip Code 92064

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 100006112

Amount of Each Receipt this Period  
 2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Eric Hinton

Mailing Address 741 West Brookforest Dr

City Peoria State IL Zip Code 61615

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

Name of Employer Caterpillar, Inc. Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 100004095

Amount of Each Receipt this Period  
 500.00

Receipt

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 5500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Beverly Hollister

Mailing Address 12268 Raleigh Court

City State Zip Code  
Draper UT 84020

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

Name of Employer  
Nutritional Management, Inc.

Occupation  
Sr. V.P., Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 100006114

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Bryan Jackson

Mailing Address 515 South Figueroa Suite 700

City State Zip Code  
Los Angeles CA 91011

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

Name of Employer  
Allen Matkins

Occupation  
Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

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

Transaction ID: 100006137

Amount of Each Receipt this Period  
2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Glen Jensen

Mailing Address 1106 N Winthrop Circle

City State Zip Code  
Mesa AZ 85213

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

Name of Employer  
Aftco Southwest, Inc.

Occupation  
Business Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

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

Transaction ID: 100006144

Amount of Each Receipt this Period  
200.00

Receipt

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 7200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 17 / 164   |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Craig King</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |  |
| Mailing Address 9422 Meadow Shire Lane  |  | <b>Transaction ID: 100006115</b>                              |  |
| City State Zip Code<br>Great Falls VA 22066   |  | Amount of Each Receipt this Period<br>1000.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Receipt   |  |
| Name of Employer<br>Arent, Fox, Kintner, Plotkin &<br>Receipt For:  | Occupation<br>Attorney<br>Aggregate Year-to-Date ▼ | 1000.00   |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. J. Kinsell</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address 462 Stevens Avenue Suite 308  |  | <b>Transaction ID: 100006116</b>                              |  |
| City State Zip Code<br>Solana Beach CA 92075  |  | Amount of Each Receipt this Period<br>2500.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Receipt   |  |
| Name of Employer<br>Kinsell Newcomb Dedios<br>Receipt For:  | Occupation<br>Executive V.P.<br>Aggregate Year-to-Date ▼ | 2500.00   |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dieter Kuster</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address 9365 Waples Street  |  | <b>Transaction ID: 100006117</b>                              |  |
| City State Zip Code<br>San Diego CA 92121   |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Receipt   |  |
| Name of Employer<br>CA Botana International<br>Receipt For:   | Occupation<br>CEO and Senior Chemist<br>Aggregate Year-to-Date ▼ | 5000.00   |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 8500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Jacqueline Lake

Mailing Address 16625 Dove Canyon Road

City State Zip Code  
San Diego CA 92127

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

Name of Employer Self-Employed  
Occupation Designer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100006118

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Lake

Mailing Address 16625 Dove Canyon Road

City State Zip Code  
San Diego CA 92127

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

Name of Employer Jeffrey A.Lake, A.P.C.  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100006119

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Herbert Lee

Mailing Address 44 Cocoanut Row Apt. 601-A

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer N/A  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 100006120

Amount of Each Receipt this Period  
5000.00

Receipt

|  |   |          |
|--|---|----------|
| <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 19 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Bret Mackay

Mailing Address 9061 Santa Monica Blvd

City State Zip Code  
Los Angeles CA 90069

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: 100006135

Amount of Each Receipt this Period  
2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Richard Marriott

Mailing Address 10840 Pleasant Hill Drive

City State Zip Code  
Potomac MD 20854

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

Name of Employer Marriott Corporation Occupation Chairman of the Board

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 100006121

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ronnie Morgan

Mailing Address 4528 North Sunflower Avenue

City State Zip Code  
Covina CA 91724

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

Name of Employer Morgan Construction Co (The Mo Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 6

Transaction ID: 100006158

Amount of Each Receipt this Period  
250.00

Receipt

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 7250.00 |
| <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 20 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Caryn Morton

Mailing Address 1308 S. 1100 E.

City Orem State UT Zip Code 84097

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** 100006138

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Rachel Morton

Mailing Address 619 Fitz Lane

City Draper State UT Zip Code 84020

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** 100006122

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Scott Nystrom

Mailing Address 122 Chestertown St.

City Gaithersburg State MD Zip Code 20878

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

Name of Employer US Government Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 100004103

Amount of Each Receipt this Period  
250.00

Receipt

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 10250.00 |
| <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 21 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Andrea Pedersen</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |
| Mailing Address 5132 N 300 W  |                                     | <b>Transaction ID: 100006124</b>                                |
| City Provo  | State UT                            | Zip Code 84604  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>5000.00                   |
| Name of Employer None   | Occupation Homemaker                | Receipt   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Todd Pedersen</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |
| Mailing Address 5132 N 300 W  |                                     | <b>Transaction ID: 100006125</b>                                |
| City Provo  | State UT                            | Zip Code 84604  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>5000.00                   |
| Name of Employer Apex Alarm Systems   | Occupation Owner                    | Receipt   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Kevin Preloger</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 2 / 3 0 / 2 0 0 6 |
| Mailing Address 3740 N SOUTHPORT AVE. 4   |                                    | <b>Transaction ID: 100006151</b>                                |
| City Chicago  | State IL                           | Zip Code 60613  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00                    |
| Name of Employer Perkins Wolf McDonnell   | Occupation Analyst                 | Receipt   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>10250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
TC Spencer Pryor

Mailing Address 1320 Peachtree Battle Avenue, NW

City State Zip Code  
Americus GA 31709

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

Name of Employer Occupation  
Alston & Byrd Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: 100004096

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ahmed Qureshi

Mailing Address 20007 Belmont Station Drive

City State Zip Code  
Ashburn VA 20147

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

Name of Employer Occupation  
Harbinger Technologies Group President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: 100006134

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joel Reed

Mailing Address 12340 El Camino Real

City State Zip Code  
San Diego CA 92130

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

Name of Employer Occupation  
R.A. Capital Advisors Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 100006146

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6500.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Thomas Reed

Mailing Address 1410 Alexander Valley Road

City Healdsburg State CA Zip Code 95448

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** 100006127

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Peter Rintye

Mailing Address 102 Palm Drive

City Largo State FL Zip Code 33770

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

Name of Employer Direct Mail Systems Occupation Political Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 100006155

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Stead

Mailing Address 16 Fairview Avenue

City Dennis State MA Zip Code 02638

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

Name of Employer Commonwealth of Massachusetts Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 100006141

Amount of Each Receipt this Period  
250.00

Receipt

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 5500.00 |
| <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 24 / 164                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Bruce Tabb

Mailing Address 402 West Broadway 1320

City State Zip Code  
San Diego CA 92101

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

Name of Employer Environmental Development Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 6

Transaction ID: 100006136

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ursala Wagstaff-Kuster

Mailing Address PO Box 676268

City State Zip Code  
Rancho Santa Fe CA 92067

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

Name of Employer CA Botana International Occupation Senior Chemist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

Transaction ID: 100006130

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Marshall Wallach

Mailing Address 3575 Cherry Creek N. Drive

City State Zip Code  
Denver CO 80209

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

Name of Employer Wallach Capital Advisors Occupation Asset Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100006131

Amount of Each Receipt this Period  
5000.00

Receipt

|  |   |          |
|--|---|----------|
| <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:                        |                              | PAGE 25 / 164                |                             |
|  | (check only one)                        |                              |                              |                             |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14             | <input type="checkbox"/> 15  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Walter Zable

Mailing Address P.O. Box 1525

City Rancho Sante Fe State CA Zip Code 92067

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

Name of Employer Cubic Corporation Occupation Chairman & C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: 100006132

Amount of Each Receipt this Period  
1000.00

Receipt

|  |   |           |
|--|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 188900.00 |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 26 / 164 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Bank of America<br>Mailing Address 3 Center Plz<br>City State Zip Code<br>Boston MA 02108-2000<br>FEC ID number of contributing federal political committee. <b>C</b>               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6<br><b>Transaction ID:</b> 100006133<br>Amount of Each Receipt this Period<br>2508.67<br>Other Receipt |
| Name of Employer Interest Income<br>Occupation Interest Income<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2508.67 |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Bank of America<br>Mailing Address 3 Center Plz<br>City State Zip Code<br>Boston MA 02108-2000<br>FEC ID number of contributing federal political committee. <b>C</b>               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 1 / 2 9 / 2 0 0 6<br><b>Transaction ID:</b> 100006076<br>Amount of Each Receipt this Period<br>2587.39<br>Other Receipt |
| Name of Employer Interest Income<br>Occupation Interest Income<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>5096.06 |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Bank of America<br>Mailing Address 3 Center Plz<br>City State Zip Code<br>Boston MA 02108-2000<br>FEC ID number of contributing federal political committee. <b>C</b>               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6<br><b>Transaction ID:</b> 100006077<br>Amount of Each Receipt this Period<br>2062.71<br>Other Receipt |
| Name of Employer Interest Income<br>Occupation Interest Income<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>7158.77 |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>7158.77</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>7158.77</b> |

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

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

FOR LINE NUMBER: (check only one)

PAGE 27 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Nstar</b>   |  | <b>Transaction ID:</b> 200006508<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 4508  |  | Amount of Each Disbursement this Period<br>409.60   |
| City Woburn State MA Zip Code 01888-4508   | Purpose of Disbursement<br>PRO-RATED OFFICE UTILITIES<br>Candidate Name<br>Category/Type                                       |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED OFFICE UTILITIES  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Travelers</b>   |  | <b>Transaction ID:</b> 200006733<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address CL & Specialty Remittance Center   |  | Amount of Each Disbursement this Period<br>207.00   |
| City Hartford State CT Zip Code 06183-1008   | Purpose of Disbursement<br>PRO-RATED INSURANCE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED INSURANCE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>   |  | <b>Transaction ID:</b> 200006511<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 1   |  | Amount of Each Disbursement this Period<br>681.47   |
| City Worcester State MA Zip Code 01654-0001  | Purpose of Disbursement<br>PRO-RATED OFFICE PHONES<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED OFFICE PHONES   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1298.07     |
| <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)  
The Commonwealth PAC

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Salesforce .Com</b>  |  | Transaction ID: 200006565              |   |
| Mailing Address PO Box 5126   |  | Date of Disbursement<br>12 / 15 / 2006 |   |
| City<br>Carol Stream  | State<br>IL  | Zip Code<br>60197-5126                 | Amount of Each Disbursement this Period<br>258.75 |
| Purpose of Disbursement<br>PRO-RATED DATABASE   |  | Category/<br>Type                      |   |
| Candidate Name  |  | PRO-RATED DATABASE                     |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of America</b>  |  | Transaction ID: 200007682              |   |
| Mailing Address 3 Center Plz  |  | Date of Disbursement<br>11 / 28 / 2006 |   |
| City<br>Boston  | State<br>MA  | Zip Code<br>02108-2000                 | Amount of Each Disbursement this Period<br>4.50 |
| Purpose of Disbursement<br>MERCHANT FEES - OCTOBER  |  | Category/<br>Type                      |   |
| Candidate Name  |  | MERCHANT FEES - OCTOBER                |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America</b>  |  | Transaction ID: 200007687              |   |
| Mailing Address 3 Center Plz  |  | Date of Disbursement<br>11 / 28 / 2006 |   |
| City<br>Boston  | State<br>MA  | Zip Code<br>02108-2000                 | Amount of Each Disbursement this Period<br>204.50 |
| Purpose of Disbursement<br>MERCHANT FEES - NOVEMBER   |  | Category/<br>Type                      |   |
| Candidate Name  |  | MERCHANT FEES - NOVEMBER               |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: District:  |  |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>467.75</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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank of America</b>   |  | <b>Transaction ID:</b> 200007686<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 3 Center Plz   |  | Amount of Each Disbursement this Period<br>646.60   |
| City Boston State MA Zip Code 02108-2000   | Category/<br>Type<br><br>MERCHANT FEES - NOVEMBER  |   |
| Purpose of Disbursement<br>MERCHANT FEES - NOVEMBER  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of America</b>   |  | <b>Transaction ID:</b> 200007685<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 3 Center Plz   |  | Amount of Each Disbursement this Period<br>1295.12  |
| City Boston State MA Zip Code 02108-2000   | Category/<br>Type<br><br>MERCHANT FEES - NOVEMBER  |   |
| Purpose of Disbursement<br>MERCHANT FEES - NOVEMBER  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America</b>   |  | <b>Transaction ID:</b> 200007973<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 3 Center Plz   |  | Amount of Each Disbursement this Period<br>200.00   |
| City Boston State MA Zip Code 02108-2000   | Category/<br>Type<br><br>MERCHANT FEES - OCTOBER   |   |
| Purpose of Disbursement<br>MERCHANT FEES - OCTOBER   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2141.72 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank of America</b>   |  | Transaction ID: 200007962<br>Date of Disbursement<br>11 / 28 / 2006 |
| Mailing Address 3 Center Plz   |  | Amount of Each Disbursement this Period<br>2961.35                  |
| City Boston<br>State MA<br>Zip Code 02108-2000   | Purpose of Disbursement<br>MERCHANT FEES<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | MERCHANT FEES   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of America</b>   |  | Transaction ID: 200007972<br>Date of Disbursement<br>11 / 28 / 2006 |
| Mailing Address 3 Center Plz   |  | Amount of Each Disbursement this Period<br>519.27                   |
| City Boston<br>State MA<br>Zip Code 02108-2000   | Purpose of Disbursement<br>PRO-RATED MERCHANT FEES<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED MERCHANT FEES   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America</b>   |  | Transaction ID: 200007688<br>Date of Disbursement<br>11 / 28 / 2006 |
| Mailing Address 3 Center Plz   |  | Amount of Each Disbursement this Period<br>26.50                    |
| City Boston<br>State MA<br>Zip Code 02108-2000   | Purpose of Disbursement<br>BANK FEES<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | BANK FEES   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3507.12     |
| <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 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)  
The Commonwealth PAC

|  |                     |  |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank of America</b>   |                     | <b>Transaction ID:</b> 200007960<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6                  |
| Mailing Address 3 Center Plz   |                     | Amount of Each Disbursement this Period<br>1891.82   |
| City Boston State MA Zip Code 02108-2000   | BANK FEES OCT./NOV. |  |
| Purpose of Disbursement BANK FEES OCT./NOV.<br>Candidate Name  |                     | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |  |
|--|---------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of America</b>   |               | <b>Transaction ID:</b> 200007689<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6                  |
| Mailing Address 3 Center Plz   |               | Amount of Each Disbursement this Period<br>349.33  |
| City Boston State MA Zip Code 02108-2000   | MERCHANT FEES |  |
| Purpose of Disbursement MERCHANT FEES<br>Candidate Name  |               | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |               | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |           |  |
|--|-----------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America</b>   |           | <b>Transaction ID:</b> 200007961<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6                  |
| Mailing Address 3 Center Plz   |           | Amount of Each Disbursement this Period<br>207.49  |
| City Boston State MA Zip Code 02108-2000   | BANK FEES |  |
| Purpose of Disbursement BANK FEES<br>Candidate Name  |           | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 2448.64 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank of America</b>   |  | Transaction ID: 200007690<br>Date of Disbursement<br>12 / 18 / 2006 |
| Mailing Address 3 Center Plz   |  | Amount of Each Disbursement this Period<br>4.50                     |
| City Boston State MA Zip Code 02108-2000   | Purpose of Disbursement<br>BANK FEES   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BANK FEES   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of America</b>   |  | Transaction ID: 200007691<br>Date of Disbursement<br>12 / 20 / 2006 |
| Mailing Address 3 Center Plz   |  | Amount of Each Disbursement this Period<br>238.40                   |
| City Boston State MA Zip Code 02108-2000   | Purpose of Disbursement<br>MERCHANT FEES   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MERCHANT FEES   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Britt Becker</b>  |  | Transaction ID: 200006015<br>Date of Disbursement<br>12 / 05 / 2006 |
| Mailing Address 139 W 6th St # 1 #1  |  | Amount of Each Disbursement this Period<br>50.94                    |
| City Boston State MA Zip Code 02127-2630   | Purpose of Disbursement<br>PRO-RATED REINBURSEMENT: SEE BELOW  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED REINBURSEMENT:<br>SEE BELOW                               |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 293.84 |
| <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)  
The Commonwealth PAC

|  |  |  |
|--|--|--|
| <b>A. Britt Becker</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 139 W 6th St # 1 #1<br>City Boston State MA Zip Code 02127-2630<br>Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 200007336</b><br>Date of Disbursement<br>12 / 12 / 2006<br>Amount of Each Disbursement this Period<br>416.27<br>PRO-RATED REIMBURSEMENT:<br>SEE BELOW |
|--|--|--|

|   |  |  |
|---|--|--|
| <b>B. Avis Rent-A-Car</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 2330 NW 37th Ave<br>City Miami State FL Zip Code 33142-6834<br>Purpose of Disbursement PRO-RATED CAR RENTAL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 200007338</b><br>Date of Disbursement<br>12 / 03 / 2006<br>Amount of Each Disbursement this Period<br>365.14<br>[MEMO ITEM]<br>MEMO: PRO-RATED CAR RENTAL |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>C. Blue Cross Blue Shield</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 4701<br>City Woburn State MA Zip Code 01888-4701<br>Purpose of Disbursement PRO-RATED HEALTHCARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 200006736</b><br>Date of Disbursement<br>12 / 19 / 2006<br>Amount of Each Disbursement this Period<br>4924.91<br>PRO-RATED HEALTHCARE |
|--|--|--|

