

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 Dickstein Shapiro LLP PAC

ADDRESS (number and street) 1825 Eye Street, NW Washington DC 20006 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00110197 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2007 through 06 30 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 Mr. L. Andrew Zausner Signature of Treasurer Electronically Filed by Mr. L. Andrew Zausner Date 07 25 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**

Write or Type Committee Name  
Dickstein Shapiro LLP PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

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="center">69185.77</td></tr></table>	69185.77
Y	Y	Y	Y									
2	0	0	7									
69185.77												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">69185.77</td></tr></table>	69185.77										
69185.77												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">41349.53</td></tr></table>	41349.53	<table border="1" style="width: 100%;"><tr><td align="center">41349.53</td></tr></table>	41349.53								
41349.53												
41349.53												
(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="center">110535.30</td></tr></table>	110535.30	<table border="1" style="width: 100%;"><tr><td align="center">110535.30</td></tr></table>	110535.30								
110535.30												
110535.30												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">66646.32</td></tr></table>	66646.32	<table border="1" style="width: 100%;"><tr><td align="center">66646.32</td></tr></table>	66646.32								
66646.32												
66646.32												
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="center">43888.98</td></tr></table>	43888.98	<table border="1" style="width: 100%;"><tr><td align="center">43888.98</td></tr></table>	43888.98								
43888.98												
43888.98												
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="center">0.00</td></tr></table>	0.00										
0.00												
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="center">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Dickstein Shapiro LLP PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

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	40730.00	40730.00
(i) Itemized (use Schedule A) .....	400.00	400.00
(ii) Unitemized .....	41130.00	41130.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ▶	41130.00	41130.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	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.) .....	219.53	219.53
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)) .....	41349.53	41349.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41349.53	41349.53

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	771.95	771.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	771.95	771.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65874.37	65874.37
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
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))..	66646.32	66646.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	66646.32	66646.32

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	41130.00	41130.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41130.00	41130.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	771.95	771.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	771.95	771.95

# 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 / 44
	<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)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Ken Adams		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 1825 Eye St. NW		Transaction ID: SA11A1.6761
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Eric Bensky		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6830
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 640.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Matt Bergman		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6762
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 220.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Matt Bergman		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6763
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 220.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Matt Bergman		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6764
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 220.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Paul Bran		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2007
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6765
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1280.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1720.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Laura Brutman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6768
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 560.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lindsay Conner		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6771
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Donald Corbett		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6772
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 620.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Jeremy Cubert</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6773</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 620.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Merle DeLancy</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6774</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1080.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00		

Full Name (Last, First, Middle Initial) <b>C. Ms Ida Draim</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6777</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Ida Draim Mailing Address 1825 Eye St., NW City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 27 / 2007 <b>Transaction ID:</b> SA11A1.6829 Amount of Each Receipt this Period 100.00
Name of Employer: Dickstein Shapiro, LLP Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jennifer Eck Mailing Address 1825 Eye St., NW City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 08 / 2007 <b>Transaction ID:</b> SA11A1.6778 Amount of Each Receipt this Period 620.00
Name of Employer: Dickstein Shapiro, LLP Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 620.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David Elkind Mailing Address 1825 Eye St., NW City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2007 <b>Transaction ID:</b> SA11A1.6779 Amount of Each Receipt this Period 1320.00
Name of Employer: Dickstein Shapiro, LLP Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2040.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Arnold Gulkowitz</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6783</b>
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1860.00
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1860.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Philip Hampton</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6784</b>
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 660.00
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Maria Heard</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6785</b>
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 620.00
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Leon Kellner		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6787	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1720.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1720.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Victoria Kummer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6788	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 660.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Owen Kurtin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6791	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3380.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 44
	<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)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Richard LaCava</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6793</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 560.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Fred Lowther</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6794</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1140.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Fred Lowther</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6795</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1640.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 44
	<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)  
Dickstein Shapiro LLP PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Patrick Lynch

Mailing Address 1825 Eye St., NW

City Washington State DC Zip Code 20006

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

Name of Employer Dickstein Shapiro, LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
05 / 12 / 2007

Transaction ID: SA11A1.6990

Amount of Each Receipt this Period  
1080.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ed Meilman

Mailing Address 1825 Eye St., NW

City Washington State DC Zip Code 20006

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

Name of Employer Dickstein Shapiro, LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
06 / 11 / 2007

