

**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

America's Foundation

ADDRESS (number and street)

1155 21st Street NW

Suite 300

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00305797

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2006

through

02

28

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

MEREDITH G. KELLEY

Signature of Treasurer

Electronically Filed by MEREDITH G. KELLEY

Date

03

20

2006

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

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
America's Foundation

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		44545.60
(b) Cash on Hand at Beginning of Reporting Period	2120.70	
(c) Total Receipts (from Line 19)	20750.15	28455.43
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22870.85	73001.03
7. Total Disbursements (from Line 31)	20659.27	70789.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2211.58	2211.58
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
America's Foundation

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7500.00	7500.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	235.00	385.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	7735.00	7885.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	12500.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	20235.00	27885.50
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.)	515.15	569.93
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))	20750.15	28455.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20750.15	28455.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13159.27	52489.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	13159.27	52489.45
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	1000.00	1000.00
(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))	1000.00	1000.00
29. Other Disbursements.....	6500.00	17300.00
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))..	20659.27	70789.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20659.27	70789.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	20235.00	27885.50
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19235.00	26885.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13159.27	52489.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13159.27	52489.45

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

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

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

America's Foundation

A. Full Name (Last, First, Middle Initial)
MR. DAVID M. CARMEN

Mailing Address 5111 52ND COURT N.W.

City State Zip Code
WASHINGTON DC 20016-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE CARMEN GROUP COMPANIES

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
0 2 / 1 5 / 2 0 0 6

Transaction ID: SA11.10127871

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. G. MICHAEL CHEATHAM

Mailing Address 2951 SUMMERHURST DRIVE

City State Zip Code
MIDLOTHIAN VA 23113-2180

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAVIS WALKER LTD.

Occupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 6

Transaction ID: SA11.10127887

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KELLY O. FINNELL

Mailing Address 3416 PINEBRAKE COVE

City State Zip Code
MEMPHIS TN 38125

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXECUTIVE FINANCIAL SERVI-
CES

Occupation
C. L. U.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 6

Transaction ID: SA11.10127882

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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: PAGE 7 / 31

(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)

America's Foundation

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM H. KOPTISMailing Address 9150 S. HILL BLVD.
SUITE 330

City	State	Zip Code
CLEVELAND	OH	44147

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	0	6

Transaction ID: SA11.10127877

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM E. SCHANTZ, II

Mailing Address 2850 APPLE VALLEY ESTATES DR.

City	State	Zip Code
OREFIELD	PA	18069

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.10127892

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

7500.00

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

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

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

America's Foundation

Full Name (Last, First, Middle Initial)
A. AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE N.W.

City State Zip Code
WASHINGTON DC 20036-3905

FEC ID number of contributing
federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA11.10127946

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. I. C. I. PAC

Mailing Address 1401 H. STREET, N. W, #1200

City State Zip Code
WASHINGTON DC 20005-2110

FEC ID number of contributing
federal political committee. **C C00105981**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.10127912

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MASSACHUSETTS MUTUAL LIFE INS. CO. PAC

Mailing Address 1295 STATE STREET

City State Zip Code
SPRINGFIELD MA 01111-0001

FEC ID number of contributing
federal political committee. **C C00118943**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.10127840

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

America's Foundation

A. Full Name (Last, First, Middle Initial)
METLIFE, INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address 27-01 QUEENS PLAZA N. AREA 4D
ONE METLIFE PLAZA

City State Zip Code
LONG ISLAND CITY NY 11101-4007

FEC ID number of contributing
federal political committee. **C** C00040923

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11.10127920

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)

P.P.L. PEOPLE FOR GOOD GOV'T.

Mailing Address TWO NORTH NINTH STREET

City State Zip Code
ALLENTOWN PA 18101

FEC ID number of contributing
federal political committee. **C** C00228106

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11.10127899

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

12500.00

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

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

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

America's Foundation

A. Full Name (Last, First, Middle Initial)
Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 10001

Amount of Each Receipt this Period

15.15

Interest Income

B. Full Name (Last, First, Middle Initial)
Human Life Resource Center

Mailing Address 201 South Main Street

City State Zip Code
Wilkes-Barre PA 18702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: 10002

Amount of Each Receipt this Period

500.00

Voiced Check

SUBTOTAL of Receipts This Page (optional)

515.15

TOTAL This Period (last page this line number only)