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5341.18 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Patton Boggs</b>  |  | <b>Transaction ID:</b> 200006009<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 2550 M St NW   |  | Amount of Each Disbursement this Period<br>8141.30  |
| City Washington State DC Zip Code 20037-1301   | Category/<br>Type<br><br>PRO-RATED LEGAL FEES  |   |
| Purpose of Disbursement<br>PRO-RATED LEGAL FEES  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Patton Boggs</b>  |  | <b>Transaction ID:</b> 200006729<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 2550 M St NW   |  | Amount of Each Disbursement this Period<br>9340.56  |
| City Washington State DC Zip Code 20037-1301   | Category/<br>Type<br><br>PRO-RATED LEGAL FEES  |   |
| Purpose of Disbursement<br>PRO-RATED LEGAL FEES  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sarah Bradshaw</b>  |  | <b>Transaction ID:</b> 200006022<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6 |
| Mailing Address 1345 Dupont Road   |  | Amount of Each Disbursement this Period<br>2500.00  |
| City Havana State FL Zip Code 32333-   | Category/<br>Type<br><br>PRO-RATED FUNDRAISING CON-<br>SULTING   |   |
| Purpose of Disbursement<br>PRO-RATED FUNDRAISING CONSULTING  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |          |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 19981.86 |
| <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)  
The Commonwealth PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jamie Burnett</b>   |  | Transaction ID: 200007334<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |  |
| Mailing Address 414 East Capitol St. NW  |  | Amount of Each Disbursement this Period<br>291.70   |  |
| City Washington State DC Zip Code 20003-   | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT SEE BELOW   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED REIMBURSEMENT<br>SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |  | Transaction ID: 200007335<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6 |  |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>272.30   |  |
| City Tempe State AZ Zip Code 85281-2880  | Purpose of Disbursement<br>PRO-RATED AIRFARE   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED AIRFARE  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Capital Campaigns</b>   |  | Transaction ID: 200006722<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |  |
| Mailing Address 921 11th St, Suite 420   |  | Amount of Each Disbursement this Period<br>5029.92  |  |
| City Sacramento State CA Zip Code 95814-   | Purpose of Disbursement<br>PRO-RATED FUNDRAISING CONSULTING  | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED FUNDRAISING CON-<br>SULTING   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5321.62 |
| <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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Capital Campaigns</b>   |  | <b>Transaction ID:</b> 200007320<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 1 / 2 0 0 6 |
| Mailing Address 921 11th St, Suite 420   |  | Amount of Each Disbursement this Period<br>1000.00  |
| City Sacramento State CA Zip Code 95814-   | PRO-RATED FUNDRAISING CONSULTING   |   |
| Purpose of Disbursement<br>PRO-RATED FUNDRAISING CONSULTING  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sally Canfield</b>  |  | <b>Transaction ID:</b> 200007185<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 9 W Broadway   |  | Amount of Each Disbursement this Period<br>2170.76  |
| City Boston State MA Zip Code 02127-1039   | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sally Canfield</b>  |  | <b>Transaction ID:</b> 200006975<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address 9 W Broadway   |  | Amount of Each Disbursement this Period<br>2170.76  |
| City Boston State MA Zip Code 02127-1039   | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5341.52 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sally Canfield</b>  |  | <b>Transaction ID:</b> 200007135<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |
| Mailing Address 9 W Broadway   |  | Amount of Each Disbursement this Period<br>2170.76  |
| City Boston State MA Zip Code 02127-1039   | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Craig Cannon</b>  |  | <b>Transaction ID:</b> 200007186<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 1409 W. Port Au Prince Ln.   |  | Amount of Each Disbursement this Period<br>184.70   |
| City Phoenix State AZ Zip Code 85023-  | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Craig Cannon</b>  |  | <b>Transaction ID:</b> 200006976<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address 1409 W. Port Au Prince Ln.   |  | Amount of Each Disbursement this Period<br>184.70   |
| City Phoenix State AZ Zip Code 85023-  | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2540.16 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Craig Cannon</b>  |  | <b>Transaction ID:</b> 200007136<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |
| Mailing Address 1409 W. Port Au Prince Ln.   |  | Amount of Each Disbursement this Period<br>184.70   |
| City Phoenix State AZ Zip Code 85023-  | Category/<br>Type<br><br>PRO-RATED PAYROLL |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  |   |
| Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Spring First Capital</b>  |  | <b>Transaction ID:</b> 200006732<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 1158 W 2850 N.   |  | Amount of Each Disbursement this Period<br>10000.00   |
| City Pleasant Grove State UT Zip Code 84062-   | Category/<br>Type<br><br>PRO-RATED OPS./ADMIN. CON-<br>SULTING |   |
| Purpose of Disbursement<br>PRO-RATED OPS./ADMIN. CONSULTING  |  |   |
| Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Capitol Hill Club</b>   |   | <b>Transaction ID:</b> 200006012<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 300 1st St SE  |   | Amount of Each Disbursement this Period<br>4844.40  |
| City Washington State DC Zip Code 20003-1801   | Category/<br>Type<br><br>PRO-RATED EVENT CATERING |   |
| Purpose of Disbursement<br>PRO-RATED EVENT CATERING  |   |   |
| Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |   |   |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 15029.10    |
| <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)  
The Commonwealth PAC

|  |                       |   |
|--|-----------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Boston Coach</b>  |                       | <b>Transaction ID:</b> 200006501<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address 69 Norman St   |                       | Amount of Each Disbursement this Period<br>3562.10  |
| City Everett State MA Zip Code 02149-1951  | PRO-RATED CAR SERVICE |   |
| Purpose of Disbursement<br>PRO-RATED CAR SERVICE   |                       | Category/<br>Type   |
| Candidate Name   |                       |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                       |   |

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Neusner Communication LLC</b>   |                                     | <b>Transaction ID:</b> 200006008<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 7200 Wisconsin Ave Ste 1100  |                                     | Amount of Each Disbursement this Period<br>4000.00  |
| City Bethesda State MD Zip Code 20814-4845   | PRO-RATED COMMUNICATIONS CONSULTING |   |
| Purpose of Disbursement<br>PRO-RATED COMMUNICATIONS CONSULTING   |                                     | Category/<br>Type   |
| Candidate Name   |                                     |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                                     |   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. OBrien Communications</b>   |                              | <b>Transaction ID:</b> 200006001<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address PO Box 659   |                              | Amount of Each Disbursement this Period<br>249.88   |
| City Wrentham State MA Zip Code 02093-0659   | PRO-RATED PHONE INSTALLATION |   |
| Purpose of Disbursement<br>PRO-RATED PHONE INSTALLATION  |                              | Category/<br>Type   |
| Candidate Name   |                              |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                              |   |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7811.98 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. OBrien Communications</b>   |  | <b>Transaction ID:</b> 200006512<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 659   |  | Amount of Each Disbursement this Period<br>93.75  |
| City Wrentham  | State MA Zip Code 02093-0659   |   |
| Purpose of Disbursement<br>PRO-RATED OFFICE EQUIPMENT  |  | PRO-RATED OFFICE EQUIPMENT  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Accu Conference</b>   |  | <b>Transaction ID:</b> 200006013<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6 |
| Mailing Address 6300 Ridglea Place #318  |  | Amount of Each Disbursement this Period<br>448.55   |
| City Bellevue  | State WA Zip Code 98005-   |   |
| Purpose of Disbursement<br>PRO-RATED CONFERENCE CALL SERVICE   |  | PRO-RATED CONFERENCE CALL SERVICE   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Research in Motion Corporation</b>  |  | <b>Transaction ID:</b> 200006003<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 12432 Collections Center Dr.   |  | Amount of Each Disbursement this Period<br>349.50   |
| City Chicago   | State IL Zip Code 60693-   |   |
| Purpose of Disbursement<br>PRO-RATED LICENSES  |  | PRO-RATED LICENSES  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

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|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 891.80 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Staples Credit Plan</b>   |  | <b>Transaction ID:</b> 200006513<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 689020  |  | Amount of Each Disbursement this Period<br>615.61   |
| City Des Moines State IA Zip Code 50368-9020   | Category/<br>Type<br><br>PRO-RATED OFFICE SUPPLIES   |   |
| Purpose of Disbursement<br>PRO-RATED OFFICE SUPPLIES   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sean Cunningham</b>   |  | <b>Transaction ID:</b> 200006741<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 88 Porter St   |  | Amount of Each Disbursement this Period<br>350.00   |
| City Malden State MA Zip Code 02148-   | Category/<br>Type<br><br>PRO-RATED PHOTOGRAPHER  |   |
| Purpose of Disbursement<br>PRO-RATED PHOTOGRAPHER  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hui Jojo Deng</b>   |  | <b>Transaction ID:</b> 200006018<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6 |
| Mailing Address 117 Beaconsfield Rd  |  | Amount of Each Disbursement this Period<br>602.25   |
| City Brookline State MA Zip Code 02445-  | Category/<br>Type<br><br>PRO-RATED BOOKKEEPING   |   |
| Purpose of Disbursement<br>PRO-RATED BOOKKEEPING   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1567.86 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Caplin &amp; Drysdale</b>   |  | <b>Transaction ID:</b> 200005996<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address One Thomas Cir. NW, Suite 1100   |  | Amount of Each Disbursement this Period<br>4383.68  |
| City Washington State DC Zip Code 20005-   | Purpose of Disbursement<br>PRO-RATED LEGAL FEES  |   |
| Candidate Name   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED LEGAL FEES  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Rainmaker Sport and Entertainment, LLC</b>  |  | <b>Transaction ID:</b> 200007235<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address 9350 South 150 East, Suite 100   |  | Amount of Each Disbursement this Period<br>261.16   |
| City Sandy State UT Zip Code 84070-  | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: SEE BELOW  |   |
| Candidate Name   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED REIMBURSEMENT:<br>SEE BELOW   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Avis Rent A Car</b>   |  | <b>Transaction ID:</b> 200007337<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 3 / 2 0 0 6 |
| Mailing Address 12027 North 28th Dr  |  | Amount of Each Disbursement this Period<br>261.16   |
| City Phoenix State AZ Zip Code 85029-  | Purpose of Disbursement<br>PRO-RATING CAR RENTAL   |   |
| Candidate Name   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATING CAR RENT-<br>AL   |

|  |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4644.84 |
| <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 43 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>  |  | Transaction ID: 200007487<br>Date of Disbursement<br>11 / 28 / 2006 |
| Mailing Address PO Box 360001  |  | Amount of Each Disbursement this Period<br>18477.59                 |
| City Fort Lauderdale<br>State FL<br>Zip Code 33336-0001  | Purpose of Disbursement<br>PRO-RATED CREDIT CARD: SEE BELOW<br>Candidate Name<br>Category/Type                                       |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED CREDIT CARD:<br>SEE BELOW                                 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |  | Transaction ID: 70124.E7472<br>Date of Disbursement<br>10 / 13 / 2006 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>134.65                     |
| City Minneapolis<br>State MN<br>Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE                         |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |  | Transaction ID: 200007447<br>Date of Disbursement<br>10 / 27 / 2006 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>234.31                   |
| City Minneapolis<br>State MN<br>Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE                       |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 18477.59 |
| <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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b>  |  | Transaction ID: 200007465<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 8 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>109.30   |
| City Minneapolis State MN Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |  | Transaction ID: 70124.E7474<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 3 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>189.65   |
| City Minneapolis State MN Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |  | Transaction ID: 70124.E7476<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 7 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>189.65   |
| City Minneapolis State MN Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b>  |   | Transaction ID: 200007464<br>Date of Disbursement<br>10 / 28 / 2006 |
| Mailing Address 7500 Airline Dr  |   | Amount of Each Disbursement this Period<br>109.30                   |
| City Minneapolis State MN Zip Code 55450-1101  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |   | Transaction ID: 70124.E7445<br>Date of Disbursement<br>10 / 18 / 2006 |
| Mailing Address 7500 Airline Dr  |   | Amount of Each Disbursement this Period<br>410.05                     |
| City Minneapolis State MN Zip Code 55450-1101  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |   | Transaction ID: 70124.E7471<br>Date of Disbursement<br>10 / 13 / 2006 |
| Mailing Address 7500 Airline Dr  |   | Amount of Each Disbursement this Period<br>39.65                      |
| City Minneapolis State MN Zip Code 55450-1101  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b>  |  | Transaction ID: 70124.E7467<br>Date of Disbursement<br>10 / 10 / 2006 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>120.31                     |
| City Minneapolis State MN Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE                         |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Airtran Airlines</b>  |  | Transaction ID: 200007481<br>Date of Disbursement<br>10 / 26 / 2006 |
| Mailing Address 9955 AirTran Blvd  |  | Amount of Each Disbursement this Period<br>93.65                    |
| City Orlando State FL Zip Code 32827-  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE                       |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Airlines</b>   |  | Transaction ID: 200007480<br>Date of Disbursement<br>10 / 26 / 2006 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>75.00                    |
| City Fort Worth State TX Zip Code 76155-   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE                       |

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|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Airlines</b>   |  | Transaction ID: 200007496<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 5 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>444.80   |
| City Fort Worth<br>State TX<br>Zip Code 76155-   | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Airlines</b>   |  | Transaction ID: 200007446<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 6 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>467.30   |
| City Fort Worth<br>State TX<br>Zip Code 76155-   | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Continental Airlines</b>  |  | Transaction ID: 70124.E7486<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 1600 Smith Street  |  | Amount of Each Disbursement this Period<br>132.65   |
| City Houston<br>State TX<br>Zip Code 77002-  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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 48 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Continental Airlines</b>  |   | Transaction ID: 70124.E7466<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006                                   |
| Mailing Address 1600 Smith Street  |   | Amount of Each Disbursement this Period<br>57.40   |
| City Houston State TX Zip Code 77002-  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b>  |   | Transaction ID: 70124.E7482<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 07 / 2006                                   |
| Mailing Address PO Box 20706   |   | Amount of Each Disbursement this Period<br>167.16  |
| City Atlanta State GA Zip Code 30320-6001  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Delta Airlines</b>  |   | Transaction ID: 70124.E7444<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 17 / 2006                                   |
| Mailing Address PO Box 20706   |   | Amount of Each Disbursement this Period<br>714.30  |
| City Atlanta State GA Zip Code 30320-6001  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>   |  | Transaction ID: 200007436<br>Date of Disbursement<br>10 / 25 / 2006 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>382.30                   |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b>   |  | Transaction ID: 70124.E7470<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>197.15                     |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. United Airlines</b>   |  | Transaction ID: 70124.E7469<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>197.15                     |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>   |  | Transaction ID: 200007435<br>Date of Disbursement<br>10 / 25 / 2006 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>382.30                   |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b>   |  | Transaction ID: 70124.E7477<br>Date of Disbursement<br>10 / 19 / 2006 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>81.16                      |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. United Airlines</b>   |  | Transaction ID: 70124.E7443<br>Date of Disbursement<br>10 / 10 / 2006 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>229.30                     |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>   |  | Transaction ID: 70124.E7468<br>Date of Disbursement<br>10 / 10 / 2006 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>120.31                     |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE                  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b>   |  | Transaction ID: 70124.E7450<br>Date of Disbursement<br>10 / 06 / 2006 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>247.15                     |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE                  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |  | Transaction ID: 70124.E7485<br>Date of Disbursement<br>10 / 07 / 2006 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>166.55                     |
| City Tempe<br>State AZ<br>Zip Code 85281-2880  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE                  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |   | Transaction ID: 70124.E7475<br>Date of Disbursement<br>10 / 16 / 2006  |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>176.15  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |   | Transaction ID: 70124.E7484<br>Date of Disbursement<br>10 / 06 / 2006  |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>166.55  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |   | Transaction ID: 200007483<br>Date of Disbursement<br>10 / 28 / 2006  |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>170.65  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |   | Transaction ID: 200007478<br>Date of Disbursement<br>10 / 21 / 2006  |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>59.65   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |   | Transaction ID: 200007479<br>Date of Disbursement<br>10 / 25 / 2006  |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>109.65  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |   | Transaction ID: 200007438<br>Date of Disbursement<br>10 / 25 / 2006  |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>439.65  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |   | Transaction ID: 70124.E7451<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 7 / 2 0 0 6                              |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>209.05  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |   | Transaction ID: 200007441<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>357.15  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |   | Transaction ID: 200007442<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>357.15  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |      |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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 55 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>   |  | Transaction ID: 200007439<br>Date of Disbursement<br>10 / 25 / 2006 |                   |
| Mailing Address 111 W Rio Salado Pkwy   |  | Amount of Each Disbursement this Period<br>357.15                   |                   |
| City Tempe  | State AZ   | Zip Code 85281-2880   | Category/<br>Type |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |  |   |                   |
| Candidate Name  |  |   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State: District:  |  |   |                   |