Transaction ID: SA11A1.6796

Amount of Each Receipt this Period  
920.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles Miller

Mailing Address 1825 Eye St., NW

City Washington State DC Zip Code 20006

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

Name of Employer Dickstein Shapiro, LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
05 / 13 / 2007

Transaction ID: SA11A1.6797

Amount of Each Receipt this Period  
660.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2660.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Gianni Minutoli		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		<b>Transaction ID:</b> SA11A1.6799	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 560.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ira Mitzner		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		<b>Transaction ID:</b> SA11A1.6800	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 1120.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Morgan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		<b>Transaction ID:</b> SA11A1.6801	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 760.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2440.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 44
	<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)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Peter Morgan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6802
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1720.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1720.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Michael Nannes		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6803
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1720.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1720.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Jerold Oshinsky		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6988
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4440.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Mark Paoletta</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6806</b>	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark Perlis</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6807</b>	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Woody Peterson</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6808</b>	
City Washinton	State DC	Zip Code 20006	Amount of Each Receipt this Period 1040.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2540.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Rhodes</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6811</b>	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 560.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Steve Roman</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6812</b>	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms Gabrielle Roth</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6813</b>	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 570.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael Rustum		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 2107 L Street, NW		Transaction ID: SA11A1.6814
City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 740.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro Morin & Oshinsky, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Michael Scheer		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6815
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 660.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Elizabeth Sherwin		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2007
Mailing Address 1825 Eye St., NW		Transaction ID: SA11A1.6816
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Harvey Sherzer</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6817</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1160.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian Siff</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6818</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 880.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Deborah Skakel</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6819</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3040.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Edward Tessler		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 1825 Eye St., NW		<b>Transaction ID:</b> SA11A1.6820
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Steven Weinstein		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 1825 Eye St., NW		<b>Transaction ID:</b> SA11A1.6821
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 680.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Wentworth		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 1825 Eye St., NW		<b>Transaction ID:</b> SA11A1.6824
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 560.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 44
	(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)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Bradley Wine</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6827</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 560.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Adam Ziffer</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007	
Mailing Address 1825 Eye St., NW		<b>Transaction ID: SA11A1.6828</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 660.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	40730.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 44	
	(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"/> 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) Dickstein Shapiro LLP PAC
--

Full Name (Last, First, Middle Initial) A. Dickstein Shapiro, LLP	
Mailing Address 1825 Eye St.	
City Washington	State DC
Zip Code 20006	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.53

Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Transaction ID: SA17.6987
Amount of Each Receipt this Period 219.53
In-kind for administrative costs.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	219.53
<b>TOTAL</b> This Period (last page this line number only) .....	▶	219.53

# 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)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Dickstein Shapiro, LLP</b>		<b>Transaction ID:</b> SB21B.6991 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 1825 Eye St.		Amount of Each Disbursement this Period 219.53	
City Washington State DC Zip Code 20006	Purpose of Disbursement in-kind for administrative expenses Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dickstein Shapiro, LLP</b>		<b>Transaction ID:</b> SB21B.6995 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 1825 Eye St.		Amount of Each Disbursement this Period 409.80	
City Washington State DC Zip Code 20006	Purpose of Disbursement Debt Payment/ Accounting Correction Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dickstein Shapiro, LLP</b>		<b>Transaction ID:</b> SB21B.6996 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 1825 Eye St.		Amount of Each Disbursement this Period 0.60	
City Washington State DC Zip Code 20006	Purpose of Disbursement Debt Payment/ Accounting Correction Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	629.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 44

<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)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial)

**A.** Dickstein Shapiro LLP PAC

Mailing Address 1825 Eye Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Cash-on-Hand adjustment. See form 99 (2)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6978

Date of Disbursement

/   /

Amount of Each Disbursement this Period

551.82

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

551.82

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

1181.75

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER FOR SENATE INC</b>		Transaction ID: SB23.6862
Mailing Address PO BOX 121919		Date of Disbursement MM / DD / YYYY 02 / 15 / 2007
City NASHVILLE	State TN	Zip Code 37212
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name LAMAR ALEXANDER	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 00		