515.15

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 11 / 31

<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)
America's Foundation

A. Full Name (Last, First, Middle Initial) Susan B. Lewis		Transaction ID: 150 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 416 Berkley Road		Amount of Each Disbursement this Period <div>759.28</div>
City Haverford State PA Zip Code 19041		
Purpose of Disbursement Net Payroll	<div>Category/Type</div>	
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) ▼	
B. Full Name (Last, First, Middle Initial) American Express		Transaction ID: 102 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 6</div> </div>
Mailing Address Suite 0002		Amount of Each Disbursement this Period <div>1519.55</div>
City Chicago State IL Zip Code 60679-0002		
Purpose of Disbursement Credit Card Payment	<div>Category/Type</div>	
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) ▼	
C. Full Name (Last, First, Middle Initial) American Airlines		Transaction ID: 110 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 6</div> </div>
Mailing Address 4200 American Blvd		Amount of Each Disbursement this Period <div>689.01</div>
City San Antonio State TX Zip Code 76155		
Purpose of Disbursement Travel	<div>Category/Type</div>	
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) ▼	

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN EXPRESS)

SUBTOTAL of Disbursements This Page (optional)

2278.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 31

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
America's Foundation

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Suite 0002

City Chicago State IL Zip Code 60679-0002

Purpose of Disbursement
Finance Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

165.56

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN EXPRESS)

Full Name (Last, First, Middle Initial)

B. AOL Online Service

Mailing Address PO Box 10810

City Herndon State VA Zip Code 20172

Purpose of Disbursement
Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.90

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN EXPRESS)

Full Name (Last, First, Middle Initial)

C. AOL Online Service

Mailing Address PO Box 10810

City Herndon State VA Zip Code 20172

Purpose of Disbursement
Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.90

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN EXPRESS)

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 31

<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)
America's Foundation

A. Fedex Full Name (Last, First, Middle Initial) Mailing Address 700 Downington Pike #105 City West Chester State PA Zip Code 19380 Purpose of Disbursement Postage/Delivery 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) ▼		Transaction ID: 109 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 16.40 [MEMO ITEM] (SEE ABOVE - 02/03/06 AME- RICAN EXPRESS)
B. Fedex Full Name (Last, First, Middle Initial) Mailing Address 700 Downington Pike #105 City West Chester State PA Zip Code 19380 Purpose of Disbursement Postage/Delivery 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) ▼		Transaction ID: 113 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 12.32 [MEMO ITEM] (SEE ABOVE - 02/03/06 AME- RICAN EXPRESS)
C. Hay Adams Hotel Full Name (Last, First, Middle Initial) Mailing Address 1 Lafayette Square, NW City Washington State DC Zip Code 20001 Purpose of Disbursement PAC Fundraising Event Costs 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) ▼		Transaction ID: 105 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 366.61 [MEMO ITEM] (SEE ABOVE - 02/03/06 AME- RICAN EXPRESS)

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A. Robertsons Full Name (Last, First, Middle Initial) Mailing Address 122 E. Lancaster Ave City Wayne State PA Zip Code 19087 Purpose of Disbursement PAC Donor Recognition 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) ▼		Transaction ID: 114 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 94.29 [MEMO ITEM] (SEE ABOVE - 02/03/06 AME- RICAN EXPRESS)
B. Senate Gift Shop Full Name (Last, First, Middle Initial) Mailing Address Dirksen Senate Building Room 42 City Washington State DC Zip Code 20510 Purpose of Disbursement PAC Donor Recognition 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) ▼		Transaction ID: 103 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 63.75 [MEMO ITEM] (SEE ABOVE - 02/03/06 AME- RICAN EXPRESS)
C. Senate Gift Shop Full Name (Last, First, Middle Initial) Mailing Address Dirksen Senate Building Room 42 City Washington State DC Zip Code 20510-0002 Purpose of Disbursement PAC Donor Recognition 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) ▼		Transaction ID: 108 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] (SEE ABOVE - 02/03/06 AME- RICAN EXPRESS)

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

Full Name (Last, First, Middle Initial)

A. Travelocity.com

Mailing Address 3150 Sabre Dr.

City Southlake State TX Zip Code 76092

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.64

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN EXPRESS)

Full Name (Last, First, Middle Initial)

B. Verizon Online

Mailing Address 7901 E. Riverside Dr.
#1-100

City Austin State TX Zip Code 78744

Purpose of Disbursement
Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

41.17

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN EXPRESS)

Full Name (Last, First, Middle Initial)

C. American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4044.29

SUBTOTAL of Disbursements This Page (optional)

4044.29

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)
America's Foundation

Full Name (Last, First, Middle Initial)

A. Airport Wireless

Mailing Address Philadelphia Int'l Airport

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement
Telecommunications

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 121

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2006

Amount of Each Disbursement this Period

96.28

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

Full Name (Last, First, Middle Initial)

B. American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Finance Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 127

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2006

Amount of Each Disbursement this Period

56.74

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 30th and Market St, Fl. 5

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 119

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2006

Amount of Each Disbursement this Period

147.25

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

Full Name (Last, First, Middle Initial)

A. AOL Online Service

Mailing Address PO Box 10810

City Herndon State VA Zip Code 20172

Purpose of Disbursement
Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.90

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

Full Name (Last, First, Middle Initial)

B. AOL Online Service

Mailing Address PO Box 10810

City Herndon State VA Zip Code 20172

Purpose of Disbursement
Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.90

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

Full Name (Last, First, Middle Initial)

C. Forsters Framing

Mailing Address 183 E. Lancaster Ave.