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>   |  | Transaction ID: 200007440<br>Date of Disbursement<br>10 / 25 / 2006 |                   |
| Mailing Address 111 W Rio Salado Pkwy   |  | Amount of Each Disbursement this Period<br>357.15                   |                   |
| City Tempe  | State AZ   | Zip Code 85281-2880   | Category/<br>Type |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |  |   |                   |
| Candidate Name  |  |   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State: District:  |  |   |                   |

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>   |  | Transaction ID: 200007437<br>Date of Disbursement<br>10 / 25 / 2006 |                   |
| Mailing Address 111 W Rio Salado Pkwy   |  | Amount of Each Disbursement this Period<br>439.65                   |                   |
| City Tempe  | State AZ   | Zip Code 85281-2880   | Category/<br>Type |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |  |   |                   |
| Candidate Name  |  |   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State: District:  |  |   |                   |

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Best Buy</b>  |  | Transaction ID: 200007434<br>Date of Disbursement<br>10 / 24 / 2006 |
| Mailing Address 14 Allstate Road   |  | Amount of Each Disbursement this Period<br>259.97                   |
| City Boston State MA Zip Code 02125-   | Purpose of Disbursement<br>PRO-RATED EQUIPMENT PURCHASE<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED EQUIPMENT PURCHASE            |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Embassy Suites Hotel</b>  |  | Transaction ID: 70124.E7454<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address 600 North State Street   |  | Amount of Each Disbursement this Period<br>379.89                     |
| City Chicago State IL Zip Code 60610-  | Purpose of Disbursement<br>PRO-RATED LODGING<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING                         |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Embassy Suites Hotel</b>  |  | Transaction ID: 70124.E7458<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address 600 North State Street   |  | Amount of Each Disbursement this Period<br>194.81                     |
| City Chicago State IL Zip Code 60610-  | Purpose of Disbursement<br>PRO-RATED LODGING<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING                         |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <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 57 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Embassy Suites Hotel</b>  |  | Transaction ID: 70124.E7455<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6                              |
| Mailing Address 600 North State Street   |  | Amount of Each Disbursement this Period<br>189.84  |
| City Chicago State IL Zip Code 60610-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Embassy Suites Hotel</b>  |  | Transaction ID: 70124.E7457<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6                              |
| Mailing Address 600 North State Street   |  | Amount of Each Disbursement this Period<br>189.84  |
| City Chicago State IL Zip Code 60610-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Embassy Suites Hotel</b>  |  | Transaction ID: 70124.E7456<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6                              |
| Mailing Address 600 North State Street   |  | Amount of Each Disbursement this Period<br>209.84  |
| City Chicago State IL Zip Code 60610-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Westin Hotel</b>  |  | Transaction ID: 200007453<br>Date of Disbursement<br>10 / 28 / 2006 |  |
| Mailing Address 900 10 St NW   |  | Amount of Each Disbursement this Period<br>226.55                   |  |
| City Washington<br>State DC<br>Zip Code 20001-   | Purpose of Disbursement<br>PRO-RATED LODGING   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING                              |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Trump International</b>   |  | Transaction ID: 70124.E7452<br>Date of Disbursement<br>10 / 17 / 2006 |  |
| Mailing Address 1 Central Park W   |  | Amount of Each Disbursement this Period<br>1372.12                    |  |
| City New York<br>State NY<br>Zip Code 10023-   | Purpose of Disbursement<br>PRO-RATED LODGING   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING                                |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Fedex Kinkos</b>  |  | Transaction ID: 70124.E7460<br>Date of Disbursement<br>10 / 13 / 2006 |  |
| Mailing Address 2 Center Plaza   |  | Amount of Each Disbursement this Period<br>227.13                     |  |
| City Boston<br>State MA<br>Zip Code 02108-   | Purpose of Disbursement<br>PRO-RATED PRINTING  | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED PRINTING                               |  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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 59 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Fedex Kinkos</b>  |   | Transaction ID: 70124.E7461<br>Date of Disbursement<br>10 / 14 / 2006  |
| Mailing Address 2 Center Plaza   |   | Amount of Each Disbursement this Period<br>390.06  |
| City Boston State MA Zip Code 02108-   | [MEMO ITEM]<br>MEMO: PRO-RATED PRINTING |  |
| Purpose of Disbursement PRO-RATED PRINTING<br>Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kendall Press</b>   |   | Transaction ID: 200007459<br>Date of Disbursement<br>10 / 23 / 2006  |
| Mailing Address 36 Charles Street  |   | Amount of Each Disbursement this Period<br>251.48  |
| City Cambridge State MA Zip Code 02141-  | [MEMO ITEM]<br>MEMO: PRO-RATED PRINTING |  |
| Purpose of Disbursement PRO-RATED PRINTING<br>Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Regnery Publishing</b>  |   | Transaction ID: 70124.E7463<br>Date of Disbursement<br>10 / 04 / 2006  |
| Mailing Address One Massachusetts Ave. NW  |   | Amount of Each Disbursement this Period<br>785.79  |
| City Washington State DC Zip Code 20001-   | [MEMO ITEM]<br>MEMO: PRO-RATED BOOKS PURCHASE |  |
| Purpose of Disbursement PRO-RATED BOOKS PURCHASE<br>Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Avis Rent A Car</b>   |   | Transaction ID: 70124.E7462<br>Date of Disbursement<br>10 / 04 / 2006  |
| Mailing Address 3 Center Plaza   |   | Amount of Each Disbursement this Period<br>228.23  |
| City Boston State MA Zip Code 02114-   | [MEMO ITEM]<br>MEMO: PRO-RATED CAR RENTAL |  |
| Purpose of Disbursement PRO-RATED CAR RENTAL<br>Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                     |  |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>  |                                     | Transaction ID: 200007681<br>Date of Disbursement<br>12 / 05 / 2006  |
| Mailing Address PO Box 360001  |                                     | Amount of Each Disbursement this Period<br>22138.88  |
| City Fort Lauderdale State FL Zip Code 33336-0001  | PRO-RATED CREDIT CARD:<br>SEE BELOW |  |
| Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW<br>Candidate Name   |                                     | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |   | Transaction ID: 200007624<br>Date of Disbursement<br>10 / 24 / 2006  |
| Mailing Address 7500 Airline Dr  |   | Amount of Each Disbursement this Period<br>276.55  |
| City Minneapolis State MN Zip Code 55450-1101  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 22138.88 |
| <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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b>  |  | Transaction ID: 200007620<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 7 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>619.30   |
| City Minneapolis State MN Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |  | Transaction ID: 70124.E7644<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>157.15   |
| City Minneapolis State MN Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF TRAVEL  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF TRAVEL  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |  | Transaction ID: 70124.E7623<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>236.81   |
| City Minneapolis State MN Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <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 62 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b>  |  | Transaction ID: 70124.E7654<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 4 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>25.00  |
| City Minneapolis State MN Zip Code 55450-1101  | [MEMO ITEM]<br>MEMO: PRO-RATED CHANGE FEE  |   |
| Purpose of Disbursement<br>PRO-RATED CHANGE FEE  |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |  | Transaction ID: 70124.E7646<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 3 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>157.15   |
| City Minneapolis State MN Zip Code 55450-1101  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |  | Transaction ID: 70124.E7649<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>157.15   |
| City Minneapolis State MN Zip Code 55450-1101  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b>  |  | Transaction ID: 200007643<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>25.00  |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED CHANGE FEE  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED CHANGE FEE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b>  |  | Transaction ID: 70124.E7616<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 7 / 2 0 0 6 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>334.65   |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Delta Airlines</b>  |  | Transaction ID: 200007642<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 3 1 / 2 0 0 6 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>109.30   |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b>  |   | Transaction ID: 70124.E7650<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6                              |
| Mailing Address PO Box 20706   |   | Amount of Each Disbursement this Period<br>120.05  |
| City Atlanta State GA Zip Code 30320-6001  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b>  |   | Transaction ID: 200007625<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 9 / 2 0 0 6                                |
| Mailing Address PO Box 20706   |   | Amount of Each Disbursement this Period<br>296.85  |
| City Atlanta State GA Zip Code 30320-6001  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Delta Airlines</b>  |   | Transaction ID: 70124.E7617<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 7 / 2 0 0 6                              |
| Mailing Address PO Box 20706   |   | Amount of Each Disbursement this Period<br>314.65  |
| City Atlanta State GA Zip Code 30320-6001  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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 65 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b>  |   | Transaction ID: 70124.E7618<br>Date of Disbursement<br>10 / 17 / 2006 |  |
| Mailing Address PO Box 20706   |   | Amount of Each Disbursement this Period<br>314.65                     |  |
| City Atlanta<br>State GA<br>Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name  | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Midwest Airlines</b>  |   | Transaction ID: 70124.E7627<br>Date of Disbursement<br>10 / 14 / 2006 |  |
| Mailing Address 6744 South Howell Ave  |   | Amount of Each Disbursement this Period<br>244.90                     |  |
| City Oak Creek<br>State WI<br>Zip Code 53154-  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name  | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Midwest Airlines</b>  |   | Transaction ID: 70124.E7645<br>Date of Disbursement<br>10 / 12 / 2006 |  |
| Mailing Address 6744 South Howell Ave  |   | Amount of Each Disbursement this Period<br>168.15                     |  |
| City Oak Creek<br>State WI<br>Zip Code 53154-  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name  | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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)

PAGE 66 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>   |  | Transaction ID: 200007659<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 7 / 2 0 0 6 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>119.05   |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JetBlue Airways</b>   |  | Transaction ID: 200007663<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 3 / 2 0 0 6 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>178.90   |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JetBlue Airways</b>   |  | Transaction ID: 70124.E7648<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>179.65   |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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)

PAGE 67 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JetBlue Airways</b>   |  | Transaction ID: 200007652<br>Date of Disbursement<br>11 / 02 / 2006 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>84.30                    |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JetBlue Airways</b>   |  | Transaction ID: 70124.E7647<br>Date of Disbursement<br>10 / 18 / 2006 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>179.65                     |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JetBlue Airways</b>   |  | Transaction ID: 70124.E7661<br>Date of Disbursement<br>10 / 13 / 2006 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>137.30                     |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JetBlue Airways</b>   |  | Transaction ID: 200007651<br>Date of Disbursement<br>10 / 23 / 2006 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>178.90                   |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JetBlue Airways</b>   |  | Transaction ID: 70124.E7660<br>Date of Disbursement<br>10 / 13 / 2006 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>130.30                     |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JetBlue Airways</b>   |  | Transaction ID: 70124.E7662<br>Date of Disbursement<br>10 / 18 / 2006 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>54.85                      |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                   |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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)

PAGE 69 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |  | Transaction ID: 70124.E7612<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 1 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>217.15   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |  | Transaction ID: 70124.E7615<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 6 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>309.65   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |  | Transaction ID: 70124.E7613<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>217.15   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |      |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |   | Transaction ID: 70124.E7614<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 6 / 2 0 0 6                              |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>309.65  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |   | Transaction ID: 200007655<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>169.30  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |   | Transaction ID: 200007658<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 7 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>59.65   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |   |                |
|--|---|---|----------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |   | Transaction ID: 200007657<br>Date of Disbursement<br>10 / 24 / 2006 |                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>169.80                   |                |
| City Tempe   | State AZ  | Zip Code 85281-2880   | Category/ Type |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |   |                |
| Candidate Name   |   | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE                       |                |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                |
| State: District:   |   |   |                |

|  |   |   |                |
|--|---|---|----------------|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |   | Transaction ID: 70124.E7622<br>Date of Disbursement<br>10 / 11 / 2006 |                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>309.80                     |                |
| City Tempe   | State AZ  | Zip Code 85281-2880   | Category/ Type |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |   |                |
| Candidate Name   |   | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE                         |                |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                |
| State: District:   |   |   |                |

|  |   |   |                |
|--|---|---|----------------|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |   | Transaction ID: 70124.E7621<br>Date of Disbursement<br>10 / 11 / 2006 |                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>309.80                     |                |
| City Tempe   | State AZ  | Zip Code 85281-2880   | Category/ Type |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |   |                |
| Candidate Name   |   | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE                         |                |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                |
| State: District:   |   |   |                |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |   | Transaction ID: 70124.E7653<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 1 / 2 0 0 6                              |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>166.55  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PI Alley</b>  |  | Transaction ID: 200007634<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 6 / 2 0 0 6                                |
| Mailing Address 275 Washington St  |  | Amount of Each Disbursement this Period<br>225.00  |
| City Boston State MA Zip Code 02108-4304   | [MEMO ITEM]<br>MEMO: PRO-RATED PARKING |  |
| Purpose of Disbursement PRO-RATED PARKING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PI Alley</b>  |  | Transaction ID: 200007635<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 6 / 2 0 0 6                                |
| Mailing Address 275 Washington St  |  | Amount of Each Disbursement this Period<br>225.00  |
| City Boston State MA Zip Code 02108-4304   | [MEMO ITEM]<br>MEMO: PRO-RATED PARKING |  |
| Purpose of Disbursement PRO-RATED PARKING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PI Alley</b>  |  | Transaction ID: 200007637<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 6 / 2 0 0 6 |
| Mailing Address 275 Washington St  |  | Amount of Each Disbursement this Period<br>225.00   |
| City Boston State MA Zip Code 02108-4304   | [MEMO ITEM]<br>MEMO: PRO-RATED PARKING   |   |
| Purpose of Disbursement<br>PRO-RATED PARKING   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PI Alley</b>  |  | Transaction ID: 200007636<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 6 / 2 0 0 6 |
| Mailing Address 275 Washington St  |  | Amount of Each Disbursement this Period<br>225.00   |
| City Boston State MA Zip Code 02108-4304   | [MEMO ITEM]<br>MEMO: PRO-RATED PARKING   |   |
| Purpose of Disbursement<br>PRO-RATED PARKING   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Avis Car Rental</b>   |  | Transaction ID: 200007638<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 112 Pacific Ave  |  | Amount of Each Disbursement this Period<br>203.82   |
| City Long Beach State CA Zip Code 90802-4410   | [MEMO ITEM]<br>MEMO: PRO-RATED CAR RENTAL  |   |
| Purpose of Disbursement<br>PRO-RATED CAR RENTAL  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hertz Car Rental</b>   |   | Transaction ID: 200007640<br>Date of Disbursement<br>10 / 29 / 2006 |
| Mailing Address 5404 Abbott Drive   |   | Amount of Each Disbursement this Period<br>224.40                   |
| City Omaha      State NE      Zip Code 68110-   | [MEMO ITEM]<br>MEMO: PRO-RATED CAR RENTAL |   |
| Purpose of Disbursement<br>PRO-RATED CAR RENTAL   |   | Category/<br>Type   |
| Candidate Name  |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State:      District: |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Boston Coach</b>   |   | Transaction ID: 200007610<br>Date of Disbursement<br>11 / 03 / 2006 |
| Mailing Address 69 Norman St  |   | Amount of Each Disbursement this Period<br>204.32                   |
| City Everett      State MA      Zip Code 02149-1951   | [MEMO ITEM]<br>MEMO: PRO-RATED CAR SERVI-<br>CE |   |
| Purpose of Disbursement<br>PRO-RATED CAR SERVICE  |   | Category/<br>Type   |
| Candidate Name  |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State:      District: |   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hotel De Anza</b>  |  | Transaction ID: 200007676<br>Date of Disbursement<br>10 / 25 / 2006 |
| Mailing Address 233 West Santa Clara Street   |  | Amount of Each Disbursement this Period<br>3.25                     |
| City San Jose      State CA      Zip Code 95113-  | [MEMO ITEM]<br>MEMO: PRO-RATED SERVICE<br>CHARGE |   |
| Purpose of Disbursement<br>PRO-RATED SERVICE CHARGE   |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State:      District: |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hotel De Anza</b>   |   | <b>Transaction ID:</b> 200007669<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 233 West Santa Clara Street  |   | Amount of Each Disbursement this Period<br>103.42   |
| City San Jose State CA Zip Code 95113-   | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hotel De Anza</b>   |  | <b>Transaction ID:</b> 200007674<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 233 West Santa Clara Street  |  | Amount of Each Disbursement this Period<br>1.63   |
| City San Jose State CA Zip Code 95113-   | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED SERVICE CHARGE |   |
| Purpose of Disbursement<br>PRO-RATED SERVICE CHARGE  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |  |   |

