

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
STRAIGHT TALK AMERICA

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

2. **FEC IDENTIFICATION NUMBER** C00413245  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 03 01 2007 through 03 31 2007

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

Type or Print Name of Treasurer Keith Davis

Signature of Treasurer Electronically Filed by Keith Davis Date 04 20 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
STRAIGHT TALK AMERICA

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">33386.58</td></tr></table>	33386.58
Y	Y	Y	Y									
2	0	0	7									
33386.58												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">19143.81</td></tr></table>	19143.81										
19143.81												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">38207.41</td></tr></table>	38207.41	<table border="1" style="width: 100%;"><tr><td align="right">87252.14</td></tr></table>	87252.14								
38207.41												
87252.14												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">57351.22</td></tr></table>	57351.22	<table border="1" style="width: 100%;"><tr><td align="right">120638.72</td></tr></table>	120638.72								
57351.22												
120638.72												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">35069.54</td></tr></table>	35069.54	<table border="1" style="width: 100%;"><tr><td align="right">98357.04</td></tr></table>	98357.04								
35069.54												
98357.04												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">22281.68</td></tr></table>	22281.68	<table border="1" style="width: 100%;"><tr><td align="right">22281.68</td></tr></table>	22281.68								
22281.68												
22281.68												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">10525.86</td></tr></table>	10525.86										
10525.86												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">154122.83</td></tr></table>	154122.83										
154122.83												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
STRAIGHT TALK AMERICA

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	25000.00	53000.00
(i) Itemized (use Schedule A) .....	270.00	2060.73
(ii) Unitemized .....	25270.00	55060.73
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	10000.00	15000.00
(c) Other Political Committees (such as PACs) .....	35270.00	70060.73
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2937.41	17191.41
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)) .....	38207.41	87252.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	38207.41	87252.14

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	35059.54	98272.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	35059.54	98272.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	10.00	85.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	10.00	85.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35069.54	98357.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	35069.54	98357.04

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	35270.00	70060.73
34. Total Contribution Refunds (from Line 28(d)) .....	10.00	85.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35260.00	69975.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35059.54	98272.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35059.54	98272.04

**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 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Evan R. Corns

Mailing Address 1431 Duncan St.

City State Zip Code  
**Key West FL 33040**

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

Name of Employer  
America's Body

Occupation  
Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

**Transaction ID: SA11A1.97290**

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. John M. Dowd

Mailing Address 1529 Crowell Rd.

City State Zip Code  
**Vienna VA 22182**

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

Name of Employer  
Akin, Gump, Strauss, Hauer & Feld, LLP

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  
03 / 26 / 2007

**Transaction ID: SA11A1.97286**

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Carole O. Moran

Mailing Address 125 Worth Ave.  
Ste. 202

City State Zip Code  
**Palm Beach FL 33480**

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

Name of Employer

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  
03 / 30 / 2007

**Transaction ID: SA11A1.97288**

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>15000.00</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:	PAGE 7 / 21
	(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)  
**STRAIGHT TALK AMERICA**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John A. Moran		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 125 Worth Ave. Ste. 202		<b>Transaction ID:</b> SA11A1.97285	
City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Self	Occupation Private Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. J. Gary Shansby		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 600 Montgomery St Ste 2900		<b>Transaction ID:</b> SA11A1.97279	
City State Zip Code San Francisco CA 94111	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer TSG Consumer Partners, LLC	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	25000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 21</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**STRAIGHT TALK AMERICA**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY <b>03 / 13 / 2007</b>
Mailing Address <b>101 Constitution Ave NW Ste 801E</b>		<b>Transaction ID: SA11C.97276</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>
FEC ID number of contributing federal political committee. <b>C C00068692</b>		Amount of Each Receipt this Period <b>5000.00</b>
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT</b>		Date of Receipt MM / DD / YYYY <b>03 / 02 / 2007</b>
Mailing Address <b>600 13th St. NW Suite 340</b>		<b>Transaction ID: SA11C.97277</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>
FEC ID number of contributing federal political committee. <b>C C00010470</b>		Amount of Each Receipt this Period <b>5000.00</b>
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5000.00</b>	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 21
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC

Mailing Address PO BOX 16118

City State Zip Code  
ARLINGTON VA 22215

FEC ID number of contributing federal political committee. **C** C00430470

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2937.41

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	0	7

Transaction ID: SA17.97336

Amount of Each Receipt this Period  
2937.41

Postage Account Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2937.41
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2937.41

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B.97303 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 160.70
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement Credit Card Payment(See Attached Memos) Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type: 001		

Full Name (Last, First, Middle Initial) <b>B. Carey International</b>		<b>Transaction ID:</b> SB21B.97303.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 520 North Capitol Street		Amount of Each Disbursement this Period -3595.99
City Washington State DC Zip Code 20001	Purpose of Disbursement Travel Car Service Credit Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type: 002		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Click N Ship</b>		<b>Transaction ID:</b> SB21B.97303.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address US Postal Service 1 Massachusetts Ave NW		Amount of Each Disbursement this Period 28.35
City Washington State DC Zip Code 20001	Purpose of Disbursement Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type: 001		