City Wayne State PA Zip Code 19087

Purpose of Disbursement
PAC Fundraising Event Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 116

Date of Disbursement

/ /

Amount of Each Disbursement this Period

719.74

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

Full Name (Last, First, Middle Initial)

A. Forsters Framing

Mailing Address 183 E. Lancaster Ave.

City Wayne State PA Zip Code 19087

Purpose of Disbursement
PAC Fundraising Event Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

175.96

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

Full Name (Last, First, Middle Initial)

B. Hilton Hotels

Mailing Address 3600 Sansom Street

City Philadelphia State PA Zip Code 19104

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 126

Date of Disbursement

/ /

Amount of Each Disbursement this Period

49.10

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

Full Name (Last, First, Middle Initial)

C. Hirst Photography

Mailing Address 281 Greenridge Road

City Glenmoore State PA Zip Code 19343

Purpose of Disbursement
PAC Fundraising Event Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 117

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1325.81

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A. PPA Full Name (Last, First, Middle Initial) Mailing Address 1 Callowhill Street City Philadelphia State PA Zip Code 19123 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 120 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 76.00 [MEMO ITEM] (SEE ABOVE - 02/03/06 AME- RICAN HERITAGE F.C.U.)
B. U.S. Senate Restaurants Full Name (Last, First, Middle Initial) Mailing Address First & C streets N.E. City Washington State DC Zip Code 20510 Purpose of Disbursement Meals 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) ▼		Transaction ID: 122 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 508.91 [MEMO ITEM] (SEE ABOVE - 02/03/06 AME- RICAN HERITAGE F.C.U.)
C. US Airways Full Name (Last, First, Middle Initial) Mailing Address 3311 Airport Rd City Allentown State PA Zip Code 18109 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 123 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 840.70 [MEMO ITEM] (SEE ABOVE - 02/03/06 AME- RICAN HERITAGE F.C.U.)

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 31

<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)
America's Foundation

A. Full Name (Last, First, Middle Initial) American Heritage Credit Union		Transaction ID: 128 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 67001		Amount of Each Disbursement this Period <div>349.96</div>
City Harrisburg State PA Zip Code 17106-7001		
Purpose of Disbursement Credit Card Payment	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
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. Full Name (Last, First, Middle Initial) American Heritage Credit Union		Transaction ID: 131 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 67001		Amount of Each Disbursement this Period <div>10.00</div>
City Harrisburg State PA Zip Code 17106-7001		
Purpose of Disbursement Finance Charge	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
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) ▼	
C. Full Name (Last, First, Middle Initial) AOL Online Service		Transaction ID: 129 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 6</div> </div>
Mailing Address PO Box 10810		Amount of Each Disbursement this Period <div>23.90</div>
City Herndon State VA Zip Code 20172		
Purpose of Disbursement Internet	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AMERICAN HERITAGE F.C.U.)

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AMERICAN HERITAGE F.C.U.)

SUBTOTAL of Disbursements This Page (optional)

349.96

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)
America's Foundation

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 755 W. Lancaster Ave.

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

266.16

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 4009

City State Zip Code
Silver Spring MD 20914

Purpose of Disbursement
Telecommunications

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.90

[MEMO ITEM]

(SEE ABOVE - 02/03/06 AME-
RICAN HERITAGE F.C.U.)

Full Name (Last, First, Middle Initial)

C. Bankcard MTOT Discount

Mailing Address P.O. Box 189

City State Zip Code
Hagerstown MD 21741-0189

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 154

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

SUBTOTAL of Disbursements This Page (optional)

45.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

Full Name (Last, First, Middle Initial)

A. Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement
Accounting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3555.83

Full Name (Last, First, Middle Initial)

B. Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 139

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.61

Full Name (Last, First, Middle Initial)

C. Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 152

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

3667.44

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
America's Foundation

Full Name (Last, First, Middle Initial)

A. Paychex, Inc

Mailing Address Valley Forge Corporate Center
1100 Adams Avenue

City Norristown State PA Zip Code 19403

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

163.00

Full Name (Last, First, Middle Initial)