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|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hotel De Anza</b>   |   | <b>Transaction ID:</b> 200007673<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 233 West Santa Clara Street  |   | Amount of Each Disbursement this Period<br>133.10   |
| City San Jose State CA Zip Code 95113-   | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Hotel De Anza</b>   |  | Transaction ID: 200007675<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6                                |
| Mailing Address 233 West Santa Clara Street  |  | Amount of Each Disbursement this Period<br>78.00   |
| City San Jose State CA Zip Code 95113-   | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hotel De Anza</b>   |  | Transaction ID: 200007671<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6                                |
| Mailing Address 233 West Santa Clara Street  |  | Amount of Each Disbursement this Period<br>78.00   |
| City San Jose State CA Zip Code 95113-   | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Hotel De Anza</b>   |  | Transaction ID: 200007670<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6                                |
| Mailing Address 233 West Santa Clara Street  |  | Amount of Each Disbursement this Period<br>86.50   |
| City San Jose State CA Zip Code 95113-   | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Hotel De Anza</b>   |   | <b>Transaction ID:</b> 200007672<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6                  |
| Mailing Address 233 West Santa Clara Street  |   | Amount of Each Disbursement this Period<br>124.33  |
| City San Jose State CA Zip Code 95113-   | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Intelligent Direct</b>  |  | <b>Transaction ID:</b> 200007641<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 3 0 / 2 0 0 6                  |
| Mailing Address RR6  |  | Amount of Each Disbursement this Period<br>250.00  |
| City Wellsboro State PA Zip Code 16901-  | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED SUPPLIES |  |
| Purpose of Disbursement PRO-RATED SUPPLIES<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Intelligent Direct</b>  |  | <b>Transaction ID:</b> 200007901<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 1 / 2 0 0 6                  |
| Mailing Address RR6  |  | Amount of Each Disbursement this Period<br>180.50  |
| City Wellsboro State PA Zip Code 16901-  | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED SUPPLIES |  |
| Purpose of Disbursement PRO-RATED SUPPLIES<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hyatt Hotel</b>   |  | Transaction ID: 70124.E7628<br>Date of Disbursement<br>10 / 20 / 2006 |
| Mailing Address 5101 Great American Parkway  |  | Amount of Each Disbursement this Period<br>1500.00                    |
| City Santa Clara State CA Zip Code 95054-  | Purpose of Disbursement<br>PRO-RATED CATERING  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED CATERING                        |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hyatt Hotel</b>   |  | Transaction ID: 200007630<br>Date of Disbursement<br>10 / 26 / 2006 |
| Mailing Address 5101 Great American Parkway  |  | Amount of Each Disbursement this Period<br>3310.20                  |
| City Santa Clara State CA Zip Code 95054-  | Purpose of Disbursement<br>PRO-RATED CATERING  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED CATERING                      |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hyatt Regency Hotel</b>   |  | Transaction ID: 70124.E7678<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address 400 New Jersey Ave., NW  |  | Amount of Each Disbursement this Period<br>142.56                     |
| City Washington State DC Zip Code 20001-   | Purpose of Disbursement<br>PRO-RATED LODGING   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING                         |

|  |       |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hyatt Regency Hotel</b>   |  | Transaction ID: 70124.E7677<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address 400 New Jersey Ave., NW  |  | Amount of Each Disbursement this Period<br>142.56                     |
| City Washington State DC Zip Code 20001-   | Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING                         |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hyatt Regency Hotel</b>   |  | Transaction ID: 70124.E7679<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address 400 New Jersey Ave., NW  |  | Amount of Each Disbursement this Period<br>159.54                     |
| City Washington State DC Zip Code 20001-   | Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING                         |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Marriott Hotel</b>  |  | Transaction ID: 70124.E7626<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address 200 Sable Oaks Drive   |  | Amount of Each Disbursement this Period<br>270.62                     |
| City South Portland State ME Zip Code 04106-   | Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING                         |

|  |       |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Omni Parker House Hotel</b>   |   | Transaction ID: 200007631<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 8 / 2 0 0 6                                |
| Mailing Address 60 School Street   |   | Amount of Each Disbursement this Period<br>694.71  |
| City Boston State MA Zip Code 02108-   | [MEMO ITEM]<br>MEMO: PRO-RATED ROOM RENT-AL |  |
| Purpose of Disbursement PRO-RATED ROOM RENTAL<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Wynn Las Vegas Hotel</b>  |  | Transaction ID: 70124.E7665<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6                              |
| Mailing Address 3131 Las Vegas Blvd. S   |  | Amount of Each Disbursement this Period<br>141.16  |
| City Las Vegas State NV Zip Code 89109-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Wynn Las Vegas Hotel</b>  |  | Transaction ID: 200007667<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 4 / 2 0 0 6                                |
| Mailing Address 3131 Las Vegas Blvd. S   |  | Amount of Each Disbursement this Period<br>141.16  |
| City Las Vegas State NV Zip Code 89109-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Wynn Las Vegas Hotel</b>  |  | Transaction ID: 70124.E7666<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address 3131 Las Vegas Blvd. S   |  | Amount of Each Disbursement this Period<br>141.16   |
| City Las Vegas State NV Zip Code 89109-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING   |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Wynn Las Vegas Hotel</b>  |  | Transaction ID: 200007668<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 3131 Las Vegas Blvd. S   |  | Amount of Each Disbursement this Period<br>52.84  |
| City Las Vegas State NV Zip Code 89109-  | [MEMO ITEM]<br>MEMO: PRO-RATED SERVICE CHARGE  |   |
| Purpose of Disbursement<br>PRO-RATED SERVICE CHARGE  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Wynn Las Vegas Hotel</b>  |  | Transaction ID: 70124.E7664<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address 3131 Las Vegas Blvd. S   |  | Amount of Each Disbursement this Period<br>141.16   |
| City Las Vegas State NV Zip Code 89109-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING   |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Central Parking</b>   |   | Transaction ID: 200007633<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 01 / 2006 |
| Mailing Address 50 New Sudbury Street  |   | Amount of Each Disbursement this Period<br>210.00                                     |
| City Boston  | State MA Zip Code 02114-  |   |
| Purpose of Disbursement<br>PRO-RATED PARKING   |   | [MEMO ITEM]<br>MEMO: PRO-RATED PARKING  |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Avis Rent A Car</b>   |   | Transaction ID: 200007639<br>Date of Disbursement<br>MM / DD / YYYY<br>10 / 24 / 2006 |
| Mailing Address Oakland Intl Airport   |   | Amount of Each Disbursement this Period<br>464.76                                     |
| City Oakland   | State CA Zip Code 94601-  |   |
| Purpose of Disbursement<br>PRO-RATED CAR RENTAL  |   | [MEMO ITEM]<br>MEMO: PRO-RATED CAR RENTAL   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Peninsula Hotel</b>   |   | Transaction ID: 200007629<br>Date of Disbursement<br>MM / DD / YYYY<br>10 / 23 / 2006 |
| Mailing Address 108 East Superior Street   |   | Amount of Each Disbursement this Period<br>932.52                                     |
| City Chicago   | State IL Zip Code 60611-  |   |
| Purpose of Disbursement<br>PRO-RATED CATERING  |   | [MEMO ITEM]<br>MEMO: PRO-RATED CATERING   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |   |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>  |  | <b>Transaction ID:</b> 200007568<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 360001  |  | Amount of Each Disbursement this Period<br>24469.29   |
| City Fort Lauderdale<br>State FL<br>Zip Code 33336-0001  | Purpose of Disbursement<br>PRO-RATED CREDIT CARD: SEE BELOW<br>Candidate Name<br>Category/Type                                       |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED CREDIT CARD:<br>SEE BELOW   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |  | <b>Transaction ID:</b> 200007510<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 7 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>540.11   |
| City Minneapolis<br>State MN<br>Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |  | <b>Transaction ID:</b> 200007564<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>64.65  |
| City Minneapolis<br>State MN<br>Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED CHANGE FEE<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED CHANGE FEE   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 24469.29    |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b>  |  | Transaction ID: 200007563<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 28 / 2006   |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>39.65  |
| City Minneapolis State MN Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED CHANGE FEE<br>Candidate Name<br>Category/Type |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |   | Transaction ID: 200007556<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 09 / 2006   |
| Mailing Address 7500 Airline Dr  |   | Amount of Each Disbursement this Period<br>57.15  |
| City Minneapolis State MN Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |   | Transaction ID: 200007499<br>Date of Disbursement<br>MM / DD / YYYY<br>10 / 30 / 2006   |
| Mailing Address 7500 Airline Dr  |   | Amount of Each Disbursement this Period<br>383.81   |
| City Minneapolis State MN Zip Code 55450-1101  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Airtran Airlines</b>  |  | Transaction ID: 200007542<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 9955 AirTran Blvd  |  | Amount of Each Disbursement this Period<br>87.15  |
| City Orlando State FL Zip Code 32827-  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Airlines</b>   |  | Transaction ID: 200007567<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>72.80  |
| City Fort Worth State TX Zip Code 76155-   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Airlines</b>   |  | Transaction ID: 200007498<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>220.00   |
| City Fort Worth State TX Zip Code 76155-   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Airlines</b>   |  | Transaction ID: 200007508<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 4 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>364.65   |
| City Fort Worth<br>State TX<br>Zip Code 76155-   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Airlines</b>   |  | Transaction ID: 200007509<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 6 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>364.65   |
| City Fort Worth<br>State TX<br>Zip Code 76155-   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Airlines</b>   |  | Transaction ID: 200007513<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>231.80   |
| City Fort Worth<br>State TX<br>Zip Code 76155-   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Airlines</b>  |   | Transaction ID: 200007512<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd  |   | Amount of Each Disbursement this Period<br>254.15   |
| City Fort Worth      State TX      Zip Code 76155-  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |   | Category/<br>Type   |
| Candidate Name  |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Airlines</b>  |   | Transaction ID: 200007536<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd  |   | Amount of Each Disbursement this Period<br>77.15  |
| City Fort Worth      State TX      Zip Code 76155-  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |   | Category/<br>Type   |
| Candidate Name  |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Airlines</b>  |   | Transaction ID: 200007497<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 5 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd  |   | Amount of Each Disbursement this Period<br>254.80   |
| City Fort Worth      State TX      Zip Code 76155-  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |   | Category/<br>Type   |
| Candidate Name  |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Airlines</b>   |  | Transaction ID: 200007539<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>25.00  |
| City Fort Worth<br>State TX<br>Zip Code 76155-   | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Airlines</b>   |  | Transaction ID: 200007507<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>276.80   |
| City Fort Worth<br>State TX<br>Zip Code 76155-   | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Airlines</b>   |  | Transaction ID: 200007537<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>107.15   |
| City Fort Worth<br>State TX<br>Zip Code 76155-   | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Airlines</b>   |  | Transaction ID: 200007540<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd   |  | Amount of Each Disbursement this Period<br>132.65   |
| City Fort Worth<br>State TX<br>Zip Code 76155-   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State:           District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Continental Airlines</b>  |  | Transaction ID: 200007548<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 1600 Smith Street  |  | Amount of Each Disbursement this Period<br>190.05   |
| City Houston<br>State TX<br>Zip Code 77002-  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State:           District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Continental Airlines</b>  |  | Transaction ID: 200007538<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 1600 Smith Street  |  | Amount of Each Disbursement this Period<br>132.65   |
| City Houston<br>State TX<br>Zip Code 77002-  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State:           District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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)

PAGE 90 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b>  |  | Transaction ID: 200007514<br>Date of Disbursement<br>11 / 02 / 2006 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>277.30                   |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b>  |  | Transaction ID: 200007506<br>Date of Disbursement<br>11 / 29 / 2006 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>236.31                   |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Delta Airlines</b>  |  | Transaction ID: 200007543<br>Date of Disbursement<br>11 / 03 / 2006 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>159.80                   |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE                 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Midwest Airlines</b>   |  | Transaction ID: 200007505<br>Date of Disbursement<br>11 / 14 / 2006 |                   |
| Mailing Address 6744 South Howell Ave   |  | Amount of Each Disbursement this Period<br>244.90                   |                   |
| City<br>Oak Creek   | State<br>WI  | Zip Code<br>53154-  | Category/<br>Type |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |  |   |                   |
| Candidate Name  |  |   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State: District:  |  |   |                   |

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Midwest Airlines</b>   |  | Transaction ID: 200007504<br>Date of Disbursement<br>11 / 10 / 2006 |                   |
| Mailing Address 6744 South Howell Ave   |  | Amount of Each Disbursement this Period<br>312.40                   |                   |
| City<br>Oak Creek   | State<br>WI  | Zip Code<br>53154-  | Category/<br>Type |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |  |   |                   |
| Candidate Name  |  |   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State: District:  |  |   |                   |

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Midwest Airlines</b>   |  | Transaction ID: 200007503<br>Date of Disbursement<br>11 / 10 / 2006 |                   |
| Mailing Address 6744 South Howell Ave   |  | Amount of Each Disbursement this Period<br>312.40                   |                   |
| City<br>Oak Creek   | State<br>WI  | Zip Code<br>53154-  | Category/<br>Type |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |  |   |                   |
| Candidate Name  |  |   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State: District:  |  |   |                   |