Full Name (Last, First, Middle Initial) <b>B. ALLIANCE FOR THE WEST</b>		Transaction ID: SB23.6945
Mailing Address P.O. Box 26366		Date of Disbursement MM / DD / YYYY 06 / 15 / 2007
City Alexandria	State VA	Zip Code 22313
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BOB ETHERIDGE FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.6849
Mailing Address POST OFFICE BOX 28001		Date of Disbursement MM / DD / YYYY 02 / 06 / 2007
City RALEIGH	State NC	Zip Code 27611
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name ETHERIDGE, BOB	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. BOYD FOR CONGRESS</b>		Transaction ID: SB23.6873 Date of Disbursement																					
Mailing Address P.O. Box 15703		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	7		2	0	0	7														
City Tallahassee	State FL	Zip Code 32317	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution		Category/ Type	1000.00																				
Candidate Name F. ALLEN JR. BOYD																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: FL	District: 2																						

Full Name (Last, First, Middle Initial) <b>B. BRAD MILLER FOR UNITED STATES CONGRESS</b>		Transaction ID: SB23.6864 Date of Disbursement																					
Mailing Address P.O. Box 10322		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	5		2	0	0	7														
City Raleigh	State NC	Zip Code 27605	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution		Category/ Type	1000.00																				
Candidate Name BRAD MILLER																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NC	District: 13																						

Full Name (Last, First, Middle Initial) <b>C. BRAD MILLER FOR UNITED STATES CONGRESS</b>		Transaction ID: SB23.6935 Date of Disbursement																					
Mailing Address P.O. Box 10322		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	3		2	0	0	7														
City Raleigh	State NC	Zip Code 27605	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution		Category/ Type	1000.00																				
Candidate Name BRAD MILLER																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NC	District: 13																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 44

<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)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. BUTTERFIELD FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.6906 Date of Disbursement
Mailing Address PO Box 2571		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Wilson	State NC	Zip Code 27894
Purpose of Disbursement Political Contribution	<input type="text" value=""/>	
Candidate Name G K BUTTERFIELD	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 01	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR HARKIN</b>		Transaction ID: SB23.6880 Date of Disbursement
Mailing Address P O BOX 811		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City DES MOINES	State IA	Zip Code 50304
Purpose of Disbursement Political Contribution	<input type="text" value=""/>	
Candidate Name THOMAS RICHARD HARKIN	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR TOM PETRI</b>		Transaction ID: SB23.6882 Date of Disbursement
Mailing Address PO BOX 270		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City FOND DU LAC	State WI	Zip Code 54935
Purpose of Disbursement Political Contribution	<input type="text" value=""/>	
Candidate Name TOM PETRI	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 06	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

# 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 / 44

<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)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. COBLE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6986 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 338 N ELM ST SUITE 204-A PO BOX 1177		Amount of Each Disbursement this Period 1000.00
City GREENSBORO State NC Zip Code 27402	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name JOHN HOWARD COBLE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. COLEMAN FOR U S SENATE</b>		<b>Transaction ID:</b> SB23.6859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 1412 ENERGY PARK DRIVE #11		Amount of Each Disbursement this Period 2000.00
City SAINT PAUL State MN Zip Code 55108	Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name NORM COLEMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. COLLINS FOR SENATOR</b>		<b>Transaction ID:</b> SB23.6921 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address PO BOX 1096		Amount of Each Disbursement this Period 2500.00
City BANGOR State ME Zip Code 04402	Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name SUSAN M COLLINS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 44

<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)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. CONGRESSMAN BART GORDON COMMITTEE</b>		Transaction ID: SB23.6909 Date of Disbursement
Mailing Address P O BOX 2008		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City MURFREESBORO	State TN	Zip Code 37133
Purpose of Disbursement Political Contribution	<input type="text" value=""/>	
Candidate Name BARTON JENNINGS GORDON	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 06	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. CONYERS FOR CONGRESS</b>		Transaction ID: SB23.6844 Date of Disbursement
Mailing Address 1833 E JEFFERSON		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City DETROIT	State MI	Zip Code 48207
Purpose of Disbursement Political Contribution	<input type="text" value=""/>	
Candidate Name JOHN JR. CONYERS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 14	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. DEMINT FOR SENATE COMMITTEE INC</b>		Transaction ID: SB23.6840 Date of Disbursement
Mailing Address PO BOX 12425		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City COLUMBIA	State SC	Zip Code 29211
Purpose of Disbursement Political Contribution	<input type="text" value=""/>	
Candidate Name JAMES W DEMINT	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Dickstein Shapiro, LLP</b>		Transaction ID: SB23.6981 Date of Disbursement 06 / 30 / 2007	
Mailing Address 1825 Eye St.		Amount of Each Disbursement this Period 218.57	
City Washington State DC Zip Code 20006	Purpose of Disbursement In-kind for Bob Inglis event, food & bev	Category/ Type	
Candidate Name INGLIS FOR CONGRESS COMMITTEE INC.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SC District: 04			