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 160.70

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Efax Plus</b>		<b>Transaction ID:</b> SB21B.97303.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 6922 Hollywood Blvd 5th Floor		Amount of Each Disbursement this Period 16.95
City Los Angeles State CA Zip Code 90028	[MEMO ITEM]	
Purpose of Disbursement Fax Service Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		<b>Transaction ID:</b> SB21B.97303.3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 1100 Wythe Street		Amount of Each Disbursement this Period 115.40
City Alexandria State VA Zip Code 22314	[MEMO ITEM]	
Purpose of Disbursement Postage Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Caplin &amp; Drysdale</b>		<b>Transaction ID:</b> SB21B.97324 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address One Thomas Circle, NW Ste. 1100		Amount of Each Disbursement this Period 3459.46
City Washington State DC Zip Code 20005	[MEMO ITEM]	
Purpose of Disbursement Consulting-Legal Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3459.46
<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 12 / 21

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Care First Blue Cross Blue Shield</b>		<b>Transaction ID:</b> SB21B.97306
Mailing Address PO Box 79749		Date of Disbursement MM / DD / YYYY 03 / 12 / 2007
City Baltimore	State MD	Zip Code 21279
Purpose of Disbursement Health Insurance	Amount of Each Disbursement this Period 392.00	
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> SB21B.97307
Mailing Address PO Box 371461		Date of Disbursement MM / DD / YYYY 03 / 12 / 2007
City Pittsburgh	State PA	Zip Code 15250-7461
Purpose of Disbursement Shipping	Amount of Each Disbursement this Period 38.51	
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> SB21B.97314
Mailing Address PO Box 371461		Date of Disbursement MM / DD / YYYY 03 / 30 / 2007
City Pittsburgh	State PA	Zip Code 15250-7461
Purpose of Disbursement Shipping	Amount of Each Disbursement this Period 12.15	
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>442.66</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 13 / 21

<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

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

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Courtney Nahigian</b>		<b>Transaction ID: SB21B.97320</b> Date of Disbursement 03 / 27 / 2007
Mailing Address 331 Cameron Station Blvd.		Amount of Each Disbursement this Period 3201.90
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Courtney Nahigian</b>		<b>Transaction ID: SB21B.97318</b> Date of Disbursement 03 / 30 / 2007
Mailing Address 331 Cameron Station Blvd.		Amount of Each Disbursement this Period 50.00
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National City Bank</b>		<b>Transaction ID: SB21B.97322</b> Date of Disbursement 03 / 20 / 2007
Mailing Address PO Box 5756		Amount of Each Disbursement this Period 53.96
City Akron State OH Zip Code 44101	Purpose of Disbursement Bank Charges Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3305.86
<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)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID:</b> SB21B.97321	
Mailing Address 7450 Tilghman St., Ste. 107		Date of Disbursement 03 / 12 / 2007	
City Allentown	State PA	Zip Code 18106-9037	Amount of Each Disbursement this Period 79.73
Purpose of Disbursement Payroll Service Charge		001	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID:</b> SB21B.97323	
Mailing Address 7450 Tilghman St., Ste. 107		Date of Disbursement 03 / 27 / 2007	
City Allentown	State PA	Zip Code 18106-9037	Amount of Each Disbursement this Period 1642.35
Purpose of Disbursement Employer Contrib P/R Tax		001	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Southwest Publishing and Mailing Corp.</b>		<b>Transaction ID:</b> SB21B.97330	
Mailing Address 2600 NW Topeka Blvd.		Date of Disbursement 03 / 01 / 2007	
City Topeka	State KS	Zip Code 66617	Amount of Each Disbursement this Period 6332.53
Purpose of Disbursement Direct Mail Production		003	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8054.61</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 15 / 21

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Southwest Publishing and Mailing Corp.</b>		<b>Transaction ID:</b> SB21B.97331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 2600 NW Topeka Blvd.		Amount of Each Disbursement this Period 7842.81
City Topeka State KS Zip Code 66617	Purpose of Disbursement Direct Mail Production Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

Full Name (Last, First, Middle Initial) <b>B. Sprint PCS</b>		<b>Transaction ID:</b> SB21B.97310 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 71.39
City Newark State NJ Zip Code 07101-1769	Purpose of Disbursement Telephone - Cellular Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. St. Paul Travelers</b>		<b>Transaction ID:</b> SB21B.97326 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 96359		Amount of Each Disbursement this Period 1569.00
City Chicago State IL Zip Code 60693-6359	Purpose of Disbursement Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9483.20
<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)  
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)  
Strategic Telecommunications

Mailing Address 7591 9th Street North

City State Zip Code  
Oakdale MN 55128

Purpose of Disbursement  
Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.97328

Date of Disbursement

03 / 12 / 2007

Amount of Each Disbursement this Period

10025.95

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

10025.95

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

34932.44

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

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

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

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

Outstanding Balance Beginning This Period 3459.46	<b>Transaction ID: SD10.96339</b>	
Amount Incurred This Period 0.00	Payment This Period 3459.46	Outstanding Balance at Close of This Period 0.00

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

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

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

Outstanding Balance Beginning This Period 26725.00	<b>Transaction ID: SD10.97204</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 26725.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>29731.40</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

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

Outstanding Balance Beginning This Period 80018.54	<b>Transaction ID:</b> SD10.86868	
Amount Incurred This Period 0.00	Payment This Period 14175.34	Outstanding Balance at Close of This Period 65843.20

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

Outstanding Balance Beginning This Period 16648.18	<b>Transaction ID:</b> SD10.96351	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16648.18

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	82491.38
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 / 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 STRAIGHT TALK AMERICA

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

Outstanding Balance Beginning This Period 50726.00	<b>Transaction ID: SD10.96353</b>	
Amount Incurred This Period 0.00	Payment This Period 10025.95	Outstanding Balance at Close of This Period 40700.05

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	41900.05
2) <b>TOTALS</b> This Period (last page this line number only).....	154122.83
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

Form/Schedule: **F3XN**

Transaction ID:

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