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>0.00</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 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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Spirit Airlines</b>   |  | Transaction ID: 200007517<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 5 / 2 0 0 6 |
| Mailing Address 2800 Executive Way   |  | Amount of Each Disbursement this Period<br>262.15   |
| City Hollywood<br>State FL<br>Zip Code 33025-  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b>   |  | Transaction ID: 200007541<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 3 0 / 2 0 0 6 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>118.11   |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. United Airlines</b>   |  | Transaction ID: 200007501<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>512.15   |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>   |  | Transaction ID: 200007502<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>359.65   |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b>   |  | Transaction ID: 200007511<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 66100   |  | Amount of Each Disbursement this Period<br>359.65   |
| City Amf Ohare<br>State IL<br>Zip Code 60666-0100  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JetBlue Airways</b>   |  | Transaction ID: 200007565<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>107.15   |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JetBlue Airways</b>   |  | Transaction ID: 200007550<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>122.15   |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JetBlue Airways</b>   |  | Transaction ID: 200007561<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>104.65   |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JetBlue Airways</b>   |  | Transaction ID: 200007551<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>27.50  |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JetBlue Airways</b>   |  | Transaction ID: 200007562<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 0 / 2 0 0 6 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>79.65  |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JetBlue Airways</b>   |  | Transaction ID: 200007554<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 0 / 2 0 0 6 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>79.65  |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JetBlue Airways</b>   |  | Transaction ID: 200007547<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 5 / 2 0 0 6 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>42.65  |
| City Salt Lake City<br>State UT<br>Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |  | Transaction ID: 200007533<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 0 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>50.00  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED UPGRADE FEE   |   |
| Purpose of Disbursement<br>PRO-RATED UPGRADE FEE   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |  | Transaction ID: 200007531<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 4 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>133.65   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |  | Transaction ID: 200007532<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 0 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>178.65   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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 97 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |   | Transaction ID: 200007559<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 0 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>71.25   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |   | Transaction ID: 200007518<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 6 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>218.05  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |   | Transaction ID: 200007549<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>168.70  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |   | Transaction ID: 200007557<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 0 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>117.15  |
| City Tempe State AZ Zip Code 85281-2880  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |   | Transaction ID: 200007558<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 0 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>117.15  |
| City Tempe State AZ Zip Code 85281-2880  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |   | Transaction ID: 200007552<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>132.30  |
| City Tempe State AZ Zip Code 85281-2880  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |  | <b>Transaction ID:</b> 200007546<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 0 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>121.55   |
| City Tempe State AZ Zip Code 85281-2880  |  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |  | <b>Transaction ID:</b> 200007534<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>178.65   |
| City Tempe State AZ Zip Code 85281-2880  |  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |  | <b>Transaction ID:</b> 200007545<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>180.30   |
| City Tempe State AZ Zip Code 85281-2880  |  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |  | Transaction ID: 200007544<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>180.30   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |  | Transaction ID: 200007535<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 3 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>178.65   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |  | Transaction ID: 200007555<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>117.15   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |   | Transaction ID: 200007500<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 3 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>200.58  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |   | Transaction ID: 200007493<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 4 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>363.80  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |   | Transaction ID: 200007492<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>352.30  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |  | Transaction ID: 200007516<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>350.60   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |  | Transaction ID: 200007495<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 1 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>272.30   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |  | Transaction ID: 200007515<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>356.40   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |   | Transaction ID: 200007494<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 9 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>309.65  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                              |  |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PI Alley</b>  |                              | Transaction ID: 200007529<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 0 7 / 2 0 0 6                                |
| Mailing Address 275 Washington St  |                              | Amount of Each Disbursement this Period<br>225.00  |
| City Boston State MA Zip Code 02108-4304   | [MEMO ITEM]<br>MEMO: PARKING |  |
| Purpose of Disbursement PARKING<br>Candidate Name  |                              | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                              | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PI Alley</b>  |  | Transaction ID: 200007530<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 4 / 2 0 0 6                                |
| Mailing Address 275 Washington St  |  | Amount of Each Disbursement this Period<br>7.00  |
| City Boston State MA Zip Code 02108-4304   | [MEMO ITEM]<br>MEMO: PRO-RATED PARKING |  |
| Purpose of Disbursement PRO-RATED PARKING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |                                     |  |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Davios Boston</b>   |                                     | Transaction ID: 200007519<br>Date of Disbursement<br>11 / 27 / 2006  |
| Mailing Address 75 Arlington Street  |                                     | Amount of Each Disbursement this Period<br>243.85  |
| City Boston State MA Zip Code 02116-   | [MEMO ITEM]<br>MEMO: PRO-RATED FOOD |  |
| Purpose of Disbursement PRO-RATED FOOD<br>Candidate Name   |                                     | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Avis Car Rental</b>   |   | Transaction ID: 200007489<br>Date of Disbursement<br>11 / 24 / 2006  |
| Mailing Address Tampa International Airport  |   | Amount of Each Disbursement this Period<br>231.78  |
| City Tampa State FL Zip Code 33602-  | [MEMO ITEM]<br>MEMO: PRO-RATED CAR RENTAL |  |
| Purpose of Disbursement PRO-RATED CAR RENTAL<br>Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. National Car Rental</b>   |   | Transaction ID: 200007488<br>Date of Disbursement<br>11 / 04 / 2006  |
| Mailing Address 4108 Rental Road   |   | Amount of Each Disbursement this Period<br>309.09  |
| City Charlotte State NC Zip Code 28219-  | [MEMO ITEM]<br>MEMO: PRO-RATED CAR RENTAL |  |
| Purpose of Disbursement PRO-RATED CAR RENTAL<br>Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Copley Fairmount Pla Hotel</b>  |  | Transaction ID: 200007526<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 15 / 2006 |
| Mailing Address 138 St. James Street   |  | Amount of Each Disbursement this Period<br>1009.23                                    |
| City Boston State MA Zip Code 02116-   | Purpose of Disbursement<br>PRO-RATED ROOM RENTAL<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED ROOM RENT-AL   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Copley Fairmount Pla Hotel</b>  |  | Transaction ID: 200007525<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 15 / 2006 |
| Mailing Address 138 St. James Street   |  | Amount of Each Disbursement this Period<br>807.38                                     |
| City Boston State MA Zip Code 02116-   | Purpose of Disbursement<br>PRO-RATED ROOM RENTAL<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED ROOM RENT-AL   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Marriott Hotel</b>  |  | Transaction ID: 200007491<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 29 / 2006 |
| Mailing Address 200 Lee Street E   |  | Amount of Each Disbursement this Period<br>627.30                                     |
| City Charleston State WV Zip Code 25301-   | Purpose of Disbursement<br>PRO-RATED CATERING<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED CATERING   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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 106 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Marriott Hotel</b>  |   | <b>Transaction ID:</b> 200007527<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 5 / 2 0 0 6 |
| Mailing Address 2415 Mall Drive  |   | Amount of Each Disbursement this Period<br>276.79   |
| City Charleston State SC Zip Code 29406-   | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Marriott Hotel</b>  |   | <b>Transaction ID:</b> 200007528<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 4 / 2 0 0 6 |
| Mailing Address 6023 Park South Drive  |   | Amount of Each Disbursement this Period<br>203.60   |
| City Charlotte State NC Zip Code 28210-  | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ninezero Hotel</b>  |   | <b>Transaction ID:</b> 200007524<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 90 Tremont Street  |   | Amount of Each Disbursement this Period<br>1581.27  |
| City Boston State MA Zip Code 02108-   | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED MEETING EXPENSE |   |
| Purpose of Disbursement<br>PRO-RATED MEETING EXPENSE   |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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 107 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sofitel Hotel</b>   |  | Transaction ID: 200007521<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6                                |
| Mailing Address 806 15th Street NW   |  | Amount of Each Disbursement this Period<br>250.52  |
| City Washington State DC Zip Code 20005-   | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sofitel Hotel</b>   |  | Transaction ID: 200007523<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6                                |
| Mailing Address 806 15th Street NW   |  | Amount of Each Disbursement this Period<br>340.64  |
| City Washington State DC Zip Code 20005-   | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Sofitel Hotel</b>   |  | Transaction ID: 200007522<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6                                |
| Mailing Address 806 15th Street NW   |  | Amount of Each Disbursement this Period<br>258.00  |
| City Washington State DC Zip Code 20005-   | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |      |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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 108 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
The Brown Palace Hotel and Spa

Mailing Address 321 17th Street

City State Zip Code  
Denver CO 80202-

Purpose of Disbursement  
PRO-RATED LODGING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 200007520

Date of Disbursement

11 / 14 / 2006

Amount of Each Disbursement this Period

297.84

[MEMO ITEM]

MEMO: PRO-RATED LODGING

**B.** Full Name (Last, First, Middle Initial)  
Waterfront Place

Mailing Address 122 South High Street

City State Zip Code  
Morgantown WV 26501-

Purpose of Disbursement  
PRO-RATED CATERING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 200007490

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

241.05

[MEMO ITEM]

MEMO: PRO-RATED CATERING

**C.** Full Name (Last, First, Middle Initial)  
American Express

Mailing Address PO Box 360001

City State Zip Code  
Fort Lauderdale FL 33336-0001

Purpose of Disbursement  
PRO-RATED CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 200007609

Date of Disbursement

12 / 21 / 2006

Amount of Each Disbursement this Period

10710.73

PRO-RATED CREDIT CARD:  
SEE BELOW

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

10710.73

**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)  
The Commonwealth PAC

|   |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>A. Sharemethods</b></p> <p>Full Name (Last, First, Middle Initial)</p>  |   | <p><b>Transaction ID:</b> 200007611</p> <p><b>Date of Disbursement</b></p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 2 | 3 |  | 2 | 0 | 0 | 6 |
| M   | M   | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |  | 2      | 3 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Mailing Address 349 Montrose Avenue</p>  |   | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>375.00</td> </tr> </table>  | 375.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 375.00  |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>City South Orange State NJ Zip Code 07079-</p>   | <p>Purpose of Disbursement PRO-RATED SOFTWARE</p> <p>Candidate Name</p> <p>Category/Type</p>  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>[MEMO ITEM]</b><br/>MEMO: PRO-RATED SOFTWARE</p>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>B. Sharemethods</b></p> <p>Full Name (Last, First, Middle Initial)</p>  |   | <p><b>Transaction ID:</b> 200007570</p> <p><b>Date of Disbursement</b></p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 2 | 3 |  | 2 | 0 | 0 | 6 |
| M   | M   | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 1   |  | 2      | 3 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Mailing Address 349 Montrose Avenue</p>  |   | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>375.00</td> </tr> </table>  | 375.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 375.00  |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>City South Orange State NJ Zip Code 07079-</p>   | <p>Purpose of Disbursement PRO-RATED SOFTWARE</p> <p>Candidate Name</p> <p>Category/Type</p>  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>[MEMO ITEM]</b><br/>MEMO: PRO-RATED SOFTWARE</p>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>C. Northwest Airlines</b></p> <p>Full Name (Last, First, Middle Initial)</p>  |   | <p><b>Transaction ID:</b> 200007577</p> <p><b>Date of Disbursement</b></p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 0 | 5 |  | 2 | 0 | 0 | 6 |
| M   | M   | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 2   |  | 0      | 5 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Mailing Address 7500 Airline Dr</p>  |   | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>628.86</td> </tr> </table>  | 628.86 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 628.86  |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>City Minneapolis State MN Zip Code 55450-1101</p>  | <p>Purpose of Disbursement PRO-RATED STAFF AIRFARE</p> <p>Candidate Name</p> <p>Category/Type</p>                                     |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>[MEMO ITEM]</b><br/>MEMO: PRO-RATED STAFF AIRFARE</p>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |      |
|---|--|------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <table border="1"> <tr> <td>0.00</td> </tr> </table> | 0.00 |
| 0.00  |  |      |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <table border="1"> <tr> <td></td> </tr> </table>     |      |
|   |  |      |

**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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The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b>  |  | Transaction ID: 200007576<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 18 / 2006 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>478.45                                     |
| City Minneapolis State MN Zip Code 55450-1101  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |  | Transaction ID: 200007574<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 14 / 2006 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>366.80                                     |
| City Minneapolis State MN Zip Code 55450-1101  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |  | Transaction ID: 200007606<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 18 / 2006 |
| Mailing Address 7500 Airline Dr  |  | Amount of Each Disbursement this Period<br>177.30                                     |
| City Minneapolis State MN Zip Code 55450-1101  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE  |   |
| Purpose of Disbursement PRO-RATED STAFF AIRFARE<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Airlines</b>  |   | Transaction ID: 200007578<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd  |   | Amount of Each Disbursement this Period<br>244.30   |
| City Fort Worth      State TX      Zip Code 76155-  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |   | Category/<br>Type   |
| Candidate Name  |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Airlines</b>  |   | Transaction ID: 200007607<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 4255 Arnon Carter Blvd  |   | Amount of Each Disbursement this Period<br>39.65  |
| City Fort Worth      State TX      Zip Code 76155-  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |   | Category/<br>Type   |
| Candidate Name  |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Delta Airlines</b>   |   | Transaction ID: 200007601<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6 |
| Mailing Address PO Box 20706  |   | Amount of Each Disbursement this Period<br>159.30   |
| City Atlanta      State GA      Zip Code 30320-6001   | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |   |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE  |   | Category/<br>Type   |
| Candidate Name  |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b>  |  | Transaction ID: 200007603<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 7 / 2 0 0 6 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>95.00  |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b>  |  | Transaction ID: 200007572<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>274.60   |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Delta Airlines</b>  |  | Transaction ID: 200007573<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 8 / 2 0 0 6 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>382.65   |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIR-FARE  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b>  |  | Transaction ID: 200007602<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>197.35   |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JetBlue Airways</b>   |  | Transaction ID: 200007608<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 6 / 2 0 0 6 |
| Mailing Address PO Box 17435   |  | Amount of Each Disbursement this Period<br>39.65  |
| City Salt Lake City State UT Zip Code 84117-7435   | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. US Airways</b>  |  | Transaction ID: 200007575<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 4 / 2 0 0 6 |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>229.30   |
| City Tempe State AZ Zip Code 85281-2880  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED STAFF AIRFARE   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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 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)  
The Commonwealth PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>  |  | Transaction ID: 200007604<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 4 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |  | Amount of Each Disbursement this Period<br>50.00   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED UPGRADE FEE |  |
| Purpose of Disbursement PRO-RATED UPGRADE FEE<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |                                    | Transaction ID: 200007605<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 5 / 2 0 0 6                                |
| Mailing Address 111 W Rio Salado Pkwy  |                                    | Amount of Each Disbursement this Period<br>65.25   |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED FEE |  |
| Purpose of Disbursement PRO-RATED FEE<br>Candidate Name  |                                    | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PI Alley</b>  |  | Transaction ID: 200007599<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 7 / 2 0 0 6                                |
| Mailing Address 275 Washington St  |  | Amount of Each Disbursement this Period<br>225.00  |
| City Boston State MA Zip Code 02108-4304   | [MEMO ITEM]<br>MEMO: PRO-RATED PARKING |  |
| Purpose of Disbursement PRO-RATED PARKING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |      |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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)  
The Commonwealth PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PI Alley</b>  |  | Transaction ID: 200007598<br>Date of Disbursement<br>MM / DD / YYYY<br>12 / 06 / 2006  |
| Mailing Address 275 Washington St  |  | Amount of Each Disbursement this Period<br>225.00  |
| City Boston State MA Zip Code 02108-4304   | [MEMO ITEM]<br>MEMO: PRO-RATED PARKING |  |
| Purpose of Disbursement PRO-RATED PARKING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RIM Blackberry</b>  |  | Transaction ID: 200007569<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 15 / 2006  |
| Mailing Address 122 West John Carpenter Parkway Suite 430  |  | Amount of Each Disbursement this Period<br>349.50  |
| City Irving State TX Zip Code 75039-   | [MEMO ITEM]<br>MEMO: PRO-RATED CELL PHONES |  |
| Purpose of Disbursement PRO-RATED CELL PHONES<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Marriott Hotel</b>  |  | Transaction ID: 200007580<br>Date of Disbursement<br>MM / DD / YYYY<br>12 / 02 / 2006  |
| Mailing Address 1530 Washington Ave  |  | Amount of Each Disbursement this Period<br>473.32  |
| City Miami State FL Zip Code 33139-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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 116 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marriott Hotel</b>  |  | Transaction ID: 200007593<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6                                |
| Mailing Address 1530 Washington Ave  |  | Amount of Each Disbursement this Period<br>582.35  |
| City Miami State FL Zip Code 33139-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Marriott Hotel</b>  |  | Transaction ID: 200007594<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6                                |
| Mailing Address 1530 Washington Ave  |  | Amount of Each Disbursement this Period<br>278.11  |
| City Miami State FL Zip Code 33139-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Marriott Hotel</b>  |  | Transaction ID: 200007592<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 4 / 2 0 0 6                                |
| Mailing Address 1530 Washington Ave  |  | Amount of Each Disbursement this Period<br>595.04  |
| City Miami State FL Zip Code 33139-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marriott Hotel</b>  |  | Transaction ID: 200007589<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |  |
| Mailing Address 1530 Washington Ave  |  | Amount of Each Disbursement this Period<br>22.51  |  |
| City Miami<br>State FL<br>Zip Code 33139-  | Purpose of Disbursement<br>PRO-RATED FOOD  | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED FOOD  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Marriott Hotel</b>  |  | Transaction ID: 200007591<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 2 / 2 0 0 6 |  |
| Mailing Address 1530 Washington Ave  |  | Amount of Each Disbursement this Period<br>217.90   |  |
| City Miami<br>State FL<br>Zip Code 33139-  | Purpose of Disbursement<br>PRO-RATED LODGING   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Marriott Hotel</b>  |  | Transaction ID: 200007587<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |  |
| Mailing Address 1530 Washington Ave  |  | Amount of Each Disbursement this Period<br>101.13   |  |
| City Miami<br>State FL<br>Zip Code 33139-  | Purpose of Disbursement<br>PRO-RATED LODGING   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED LODGING   |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <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)