Full Name (Last, First, Middle Initial) <b>B. Dickstein Shapiro, LLP</b>		Transaction ID: SB23.6982 Date of Disbursement 06 / 30 / 2007	
Mailing Address 1825 Eye St.		Amount of Each Disbursement this Period 155.80	
City Washington State DC Zip Code 20006	Purpose of Disbursement In-kind for Inglis event, admin costs	Category/ Type	
Candidate Name INGLIS FOR CONGRESS COMMITTEE INC.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SC District: 04			

Full Name (Last, First, Middle Initial) <b>C. ELLSWORTH FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.6868 Date of Disbursement 03 / 06 / 2007	
Mailing Address P.O. Box 62		Amount of Each Disbursement this Period 1000.00	
City Evansville State IN Zip Code 47701	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name BRAD ELLSWORTH	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 08			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1374.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS FOR HARRY REID</b>		Transaction ID: SB23.6877 Date of Disbursement
Mailing Address PO BOX 85223		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
City LAS VEGAS	State NV	Zip Code 89185
Purpose of Disbursement Political Contribution	<input type="text"/>	
Candidate Name HARRY REID	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 00	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Friends of Blanche Lincoln</b>		Transaction ID: SB23.6869 Date of Disbursement
Mailing Address 122 Maryland Avenue, NE #3D		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Political Contribution	<input type="text"/>	
Candidate Name BLANCHE LAMBERT LINCOLN	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 00	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JAY ROCKEFELLER</b>		Transaction ID: SB23.6913 Date of Disbursement
Mailing Address PO BOX 1909		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
City CHARLESTON	State WV	Zip Code 25327
Purpose of Disbursement Political Contribution	<input type="text"/>	
Candidate Name JOHN DAVISON IV ROCKEFELLER	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 00	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JIM INHOFE COMMITTEE</b>		Transaction ID: SB23.6954 Date of Disbursement
Mailing Address PO BOX 13300		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City OKLAHOMA CITY	State OK	Zip Code 73113
Purpose of Disbursement Political Contribution	<input type="text"/>	
Candidate Name JAMES M INHOFE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. GENE GREEN CONGRESSIONAL CAMPAIGN</b>		Transaction ID: SB23.6856 Date of Disbursement
Mailing Address PO BOX 16128		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
City HOUSTON	State TX	Zip Code 77222
Purpose of Disbursement Political Contribution	<input type="text"/>	
Candidate Name RAYMOND E. 'GENE' GREEN	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 29	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Graham Majority Committee</b>		Transaction ID: SB23.6969 Date of Disbursement
Mailing Address P.O. Box 75103		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20013
Purpose of Disbursement Political Contribution	<input type="text"/>	
Candidate Name LINDSEY OLIN GRAHAM	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. HEARTLAND VALUES PAC</b>		<b>Transaction ID:</b> SB23.6902 Date of Disbursement
Mailing Address PO Box 505		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HEATH SHULER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6892 Date of Disbursement
Mailing Address PO Box 97		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Hazelwood	State NC	Zip Code 28738
Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>	
Candidate Name JOSEPH H SHULER	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>C. HOYER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6950 Date of Disbursement
Mailing Address 7905 MALCOLM ROAD SUITE 102		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City CLINTON	State MD	Zip Code 20735
Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>	
Candidate Name STENY HAMILTON HOYER	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 05		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. INGLIS FOR CONGRESS COMMITTEE INC.</b>		Transaction ID: SB23.6930 Date of Disbursement
Mailing Address Post Office Box 361		<input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Greenville	State SC	Zip Code 29602
Purpose of Disbursement Political Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name BOB INGLIS	Category/ Type	<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District: 04	

Full Name (Last, First, Middle Initial) <b>B. JOHN D DINGELL FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.6852 Date of Disbursement
Mailing Address 607 FOURTEENTH STREET NW		<input type="text" value="02"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement Political Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name JOHN D DINGELL	Category/ Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 16	