B. Paychex, Inc

Mailing Address Valley Forge Corporate Center
1100 Adams Avenue

City Norristown State PA Zip Code 19403

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 151

Date of Disbursement

/ /

Amount of Each Disbursement this Period

311.31

Full Name (Last, First, Middle Initial)

C. Paychex, Inc

Mailing Address Valley Forge Corporate Center
1100 Adams Avenue

City Norristown State PA Zip Code 19403

Purpose of Disbursement
Workers Comp Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 153

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.06

SUBTOTAL of Disbursements This Page (optional)

492.37

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A. Sprint Full Name (Last, First, Middle Initial) Mailing Address PO Box 17621 City Baltimore State MD Zip Code 21297-1621 Purpose of Disbursement Telephone 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) ▼		Transaction ID: 135 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 159.91
B. Union League of Philadelphia Full Name (Last, First, Middle Initial) Mailing Address 140 South Broad Street City Philadelphia State PA Zip Code 19102-3083 Purpose of Disbursement INKIND Contribution - Event Costs Candidate Name Jon Kyl Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 136 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 1195.83
C. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 41556 City Philadelphia State PA Zip Code 19101-1556 Purpose of Disbursement Telephone 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) ▼		Transaction ID: 138 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 102.08

SUBTOTAL of Disbursements This Page (optional)

1457.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 31

<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)
America's Foundation

A. Full Name (Last, First, Middle Initial)
Wachovia Bank

Mailing Address 1753 Pinnacle Drive

City State Zip Code
Mclean VA 22102

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 155

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	0	6

Amount of Each Disbursement this Period

16.50

SUBTOTAL of Disbursements This Page (optional)

16.50

TOTAL This Period (last page this line number only)

12352.21

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 26 / 31

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A. Full Name (Last, First, Middle Initial)
Union League of Philadelphia

Mailing Address 140 South Broad Street

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
INKIND Contribution - Event Costs

Candidate Name
Jon Kyl

Office Sought: ☐ House
☒ Senate
☐ President

State: AZ District:

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 137

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1195.83

[MEMO ITEM]
INKIND Contribution

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 31

<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 checked="" 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)

America's Foundation

Full Name (Last, First, Middle Initial)

A. Chet Beiler

Mailing Address 331 Fruitville Pike

City
Manheim

State
PA

Zip Code
17545-9705

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 148

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 31

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
America's Foundation

Full Name (Last, First, Middle Initial)

A. Christian Counseling Services of Indiana

Mailing Address 301 Indiana Theater Bldg.
637 Philadelphia St.

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Charitable Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 142

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Christian Sports International

Mailing Address PO Box 255
626 W. Castle St, Ste 202

City Zelenople State PA Zip Code 16063

Purpose of Disbursement
Charitable Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 143

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cranaeth Spiritual Center

Mailing Address

City State Zip Code

Purpose of Disbursement
Charitable Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 144

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 31

<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)

America's Foundation

Full Name (Last, First, Middle Initial)

A. New Life Youth & Family Services

Mailing Address 585 Freeman School Rd.

City State Zip Code
Schwenksville PA 19473

Purpose of Disbursement
Charitable Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 145

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pennsylvanians for Human Life Educational Fund

Mailing Address 506 Broadway

City State Zip Code
Scranton PA 18505

Purpose of Disbursement
Charitable Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 149

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rock Ministries of Philadelphia

Mailing Address PO Box 410

City State Zip Code
Southampton PA 18966

Purpose of Disbursement
Charitable Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 146

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 31

<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)
America's Foundation

A. Full Name (Last, First, Middle Initial)
Shepherd's Maternity House

Mailing Address PO Box 883

City State Zip Code
E. Stroudsburg PA 18301

Purpose of Disbursement
Charitable Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 147

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

6500.00

Form/Schedule: **F3XN**

Transaction ID:

ALL EXPENDITURES ON SCHEDULE B, LINE 21(B) WERE PAC EXPENSES. REIMBURSEMENTS REPRESENT EXPENSES INCURRED ON BEHALF OF AMERICA'S FOUNDATION THAT WERE REIMBURSED AT THE EXACT AMOUNT CHARGED AT THE TIME THE EXPENSE WAS INCURRED. EVERYONE ASSOCIATED WITH AMERICA'S FOUNDATION IS MADE FULLY AWARE THAT IT IS REQUIRED TO PAY FOR GOODS AND SERVICES AT THE USUAL AND NORMAL CHARGE, AND AT NO TIME HAS THE COMMITTEE REQUESTED OR RECEIVED ANY DISCOUNT FOR GOODS OR SERVICES PROVIDED TO IT.