PAGE 118 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Marriott Hotel</b>  |  | <b>Transaction ID:</b> 200007590<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 1530 Washington Ave  |  | Amount of Each Disbursement this Period<br>25.00  |
| City Miami State FL Zip Code 33139-  | [MEMO ITEM]<br>MEMO: PRO-RATED FOOD  |   |
| Purpose of Disbursement<br>PRO-RATED FOOD  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Marriott Hotel</b>  |  | <b>Transaction ID:</b> 200007586<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 1530 Washington Ave  |  | Amount of Each Disbursement this Period<br>2.14   |
| City Miami State FL Zip Code 33139-  | [MEMO ITEM]<br>MEMO: PRO-RATED FOOD  |   |
| Purpose of Disbursement<br>PRO-RATED FOOD  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sheraton Hotel</b>  |  | <b>Transaction ID:</b> 200007584<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 2 / 2 0 0 6 |
| Mailing Address 9701 Collins Avenue  |  | Amount of Each Disbursement this Period<br>102.68   |
| City Miami State FL Zip Code 33154-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING   |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 0.00 |
| <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 119 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sheraton Hotel</b>  |  | <b>Transaction ID:</b> 200007583<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 2 / 2 0 0 6 |
| Mailing Address 9701 Collins Avenue  |  | Amount of Each Disbursement this Period<br>127.13   |
| City Miami State FL Zip Code 33154-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sheraton Hotel</b>  |  | <b>Transaction ID:</b> 200007585<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 2 / 2 0 0 6 |
| Mailing Address 9701 Collins Avenue  |  | Amount of Each Disbursement this Period<br>309.60   |
| City Miami State FL Zip Code 33154-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sofitel Hotel</b>   |  | <b>Transaction ID:</b> 200007581<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 806 15th Street NW   |  | Amount of Each Disbursement this Period<br>380.64   |
| City Washington State DC Zip Code 20005-   | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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 120 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sofitel Hotel</b>   |  | Transaction ID: 200007579<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 806 15th Street NW   |  | Amount of Each Disbursement this Period<br>297.70   |
| City Washington State DC Zip Code 20005-   | Purpose of Disbursement<br>PRO-RATED LODGING<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Central Parking</b>   |  | Transaction ID: 200007595<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 50 New Sudbury Street  |  | Amount of Each Disbursement this Period<br>210.00   |
| City Boston State MA Zip Code 02114-   | Purpose of Disbursement<br>PRO-RATED PARKING<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED PARKING  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Central Parking</b>   |  | Transaction ID: 200007596<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6 |
| Mailing Address 50 New Sudbury Street  |  | Amount of Each Disbursement this Period<br>225.00   |
| City Boston State MA Zip Code 02114-   | Purpose of Disbursement<br>PRO-RATED PARKING<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED PARKING  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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 121 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Enterprise Rent A Car</b>   |   | <b>Transaction ID:</b> 200007600<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 4 / 2 0 0 6 |
| Mailing Address 2211 Collins Ave   |   | Amount of Each Disbursement this Period<br>444.47   |
| City Miami State FL Zip Code 33139-  | [MEMO ITEM]<br>MEMO: PRO-RATED CAR RENTAL |   |
| Purpose of Disbursement<br>PRO-RATED CAR RENTAL  |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Adobe Software</b>  |   | <b>Transaction ID:</b> 200007571<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 1 / 2 0 0 6 |
| Mailing Address 601 Townsend St  |   | Amount of Each Disbursement this Period<br>629.48   |
| City San Francisco State CA Zip Code 94103-  | [MEMO ITEM]<br>MEMO: PRO-RATED SOFTWARE |   |
| Purpose of Disbursement<br>PRO-RATED SOFTWARE  |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Embassy Suites</b>  |  | <b>Transaction ID:</b> 200007582<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 4 / 2 0 0 6 |
| Mailing Address 555 South 10th   |  | Amount of Each Disbursement this Period<br>333.58   |
| City Omaha State NE Zip Code 68102-  | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |   |
| Purpose of Disbursement<br>PRO-RATED LODGING   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <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 122 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |                    |  |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Federal Express</b>   |                    | <b>Transaction ID:</b> 200006000<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6                  |
| Mailing Address PO Box 371461  |                    | Amount of Each Disbursement this Period<br>207.98  |
| City Pittsburgh State PA Zip Code 15250-7461   | PRO-RATED SHIPPING |  |
| Purpose of Disbursement PRO-RATED SHIPPING<br>Candidate Name   |                    | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                    |  |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Federal Express</b>   |                    | <b>Transaction ID:</b> 200006017<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6                  |
| Mailing Address PO Box 371461  |                    | Amount of Each Disbursement this Period<br>117.26  |
| City Pittsburgh State PA Zip Code 15250-7461   | PRO-RATED SHIPPING |  |
| Purpose of Disbursement PRO-RATED SHIPPING<br>Candidate Name   |                    | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                    |  |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Federal Express</b>   |                    | <b>Transaction ID:</b> 200006724<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6                  |
| Mailing Address PO Box 371461  |                    | Amount of Each Disbursement this Period<br>397.51  |
| City Pittsburgh State PA Zip Code 15250-7461   | PRO-RATED SHIPPING |  |
| Purpose of Disbursement PRO-RATED SHIPPING<br>Candidate Name   |                    | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 722.75 |
| <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 123 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Eric Fehrstrom</b>  |  | <b>Transaction ID: 200006016</b><br>Date of Disbursement<br>12 / 05 / 2006 |  |
| Mailing Address 83 Risley Rd   |  | Amount of Each Disbursement this Period<br>112.14                          |  |
| City Chestnut Hill<br>State MA<br>Zip Code 02467-3274  | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: CABS   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED REIMBURSEMENT:<br>CABS   |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mason Fink</b>  |  | <b>Transaction ID: 200007187</b><br>Date of Disbursement<br>12 / 01 / 2006 |  |
| Mailing Address 60 Palatine st. #329   |  | Amount of Each Disbursement this Period<br>1044.72                         |  |
| City Irvine<br>State CA<br>Zip Code 92612-   | Purpose of Disbursement<br>PRO-RATED PAYROLL   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mason Fink</b>  |  | <b>Transaction ID: 200006977</b><br>Date of Disbursement<br>12 / 15 / 2006 |  |
| Mailing Address 60 Palatine st. #329   |  | Amount of Each Disbursement this Period<br>976.16                          |  |
| City Irvine<br>State CA<br>Zip Code 92612-   | Purpose of Disbursement<br>PRO-RATED PAYROLL   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL  |  |

|  |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2133.02 |
| <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 124 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mason Fink</b>  |  | <b>Transaction ID:</b> 200007137<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |
| Mailing Address 60 Palatine st. #329   |  | Amount of Each Disbursement this Period<br>976.17   |
| City Irvine State CA Zip Code 92612-   | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Harry Fix</b>   |  | <b>Transaction ID:</b> 200006877<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 8 / 2 0 0 6 |
| Mailing Address 147 Magazine Street  |  | Amount of Each Disbursement this Period<br>350.00   |
| City Cambridge State MA Zip Code 02139-  | PRO-RATED EVENT EXPENSE  |   |
| Purpose of Disbursement<br>PRO-RATED EVENT EXPENSE   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Media Forge, Inc.</b>   |  | <b>Transaction ID:</b> 200006728<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 6405 South 3000 East Suite 200   |  | Amount of Each Disbursement this Period<br>1548.72  |
| City Salt Lake City State UT Zip Code 84121-   | PRO-RATED FUNDRAISING DEV-<br>ELOPMENT   |   |
| Purpose of Disbursement<br>PRO-RATED FUNDRAISING DEVELOPMENT   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 2874.89 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Doug Gamble</b>   |  | <b>Transaction ID:</b> 200006504<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 4517  |  | Amount of Each Disbursement this Period<br>500.00   |
| City Carmel By The Sea<br>State CA<br>Zip Code 93921-4517  | Purpose of Disbursement<br>PRO-RATED WRITING CONSULTING<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED WRITING CONSULTING  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Standard Chair of Gardener</b>  |  | <b>Transaction ID:</b> 200006004<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 1 South Main St  |  | Amount of Each Disbursement this Period<br>2040.50  |
| City Gardner<br>State MA<br>Zip Code 01440-  | Purpose of Disbursement<br>PRO-RATED FUNDRAISING AWARDS<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED FUNDRAISING AWARDS  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Standard Chair of Gardener</b>  |  | <b>Transaction ID:</b> 200006509<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address 1 South Main St  |  | Amount of Each Disbursement this Period<br>162.50   |
| City Gardner<br>State MA<br>Zip Code 01440-  | Purpose of Disbursement<br>PRO-RATED FUNDRAISING AWARDS<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED FUNDRAISING AWARDS  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2703.00     |
| <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 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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Mark Glanville</b>  |  | <b>Transaction ID:</b> 200007348<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address 8 Harris St. #3  |  | Amount of Each Disbursement this Period<br>58.00  |
| City Boston State MA Zip Code 02109-   | PRO-RATED REIMBURSEMENT:<br>TRAVEL   |   |
| Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: TRAVEL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Mark Glanville</b>  |  | <b>Transaction ID:</b> 200006727<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 8 Harris St. #3  |  | Amount of Each Disbursement this Period<br>56.75  |
| City Boston State MA Zip Code 02109-   | REIMBURSEMENT: CABS  |   |
| Purpose of Disbursement<br>REIMBURSEMENT: CABS   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ben Godley</b>  |  | <b>Transaction ID:</b> 200007188<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 1817 Commonwealth Avenue   |  | Amount of Each Disbursement this Period<br>1114.72  |
| City Auburndale State MA Zip Code 02466-   | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1229.47 |
| <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 127 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ben Godley</b>  |  | <b>Transaction ID:</b> 200006978<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address 1817 Commonwealth Avenue   |  | Amount of Each Disbursement this Period<br>1114.71  |
| City Auburndale State MA Zip Code 02466-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ben Godley</b>  |  | <b>Transaction ID:</b> 200007138<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |
| Mailing Address 1817 Commonwealth Avenue   |  | Amount of Each Disbursement this Period<br>1114.71  |
| City Auburndale State MA Zip Code 02466-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Superstition Mtn Golf and Country Cl</b>  |  | <b>Transaction ID:</b> 200006571<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address 8000 E. Club Village Drive   |  | Amount of Each Disbursement this Period<br>2718.08  |
| City Superstition State AZ Zip Code 85218-   | Purpose of Disbursement<br>PRO-RATED CATERING AND ROOM RENTAL<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED CATERING AND ROOM RENTAL  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4947.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Grassia</b>   |  | Transaction ID: 200006507<br>Date of Disbursement<br>12 / 12 / 2006 |  |
| Mailing Address 1459 Grant Ave   |  | Amount of Each Disbursement this Period<br>375.00                   |  |
| City San Francisco<br>State CA<br>Zip Code 94133-3303  | Purpose of Disbursement<br>PRO-RATED PHOTOGRAPHY   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED PHOTOGRAPHY   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. The Phillips Group</b>  |  | Transaction ID: 200006010<br>Date of Disbursement<br>11 / 28 / 2006 |  |
| Mailing Address 98 Findley St  |  | Amount of Each Disbursement this Period<br>11759.50                 |  |
| City Elkins<br>State WV<br>Zip Code 26241-3306   | Purpose of Disbursement<br>POLITICAL EVENTS CONSULTING   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | POLITICAL EVENTS CONSULTI-<br>NG                                    |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. The Phillips Group</b>  |  | Transaction ID: 200007429<br>Date of Disbursement<br>12 / 12 / 2006 |  |
| Mailing Address 98 Findley St  |  | Amount of Each Disbursement this Period<br>12000.35                 |  |
| City Elkins<br>State WV<br>Zip Code 26241-3306   | Purpose of Disbursement<br>POLITICAL EVENTS CONSULTING   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | POLITICAL EVENTS CONSULTI-<br>NG                                    |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 24134.85 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Big Cottonwood Group, Inc.</b>  |  | <b>Transaction ID:</b> 200007427<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address 2755 East Cottonwood Pkwy<br>Suite 350   |  | Amount of Each Disbursement this Period<br>1250.00  |
| City Salt Lake City State UT Zip Code 84121-   | PRO-RATED FUNDRAISING CONSULTING   |   |
| Purpose of Disbursement<br>PRO-RATED FUNDRAISING CONSULTING  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Big Cottonwood Group, Inc.</b>  |  | <b>Transaction ID:</b> 200007349<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 2755 East Cottonwood Pkwy<br>Suite 350   |  | Amount of Each Disbursement this Period<br>1073.98  |
| City Salt Lake City State UT Zip Code 84121-   | PRO-RATED FUNDRAISING CONSULTING   |   |
| Purpose of Disbursement<br>PRO-RATED FUNDRAISING CONSULTING  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Brian Henderson</b>   |  | <b>Transaction ID:</b> 200005995<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 1126 South 1450 East   |  | Amount of Each Disbursement this Period<br>48.66  |
| City Provo State UT Zip Code 84606-  | PRO-RATED REIMBURSEMENT FOR TRAVEL   |   |
| Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT FOR TRAVEL  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 2372.64 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Brian Henderson</b>   |  | Transaction ID: 200007281<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 1126 South 1450 East   |  | Amount of Each Disbursement this Period<br>240.89   |
| City Provo State UT Zip Code 84606-  | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: SEE BELOW  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED REIMBURSEMENT:<br>SEE BELOW   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Doubletree Hotel</b>  |  | Transaction ID: 200007300<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 1 / 2 0 0 6 |
| Mailing Address 1515 Hotel Circle South  |  | Amount of Each Disbursement this Period<br>81.83  |
| City San Diego State CA Zip Code 92108-  | Purpose of Disbursement<br>PRO-RATED LODGING   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Avis Rent A Car</b>   |  | Transaction ID: 200007305<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address 9217 Airport Boulevard   |  | Amount of Each Disbursement this Period<br>116.61   |
| City Los Angeles State CA Zip Code 90045-  | Purpose of Disbursement<br>PRO-RATED CAR RENTAL  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED CAR RENTAL   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 240.89 |
| <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 131 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |                                  |  |
|--|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. The Woods Herberger Group</b>   |                                  | <b>Transaction ID:</b> 200006951<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6                  |
| Mailing Address 9200 South Dadeland Boulevard, Sui   |                                  | Amount of Each Disbursement this Period<br>25000.00  |
| City Miami State FL Zip Code 33156-  | PRO-RATED FUNDRAISING CONSULTING |  |
| Purpose of Disbursement<br>PRO-RATED FUNDRAISING CONSULTING  |                                  | Category/<br>Type  |
| Candidate Name   |                                  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                  |  |
|--|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. The Woods Herberger Group</b>   |                                  | <b>Transaction ID:</b> 200006510<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6                  |
| Mailing Address 9200 South Dadeland Boulevard, Sui   |                                  | Amount of Each Disbursement this Period<br>197.75  |
| City Miami State FL Zip Code 33156-  | PRO-RATED FUNDRAISING CONSULTING |  |
| Purpose of Disbursement<br>PRO-RATED FUNDRAISING CONSULTING  |                                  | Category/<br>Type  |
| Candidate Name   |                                  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. The Brown Palace Hotel and Spa</b>  |                         | <b>Transaction ID:</b> 200006577<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6                  |
| Mailing Address 321 17th Street  |                         | Amount of Each Disbursement this Period<br>483.11  |
| City Denver State CO Zip Code 80202-   | PRO-RATED EVENT EXPENSE |  |
| Purpose of Disbursement<br>PRO-RATED EVENT EXPENSE   |                         | Category/<br>Type  |
| Candidate Name   |                         |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 25680.86 |
| <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 132 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Adp Inc.</b>  |  | <b>Transaction ID:</b> 200007964<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 1 ADP Boulevard  |  | Amount of Each Disbursement this Period<br>8660.30  |
| City Roseland State NJ Zip Code 07068-   | Category/<br>Type  |   |
| Purpose of Disbursement<br>PAYROLL FEES OCT./NOV.  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL FEES OCT./NOV.  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Adp Inc.</b>  |  | <b>Transaction ID:</b> 200007965<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 1 ADP Boulevard  |  | Amount of Each Disbursement this Period<br>12247.31   |
| City Roseland State NJ Zip Code 07068-   | Category/<br>Type  |   |
| Purpose of Disbursement<br>PAYROLL TAXES   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL TAXES   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Adp Inc.</b>  |  | <b>Transaction ID:</b> 200007966<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 8 / 2 0 0 6 |
| Mailing Address 1 ADP Boulevard  |  | Amount of Each Disbursement this Period<br>176.00   |
| City Roseland State NJ Zip Code 07068-   | Category/<br>Type  |   |
| Purpose of Disbursement<br>PAYROLL FEES  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL FEES  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 21083.61 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Adp Inc.</b>  |  | <b>Transaction ID:</b> 200007967<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address 1 ADP Boulevard  |  | Amount of Each Disbursement this Period<br>12179.67   |
| City Roseland State NJ Zip Code 07068-   | PAYROLL TAXES  |   |
| Purpose of Disbursement<br>PAYROLL TAXES   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Adp Inc.</b>  |  | <b>Transaction ID:</b> 200007968<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |
| Mailing Address 1 ADP Boulevard  |  | Amount of Each Disbursement this Period<br>162.00   |
| City Roseland State NJ Zip Code 07068-   | PAYROLL FEES   |   |
| Purpose of Disbursement<br>PAYROLL FEES  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Adp Inc.</b>  |  | <b>Transaction ID:</b> 200007970<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |
| Mailing Address 1 ADP Boulevard  |  | Amount of Each Disbursement this Period<br>183.00   |
| City Roseland State NJ Zip Code 07068-   | PAYROLL FEES   |   |
| Purpose of Disbursement<br>PAYROLL FEES  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 12524.67 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Adp Inc.</b>  |  | Transaction ID: 200007969<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |
| Mailing Address 1 ADP Boulevard  |  | Amount of Each Disbursement this Period<br>12146.24   |
| City Roseland State NJ Zip Code 07068-   | Purpose of Disbursement<br>PAYROLL TAXES<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL TAXES   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CMDI Inc.</b>   |  | Transaction ID: 200006503<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address 7704 Leesburg Pike   |  | Amount of Each Disbursement this Period<br>437.16   |
| City Falls Church State VA Zip Code 22043-   | Purpose of Disbursement<br>PRO-RATED DATABASE SERVICES<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED DATABASE SERVICES   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Paychex Inc.</b>  |  | Transaction ID: 200007963<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 120 Presidential Way   |  | Amount of Each Disbursement this Period<br>619.79   |
| City Woburn State MA Zip Code 01801-1181   | Purpose of Disbursement<br>PAYROLL FEES<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL FEES  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 13203.19 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sentient Jet</b>  |  | <b>Transaction ID:</b> 200007316<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |
| Mailing Address 97 Libbey Parkway  |  | Amount of Each Disbursement this Period<br>47238.95   |
| City Weymouth State MA Zip Code 02189-   | Category/<br>Type<br><br>PRO-RATED STAFF TRAVEL  |   |
| Purpose of Disbursement<br>PRO-RATED STAFF TRAVEL  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Timothy Jost</b>  |  | <b>Transaction ID:</b> 200007189<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 21 Salutation Street, Apt. 2   |  | Amount of Each Disbursement this Period<br>531.65   |
| City Boston State MA Zip Code 02109-   | Category/<br>Type<br><br>PRO-RATED PAYROLL   |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Timothy Jost</b>  |  | <b>Transaction ID:</b> 200006979<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address 21 Salutation Street, Apt. 2   |  | Amount of Each Disbursement this Period<br>531.65   |
| City Boston State MA Zip Code 02109-   | Category/<br>Type<br><br>PRO-RATED PAYROLL   |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 48302.25 |
| <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)  
The Commonwealth PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Timothy Jost</b>  |  | Transaction ID: 200007139<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |  |
| Mailing Address 21 Salutation Street, Apt. 2   |  | Amount of Each Disbursement this Period<br>531.65   |  |
| City Boston State MA Zip Code 02109-   | Purpose of Disbursement<br>PRO-RATED PAYROLL   | Category/<br>Type   |  |
| Candidate Name   |  | PRO-RATED PAYROLL   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Catering Jules</b>  |  | Transaction ID: 200005997<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |  |
| Mailing Address 66 South St  |  | Amount of Each Disbursement this Period<br>272.76   |  |
| City Somerville State MA Zip Code 02143-4226   | Purpose of Disbursement<br>PRO-RATED EVENT CATERING  | Category/<br>Type   |  |
| Candidate Name   |  | PRO-RATED EVENT CATERING  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Fedex Kinkos</b>  |  | Transaction ID: 200006505<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |  |
| Mailing Address PO Box 371461  |  | Amount of Each Disbursement this Period<br>290.30   |  |
| City Pittsburgh State PA Zip Code 15250-7461   | Purpose of Disbursement<br>PRO-RATED SHIPPING  | Category/<br>Type   |  |
| Candidate Name   |  | PRO-RATED SHIPPING  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1094.71 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Old City Landmark Corporation</b>   |  | <b>Transaction ID:</b> 200006002<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 45 School St   |  | Amount of Each Disbursement this Period<br>7422.54  |
| City Boston State MA Zip Code 02108-3206   | PRO-RATED RENT   |   |
| Purpose of Disbursement<br>PRO-RATED RENT  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Elizabeth Lascaze</b>   |  | <b>Transaction ID:</b> 200007192<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address PO Box 44  |  | Amount of Each Disbursement this Period<br>532.64   |
| City Boston State MA Zip Code 02133-0044   | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Elizabeth Lascaze</b>   |  | <b>Transaction ID:</b> 200006980<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address PO Box 44  |  | Amount of Each Disbursement this Period<br>532.65   |
| City Boston State MA Zip Code 02133-0044   | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 8487.83 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Elizabeth Lascaze</b>   |  | Transaction ID: 200006738<br>Date of Disbursement<br>12 / 19 / 2006 |
| Mailing Address PO Box 44  |  | Amount of Each Disbursement this Period<br>151.15                   |
| City Boston State MA Zip Code 02133-0044   | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: SEE BELOW  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED REIMBURSEMENT:<br>SEE BELOW                               |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Continental Airlines</b>  |  | Transaction ID: 200006739<br>Date of Disbursement<br>12 / 15 / 2006 |
| Mailing Address 1600 Smith Street  |  | Amount of Each Disbursement this Period<br>151.15                   |
| City Houston State TX Zip Code 77002-  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIRFARE                        |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Elizabeth Lascaze</b>   |  | Transaction ID: 200007140<br>Date of Disbursement<br>12 / 29 / 2006 |
| Mailing Address PO Box 44  |  | Amount of Each Disbursement this Period<br>532.64                   |
| City Boston State MA Zip Code 02133-0044   | Purpose of Disbursement<br>PRO-RATED PAYROLL   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 683.79 |
| <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 139 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Joshua Leffler</b>  |  | Transaction ID: 200007196<br>Date of Disbursement<br>12 / 01 / 2006 |  |
| Mailing Address 18 Tophet Rd   |  | Amount of Each Disbursement this Period<br>834.66                   |  |
| City Lynnfield<br>State MA<br>Zip Code 01940-1625  | Purpose of Disbursement<br>PRO-RATED PAYROLL   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Joshua Leffler</b>  |  | Transaction ID: 200006981<br>Date of Disbursement<br>12 / 15 / 2006 |  |
| Mailing Address 18 Tophet Rd   |  | Amount of Each Disbursement this Period<br>834.65                   |  |
| City Lynnfield<br>State MA<br>Zip Code 01940-1625  | Purpose of Disbursement<br>PRO-RATED PAYROLL   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |  |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Joshua Leffler</b>  |  | Transaction ID: 200007141<br>Date of Disbursement<br>12 / 29 / 2006 |  |
| Mailing Address 18 Tophet Rd   |  | Amount of Each Disbursement this Period<br>834.66                   |  |
| City Lynnfield<br>State MA<br>Zip Code 01940-1625  | Purpose of Disbursement<br>PRO-RATED PAYROLL   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2503.97 |
| <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)  
The Commonwealth PAC

|  |                                       |  |
|--|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Blake Lichty</b>  |                                       | <b>Transaction ID:</b> 200007350<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6                  |
| Mailing Address 162 Salem St. #4   |                                       | Amount of Each Disbursement this Period<br>188.74  |
| City Boston State MA Zip Code 02113-   | PRO-RATED REIMBURSEMENT:<br>SEE BELOW |  |
| Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: SEE BELOW  |                                       | Category/<br>Type  |
| Candidate Name   |                                       |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>  |   | <b>Transaction ID:</b> 200007352<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 4 / 2 0 0 6                  |
| Mailing Address 111 W Rio Salado Pkwy  |   | Amount of Each Disbursement this Period<br>106.55  |
| City Tempe State AZ Zip Code 85281-2880  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE |  |
| Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |   | Category/<br>Type  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                     |  |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Blake Lichty</b>  |                     | <b>Transaction ID:</b> 200006720<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6                  |
| Mailing Address 162 Salem St. #4   |                     | Amount of Each Disbursement this Period<br>93.75   |
| City Boston State MA Zip Code 02113-   | REIMBURSEMENT: CABS |  |
| Purpose of Disbursement<br>REIMBURSEMENT: CABS   |                     | Category/<br>Type  |
| Candidate Name   |                     |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 282.49 |
| <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 141 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ENilsson, LLC</b>   |  | Transaction ID: 200006740<br>Date of Disbursement<br>12 / 19 / 2006 |
| Mailing Address 6 Depot St   |  | Amount of Each Disbursement this Period<br>1500.00                  |
| City Westford  | State MA Zip Code 01886-2608   |   |
| Purpose of Disbursement<br>PRO-RATED TECHNOLOGY CONSULTING   |  | PRO-RATED TECHNOLOGY CONSULTING                                     |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. SJZ, LLC</b>  |  | Transaction ID: 200007327<br>Date of Disbursement<br>12 / 19 / 2006 |
| Mailing Address PO Box 151   |  | Amount of Each Disbursement this Period<br>162355.33                |
| City Boston  | State MA Zip Code 02117-0151   |   |
| Purpose of Disbursement<br>PRO-RATED FUNDRAISING CONSULTING  |  | PRO-RATED FUNDRAISING CONSULTING                                    |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Nathan Locke</b>  |  | Transaction ID: 200007198<br>Date of Disbursement<br>12 / 01 / 2006 |
| Mailing Address 98 Fulton St.  |  | Amount of Each Disbursement this Period<br>538.71                   |
| City Boston  | State MA Zip Code 02109-   |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | PRO-RATED PAYROLL   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 164394.04 |
| <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)

PAGE 142 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Nathan Locke</b>  |   | <b>Transaction ID: 200006982</b><br>Date of Disbursement<br>12 / 15 / 2006 |  |
| Mailing Address 98 Fulton St.  |   | Amount of Each Disbursement this Period<br>538.70                          |  |
| City Boston<br>State MA<br>Zip Code 02109-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name  | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

PRO-RATED PAYROLL

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Nathan Locke</b>  |   | <b>Transaction ID: 200007142</b><br>Date of Disbursement<br>12 / 29 / 2006 |  |
| Mailing Address 98 Fulton St.  |   | Amount of Each Disbursement this Period<br>538.71                          |  |
| City Boston<br>State MA<br>Zip Code 02109-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name  | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

PRO-RATED PAYROLL

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Amanda Magee</b>  |   | <b>Transaction ID: 200007201</b><br>Date of Disbursement<br>12 / 01 / 2006 |  |
| Mailing Address 51 Leamington Rd. #1   |   | Amount of Each Disbursement this Period<br>184.70                          |  |
| City Brighton<br>State MA<br>Zip Code 02135-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name  | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

PRO-RATED PAYROLL

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1262.11     |
| <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)  
The Commonwealth PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Amanda Magee</b>  |  | Transaction ID: 200006983<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |  |
| Mailing Address 51 Leamington Rd. #1   |  | Amount of Each Disbursement this Period<br>184.70   |  |
| City Brighton State MA Zip Code 02135-   | Purpose of Disbursement<br>PRO-RATED PAYROLL   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Amanda Magee</b>  |  | Transaction ID: 200007143<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |  |
| Mailing Address 51 Leamington Rd. #1   |  | Amount of Each Disbursement this Period<br>184.70   |  |
| City Brighton State MA Zip Code 02135-   | Purpose of Disbursement<br>PRO-RATED PAYROLL   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dynamic Marketing, Inc.</b>   |  | Transaction ID: 200005999<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |  |
| Mailing Address 1145 W Collins Ave   |  | Amount of Each Disbursement this Period<br>1200.00  |  |
| City Orange State CA Zip Code 92867-5445   | Purpose of Disbursement<br>PRO-RATED PRINTING FOR EVENT INVITE   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PRINTING FOR EV-<br>EVENT INVITE  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1569.40 |
| <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 144 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Frank Moy</b>   |  | Transaction ID: 200007203<br>Date of Disbursement<br>12 / 01 / 2006 |
| Mailing Address 69 Richards St   |  | Amount of Each Disbursement this Period<br>92.35                    |
| City Dedham<br>State MA<br>Zip Code 02026-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Frank Moy</b>   |  | Transaction ID: 200006984<br>Date of Disbursement<br>12 / 15 / 2006 |
| Mailing Address 69 Richards St   |  | Amount of Each Disbursement this Period<br>92.35                    |
| City Dedham<br>State MA<br>Zip Code 02026-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Frank Moy</b>   |  | Transaction ID: 200007144<br>Date of Disbursement<br>12 / 29 / 2006 |
| Mailing Address 69 Richards St   |  | Amount of Each Disbursement this Period<br>92.35                    |
| City Dedham<br>State MA<br>Zip Code 02026-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 277.05 |
| <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 145 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Beth Myers</b>  |  | <b>Transaction ID:</b> 200006014<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6 |
| Mailing Address 201 Buckminster Road   |  | Amount of Each Disbursement this Period<br>2500.00  |
| City Brookline State MA Zip Code 02445-  | Category/<br>Type<br><br>PRO-RATED POLICY/POLITICAL CONSULTI   |   |
| Purpose of Disbursement<br>PRO-RATED POLICY/POLITICAL CONSULTI   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Dish Network</b>  |  | <b>Transaction ID:</b> 200006711<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address DEPT 0063  |  | Amount of Each Disbursement this Period<br>63.99  |
| City Palatine State IL Zip Code 60055-   | Category/<br>Type<br><br>CABLE TV  |   |
| Purpose of Disbursement<br>CABLE TV  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Lexis Nexis</b>   |  | <b>Transaction ID:</b> 200006506<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 7247-7090   |  | Amount of Each Disbursement this Period<br>150.00   |
| City Philadelphia State PA Zip Code 19170-   | Category/<br>Type<br><br>PRO-RATED SUBSCRIPTION  |   |
| Purpose of Disbursement<br>PRO-RATED SUBSCRIPTION  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 2713.99 |
| <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)  
The Commonwealth PAC

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mike Nobil</b>  |                   | <b>Transaction ID:</b> 200007206<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6                  |
| Mailing Address 10 Kinsman Place   |                   | Amount of Each Disbursement this Period<br>494.02  |
| City Natick State MA Zip Code 01760-   | PRO-RATED PAYROLL |  |
| Purpose of Disbursement PRO-RATED PAYROLL<br>Candidate Name  |                   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mike Nobil</b>  |                   | <b>Transaction ID:</b> 200006985<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6                  |
| Mailing Address 10 Kinsman Place   |                   | Amount of Each Disbursement this Period<br>494.02  |
| City Natick State MA Zip Code 01760-   | PRO-RATED PAYROLL |  |
| Purpose of Disbursement PRO-RATED PAYROLL<br>Candidate Name  |                   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mike Nobil</b>  |                   | <b>Transaction ID:</b> 200007145<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6                  |
| Mailing Address 10 Kinsman Place   |                   | Amount of Each Disbursement this Period<br>494.02  |
| City Natick State MA Zip Code 01760-   | PRO-RATED PAYROLL |  |
| Purpose of Disbursement PRO-RATED PAYROLL<br>Candidate Name  |                   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1482.06 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Dwight Partners</b>   |  | <b>Transaction ID:</b> 200006007<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 92 Shoestrap Rd  |  | Amount of Each Disbursement this Period<br>221.85   |
| City State Zip Code<br>Lyme NH 03768-3214  | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: TRAVEL   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED REIMBURSEMENT:<br>TRAVEL  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jessica Peterson</b>  |  | <b>Transaction ID:</b> 200007208<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 175 Cottage St Unit 605<br>Unit 605  |  | Amount of Each Disbursement this Period<br>1041.58  |
| City State Zip Code<br>Chelsea MA 02150-3300   | Purpose of Disbursement<br>PRO-RATED PAYROLL   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Jessica Peterson</b>  |  | <b>Transaction ID:</b> 200006986<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address 175 Cottage St Unit 605<br>Unit 605  |  | Amount of Each Disbursement this Period<br>1041.58  |
| City State Zip Code<br>Chelsea MA 02150-3300   | Purpose of Disbursement<br>PRO-RATED PAYROLL   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2305.01 |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jessica Peterson</b>  |  | <b>Transaction ID:</b> 200007146<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |
| Mailing Address 175 Cottage St Unit 605<br>Unit 605  |  | Amount of Each Disbursement this Period<br>1037.50  |
| City Chelsea State MA Zip Code 02150-3300  | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jennifer Phelan</b>   |  | <b>Transaction ID:</b> 200007215<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 91 Westland Avenue #619  |  | Amount of Each Disbursement this Period<br>475.91   |
| City Boston State MA Zip Code 02115-   | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Jennifer Phelan</b>   |  | <b>Transaction ID:</b> 200006987<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address 91 Westland Avenue #619  |  | Amount of Each Disbursement this Period<br>475.91   |
| City Boston State MA Zip Code 02115-   | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1989.32 |
| <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)  
The Commonwealth PAC

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jennifer Phelan</b> |                   | <b>Transaction ID:</b> 200007147<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6  |
| Mailing Address 91 Westland Avenue #619                              |                   | Amount of Each Disbursement this Period<br>475.91  |
| City Boston State MA Zip Code 02115-                                 | PRO-RATED PAYROLL |  |
| Purpose of Disbursement<br>PRO-RATED PAYROLL                         |                   | Category/<br>Type  |
| Candidate Name   |                   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District:   |                   |  |

|   |                   |  |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kyle Plotkin</b> |                   | <b>Transaction ID:</b> 200007217<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6  |
| Mailing Address 25 Ridgeway Lane Apt. 2                           |                   | Amount of Each Disbursement this Period<br>464.26  |
| City Boston State MA Zip Code 02114-                              | PRO-RATED PAYROLL |  |
| Purpose of Disbursement<br>PRO-RATED PAYROLL                      |                   | Category/<br>Type  |
| Candidate Name  |                   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District:  |                   |  |

|   |                   |  |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kyle Plotkin</b> |                   | <b>Transaction ID:</b> 200007959<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6  |
| Mailing Address 25 Ridgeway Lane Apt. 2                           |                   | Amount of Each Disbursement this Period<br>464.27  |
| City Boston State MA Zip Code 02114-                              | PRO-RATED PAYROLL |  |
| Purpose of Disbursement<br>PRO-RATED PAYROLL                      |                   | Category/<br>Type  |
| Candidate Name  |                   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1404.44 |
| <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)

PAGE 150 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kyle Plotkin</b>  |                   | <b>Transaction ID:</b> 200007148<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6                  |
| Mailing Address 25 Ridgeway Lane<br>Apt. 2   |                   | Amount of Each Disbursement this Period<br>464.25  |
| City Boston State MA Zip Code 02114-   | PRO-RATED PAYROLL |  |
| Purpose of Disbursement PRO-RATED PAYROLL<br>Candidate Name  |                   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                    |  |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kendall Press</b>   |                    | <b>Transaction ID:</b> 200006726<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6                  |
| Mailing Address 36 Charles Street  |                    | Amount of Each Disbursement this Period<br>313.95  |
| City Cambridge State MA Zip Code 02141-  | PRO-RATED PRINTING |  |
| Purpose of Disbursement PRO-RATED PRINTING<br>Candidate Name   |                    | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                    |  |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Cambridge Offset Printing</b>   |                    | <b>Transaction ID:</b> 200006502<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6                  |
| Mailing Address 56 Creighton St  |                    | Amount of Each Disbursement this Period<br>52.50   |
| City Cambridge State MA Zip Code 02140-2032  | PRO-RATED PRINTING |  |
| Purpose of Disbursement PRO-RATED PRINTING<br>Candidate Name   |                    | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 830.70 |
| <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 151 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mitchell Reiss</b>  |  | Transaction ID: 200006020<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6 |  |
| Mailing Address 108 John Fawler Rd   |  | Amount of Each Disbursement this Period<br>106.55   |  |
| City Williamsburg<br>State VA<br>Zip Code 23185-   | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: SEE BELOW  | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PRO-RATED REIMBURSEMENT:<br>SEE BELOW   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Airtran Airlines</b>  |  | Transaction ID: 200006021<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 6 / 2 0 0 6 |  |
| Mailing Address 9955 AirTran Blvd  |  | Amount of Each Disbursement this Period<br>68.55  |  |
| City Orlando<br>State FL<br>Zip Code 32827-  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-<br>FARE   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jinara Reyes</b>  |  | Transaction ID: 200006011<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |  |
| Mailing Address 66 Greenleaf St Apt 33   |  | Amount of Each Disbursement this Period<br>2500.00  |  |
| City Quincy<br>State MA<br>Zip Code 02169-4451   | Purpose of Disbursement<br>FUNDRAISING CONSULTING  | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | FUNDRAISING CONSULTING  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2606.55 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
The Commonwealth PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jinara Reyes</b>  |  | Transaction ID: 200006721<br>Date of Disbursement<br>12 / 19 / 2006 |  |
| Mailing Address 66 Greenleaf St Apt 33   |  | Amount of Each Disbursement this Period<br>5000.00                  |  |
| City Quincy<br>State MA<br>Zip Code 02169-4451   | Purpose of Disbursement<br>FUNDRAISING CONSULTING<br>Candidate Name<br>Category/Type   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

FUNDRAISING CONSULTING

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Andrew Roach</b>  |  | Transaction ID: 200007236<br>Date of Disbursement<br>12 / 05 / 2006 |  |
| Mailing Address 81 A Hampshire St. Apt. 3  |  | Amount of Each Disbursement this Period<br>573.40                   |  |
| City Cambridge<br>State MA<br>Zip Code 02139-  | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: SEE BELOW<br>Candidate Name<br>Category/Type                                     |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

PRO-RATED REIMBURSEMENT:  
SEE BELOW

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Avis Rental Car</b>   |  | Transaction ID: 200007259<br>Date of Disbursement<br>11 / 21 / 2006 |  |
| Mailing Address 3 Center Plaza   |  | Amount of Each Disbursement this Period<br>258.70                   |  |
| City Boston<br>State MA<br>Zip Code 02108-   | Purpose of Disbursement<br>CAR RENTAL<br>Candidate Name<br>Category/Type   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

[MEMO ITEM]  
MEMO: CAR RENTAL

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

5573.40

**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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Avis Rent A Car</b>   |  | <b>Transaction ID:</b> 200007251<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 3 / 2 0 0 6 |
| Mailing Address 83 East 120th Avenue   |  | Amount of Each Disbursement this Period<br>92.70  |
| City State Zip Code<br>Denver CO 80221-  | Purpose of Disbursement<br>PRO-RATED CAR RENTAL<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED CAR RENTAL  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Avis Rent A Car</b>   |  | <b>Transaction ID:</b> 200007254<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 4 / 2 0 0 6 |
| Mailing Address Mitchell Intl Airport  |  | Amount of Each Disbursement this Period<br>62.44  |
| City State Zip Code<br>Milwaukee WI 53202-   | Purpose of Disbursement<br>PRO-RATED CAR RENTAL<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED CAR RENTAL  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Avis Rent A Car</b>   |  | <b>Transaction ID:</b> 200007239<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 4 / 2 0 0 6 |
| Mailing Address Mitchell Intl Airport  |  | Amount of Each Disbursement this Period<br>75.23  |
| City State Zip Code<br>Milwaukee WI 53202-   | Purpose of Disbursement<br>PRO-RATED CAR RENTAL<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PRO-RATED CAR RENTAL  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <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 154 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Andrew Roach</b>  |  | Transaction ID: 200007306<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 81 A Hampshire St. Apt. 3  |  | Amount of Each Disbursement this Period<br>788.13   |
| City Cambridge State MA Zip Code 02139-  | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: TRAVEL   |   |
| Candidate Name   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED REIMBURSEMENT:<br>TRAVEL  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Steve Roche</b>   |  | Transaction ID: 200007346<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address 70 Hope Ave. #302  |  | Amount of Each Disbursement this Period<br>1681.06  |
| City Waltham State MA Zip Code 02453-  | Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  |   |
| Candidate Name   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Orbitz Com</b>  |  | Transaction ID: 200007431<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 85 West Congress Parkway   |  | Amount of Each Disbursement this Period<br>721.59   |
| City Chicago State IL Zip Code 60605-  | Purpose of Disbursement<br>AIRFARE   |   |
| Candidate Name   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: AIRFARE  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2469.19 |
| <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 155 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Central Parking</b>   |                              | <b>Transaction ID:</b> 200007433<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 50 New Sudbury Street  |                              | Amount of Each Disbursement this Period<br>300.00   |
| City Boston State MA Zip Code 02114-   | [MEMO ITEM]<br>MEMO: PARKING |   |
| Purpose of Disbursement<br>PARKING   |                              | Category/<br>Type   |
| Candidate Name   |                              |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                              |   |

|  |                        |   |
|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Steve Roche</b>   |                        | <b>Transaction ID:</b> 200007330<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |
| Mailing Address 70 Hope Ave. #302  |                        | Amount of Each Disbursement this Period<br>12500.00   |
| City Waltham State MA Zip Code 02453-  | FUNDRAISING CONSULTING |   |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING  |                        | Category/<br>Type   |
| Candidate Name   |                        |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                        |   |

|  |                 |   |
|--|-----------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Poland Spring</b>   |                 | <b>Transaction ID:</b> 200006730<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 6661 Dixie Hwy, Suite 4  |                 | Amount of Each Disbursement this Period<br>62.78  |
| City Louisville State KY Zip Code 40258-   | PRO-RATED WATER |   |
| Purpose of Disbursement<br>PRO-RATED WATER   |                 | Category/<br>Type   |
| Candidate Name   |                 |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                 |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 12562.78 |
| <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 156 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jay Stirling</b>  |  | <b>Transaction ID:</b> 200007219<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 205 Summer Street #3   |  | Amount of Each Disbursement this Period<br>389.75   |
| City Somerville State MA Zip Code 02143-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jay Stirling</b>  |  | <b>Transaction ID:</b> 200006988<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address 205 Summer Street #3   |  | Amount of Each Disbursement this Period<br>389.76   |
| City Somerville State MA Zip Code 02143-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Jay Stirling</b>  |  | <b>Transaction ID:</b> 200007149<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |
| Mailing Address 205 Summer Street #3   |  | Amount of Each Disbursement this Period<br>389.76   |
| City Somerville State MA Zip Code 02143-   | Purpose of Disbursement<br>PRO-RATED PAYROLL<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED PAYROLL   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1169.27     |
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Barry Security Systems, Inc.</b>  |  | <b>Transaction ID:</b> 200007428<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address 820 Livingston Street, Suite 10  |  | Amount of Each Disbursement this Period<br>50.00  |
| City State Zip Code<br>Tewksbury MA 01876-   | Purpose of Disbursement<br>PRO-RATED SECURITY SYSTEM<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED SECURITY SYSTEM   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Dan Taggart</b>   |  | <b>Transaction ID:</b> 200006006<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 10457 N. 6300 W  |  | Amount of Each Disbursement this Period<br>5000.00  |
| City State Zip Code<br>American Fork UT 84003-   | Purpose of Disbursement<br>PRO-RATED TECHNOLOGY CONSULTING<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED TECHNOLOGY CONS-<br>ULTING  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dan Taggart</b>   |  | <b>Transaction ID:</b> 200007307<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 2 / 2 0 0 6 |
| Mailing Address 10457 N. 6300 W  |  | Amount of Each Disbursement this Period<br>1210.84  |
| City State Zip Code<br>American Fork UT 84003-   | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: TRAVEL<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRO-RATED REIMBURSEMENT:<br>TRAVEL  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6260.84     |
| <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)

PAGE 158 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Julie Teer</b>  |   | Transaction ID: 200006514<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 3 / 2 0 0 6 |
| Mailing Address 1 Devonshire PI Apt 3807<br>Apt 3807   |   | Amount of Each Disbursement this Period<br>6250.00  |
| City Boston State MA Zip Code 02109-3581   | Category/<br>Type<br><br>PRO-RATED FIELD CONSULTING   |   |
| Purpose of Disbursement<br>PRO-RATED FIELD CONSULTING  |   |   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bethany Toyé</b>  |   | Transaction ID: 200005991<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 36 Hillside Rd   |   | Amount of Each Disbursement this Period<br>20.00  |
| City Braintree State MA Zip Code 02184-  | Category/<br>Type<br><br>REIMBURSEMENT FOR PARKING  |   |
| Purpose of Disbursement<br>REIMBURSEMENT FOR PARKING   |   |   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Bethany Toyé</b>  |   | Transaction ID: 200007221<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 36 Hillside Rd   |   | Amount of Each Disbursement this Period<br>447.63   |
| City Braintree State MA Zip Code 02184-  | Category/<br>Type<br><br>PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |   |   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6717.63 |
| <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 159 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bethany Toye</b>  |  | <b>Transaction ID:</b> 200006989<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 5 / 2 0 0 6 |
| Mailing Address 36 Hillside Rd   |  | Amount of Each Disbursement this Period<br>447.63   |
| City Braintree State MA Zip Code 02184-  | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bethany Toye</b>  |  | <b>Transaction ID:</b> 200007150<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 6 |
| Mailing Address 36 Hillside Rd   |  | Amount of Each Disbursement this Period<br>447.63   |
| City Braintree State MA Zip Code 02184-  | PRO-RATED PAYROLL  |   |
| Purpose of Disbursement<br>PRO-RATED PAYROLL   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Vineyard Vines</b>  |  | <b>Transaction ID:</b> 200006734<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 37 Brown House Ct.   |  | Amount of Each Disbursement this Period<br>3947.50  |
| City Stamford State CT Zip Code 06902-6303   | PRO-RATED FUNDRAISING AWARDS   |   |
| Purpose of Disbursement<br>PRO-RATED FUNDRAISING AWARDS  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 4842.76 |
| <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 160 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Vineyard Vines</b>  |  | <b>Transaction ID:</b> 200006742<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6 |
| Mailing Address 37 Brown House Ct.   |  | Amount of Each Disbursement this Period<br>225.00   |
| City Stamford State CT Zip Code 06902-6303   | PRO-RATED FUNDRAISING AWARDS   |   |
| Purpose of Disbursement<br>PRO-RATED FUNDRAISING AWARDS  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Cingular Wireless</b>   |  | <b>Transaction ID:</b> 200005998<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address PO Box 6414  |  | Amount of Each Disbursement this Period<br>2595.07  |
| City Carol Stream State IL Zip Code 60197-6414   | PRO-RATED CELL PHONES  |   |
| Purpose of Disbursement<br>PRO-RATED CELL PHONES   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>  |  | <b>Transaction ID:</b> 200006005<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 8 / 2 0 0 6 |
| Mailing Address PO Box 15023   |  | Amount of Each Disbursement this Period<br>911.37   |
| City Worcester State MA Zip Code 01615-0023  | PRO-RATED STAFF CELL PHONE   |   |
| Purpose of Disbursement<br>PRO-RATED STAFF CELL PHONE  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>3731.44</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)

PAGE 161 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jared Young</b>   |  | Transaction ID: 200006019<br>Date of Disbursement<br>12 / 05 / 2006 |
| Mailing Address 3825 Jason Ave.  |  | Amount of Each Disbursement this Period<br>1000.00                  |
| City Alexandria State VA Zip Code 22302-   | Purpose of Disbursement<br>PRO-RATED FUNDRAISING CONSULTING  |   |
| Candidate Name   |  | Category/Type<br>PRO-RATED FUNDRAISING CONSULTING                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jared Young</b>   |  | Transaction ID: 200007329<br>Date of Disbursement<br>12 / 12 / 2006 |
| Mailing Address 3825 Jason Ave.  |  | Amount of Each Disbursement this Period<br>348.56                   |
| City Alexandria State VA Zip Code 22302-   | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: SEE BELOW  |   |
| Candidate Name   |  | Category/Type<br>PRO-RATED REIMBURSEMENT: SEE BELOW                 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. The Union Club</b>  |  | Transaction ID: 200007332<br>Date of Disbursement<br>11 / 08 / 2006 |
| Mailing Address 8 Beacon Street  |  | Amount of Each Disbursement this Period<br>90.70                    |
| City Boston State MA Zip Code 02108-   | Purpose of Disbursement<br>PRO-RATED LODGING   |   |
| Candidate Name   |  | Category/Type<br>[MEMO ITEM]<br>MEMO: PRO-RATED LODGING             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1348.56 |
| <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 162 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. The Union Club</b>  |  | <b>Transaction ID:</b> 200007333<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 3 / 2 0 0 6                  |
| Mailing Address 8 Beacon Street  |  | Amount of Each Disbursement this Period<br>87.15   |
| City Boston State MA Zip Code 02108-   | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. The Union Club</b>  |  | <b>Transaction ID:</b> 200007331<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 8 / 2 0 0 6                  |
| Mailing Address 8 Beacon Street  |  | Amount of Each Disbursement this Period<br>74.22   |
| City Boston State MA Zip Code 02108-   | [MEMO ITEM]<br>MEMO: PRO-RATED LODGING |  |
| Purpose of Disbursement PRO-RATED LODGING<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                  |  |
|--|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jared Young</b>   |                                  | <b>Transaction ID:</b> 200006725<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 9 / 2 0 0 6                  |
| Mailing Address 3825 Jason Ave.  |                                  | Amount of Each Disbursement this Period<br>1304.80   |
| City Alexandria State VA Zip Code 22302-   | PRO-RATED FUNDRAISING CONSULTING |  |
| Purpose of Disbursement PRO-RATED FUNDRAISING CONSULTING<br>Candidate Name   |                                  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1304.80 |
| <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 163 / 164

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
The Commonwealth PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Tom Young</b>   |  | <b>Transaction ID:</b> 200006024<br>Date of Disbursement<br>11 / 28 / 2006 |
| Mailing Address 2 Valley Road  |  | Amount of Each Disbursement this Period<br>234.60                          |
| City Atherton State CA Zip Code 94027-   | Purpose of Disbursement<br>PRO-RATED REIMBURSEMENT: SEE BELOW  |  |
| Candidate Name   | Category/Type  | PRO-RATED REIMBURSEMENT:<br>SEE BELOW                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b>  |  | <b>Transaction ID:</b> 200006025<br>Date of Disbursement<br>11 / 17 / 2006 |
| Mailing Address PO Box 20706   |  | Amount of Each Disbursement this Period<br>234.60                          |
| City Atlanta State GA Zip Code 30320-6001  | Purpose of Disbursement<br>PRO-RATED STAFF AIRFARE   |  |
| Candidate Name   | Category/Type  | [MEMO ITEM]<br>MEMO: PRO-RATED STAFF AIR-FARE                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | 234.60    |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 556681.87 |

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input 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)  
The Commonwealth PAC

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. James Greer For Chairman</b>  |   | Transaction ID: 200007971<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 0 5 / 2 0 0 6  |  |
| Mailing Address 1205 Prestige Point  |   | Amount of Each Disbursement this Period<br>500.00  |  |
| City Oviedo<br>State FL<br>Zip Code 32765-   | Purpose of Disbursement<br>CONTRIBUTION | Category/<br>Type  |  |
| Candidate Name   |   | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: |  |
| Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 500.00 |