Full Name (Last, First, Middle Initial) <b>C. Knollenberg for Congress Committee</b>		Transaction ID: SB23.6924 Date of Disbursement
Mailing Address 27867 Orchard Lake Road		<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Farmington Hills	State MI	Zip Code 48334
Purpose of Disbursement Political Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name JOSEPH K. KNOLLENBERG	Category/ Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 9	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Levin for Congress</b>		<b>Transaction ID:</b> SB23.6943 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address PO Box 37		Amount of Each Disbursement this Period 1000.00
City Roseville State MI Zip Code 48066	Purpose of Disbursement Political Contribution Candidate Name SANDER M MR LEVIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. LOT OF PEOPLE FOR DAVE OBEY</b>		<b>Transaction ID:</b> SB23.6848 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 525 WASHINGTON ST PO BOX 1322		Amount of Each Disbursement this Period 1000.00
City WAUSAU State WI Zip Code 54402	Purpose of Disbursement Political Contribution Candidate Name DAVID R OBEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MARION BERRY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6886 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address P.O. BOX 8084 P.O. BOX 8084		Amount of Each Disbursement this Period 1000.00
City JONESBORO State AR Zip Code 72403	Purpose of Disbursement Political Contribution Candidate Name MARION BERRY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. MARK PRYOR FOR US SENATE</b>		Transaction ID: SB23.6900 Date of Disbursement
Mailing Address PO BOX 2720		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City LITTLE ROCK	State AR	Zip Code 72203
Purpose of Disbursement Political Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name MARK LUNSFORD PRYOR	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 00		

Full Name (Last, First, Middle Initial) <b>B. MARK UDALL FOR CONGRESS INC.</b>		Transaction ID: SB23.6885 Date of Disbursement
Mailing Address 8690 Wolff Court #200		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
City Westminster	State CO	Zip Code 80031
Purpose of Disbursement Political Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name MARK E. UDALL	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 02		

Full Name (Last, First, Middle Initial) <b>C. MIKE PENCE COMMITTEE</b>		Transaction ID: SB23.6889 Date of Disbursement
Mailing Address P. O. Box 408		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Anderson	State IN	Zip Code 46015
Purpose of Disbursement Political Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name MIKE PENCE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. MINT POLITICAL ACTION COMMITTEE (MINT PAC)</b>		Transaction ID: SB23.6837 Date of Disbursement
Mailing Address PO Box 25943		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Alexandria	State VA	Zip Code 22313
Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MUSGRAVE FOR CONGRESS</b>		Transaction ID: SB23.6960 Date of Disbursement
Mailing Address 15484 RD 18 1/2		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City FORT MORGAN	State CO	Zip Code 80701
Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>	
Candidate Name MARILYN N MUSGRAVE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 04		

Full Name (Last, First, Middle Initial) <b>C. NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC. POLITICAL ACTION COMMITTEE</b>		Transaction ID: SB23.6931 Date of Disbursement
Mailing Address P O BOX 1417-D49		<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. RANGEL FOR CONGRESS</b>		Transaction ID: SB23.6963 Date of Disbursement MM / DD / YYYY 06 / 28 / 2007
Mailing Address PO Box 5577 MANHATTANVILLE STA		Amount of Each Disbursement this Period 3500.00
City New York	State NY	
Zip Code 10027		Category/ Type
Purpose of Disbursement Political Contribution		
Candidate Name CHARLES B RANGEL		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 15	

Full Name (Last, First, Middle Initial) <b>B. RED PAC</b>		Transaction ID: SB23.6834 Date of Disbursement MM / DD / YYYY 01 / 16 / 2007
Mailing Address Post Office Box 51		Amount of Each Disbursement this Period 1000.00
City Homeland	State FL	
Zip Code 33847		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Robert Wexler for Congress Committee</b>		Transaction ID: SB23.6957 Date of Disbursement MM / DD / YYYY 06 / 19 / 2007
Mailing Address 2500 N. Military Trail Suite 288		Amount of Each Disbursement this Period 1000.00
City Boca Raton	State FL	
Zip Code 33431		Category/ Type
Purpose of Disbursement Political Contribution		
Candidate Name ROBERT WEXLER		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 19	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. ROMNEY FOR PRESIDENT EXPLORATORY COMMITTEE INC</b>		<b>Transaction ID:</b> SB23.6941
Mailing Address 585 COMMERCIAL STREET		Date of Disbursement MM / DD / YYYY 06 / 15 / 2007
City BOSTON	State MA	Zip Code 02109
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name MITT ROMNEY		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. SCHULTZ DEBBIE WASSERMAN</b>		<b>Transaction ID:</b> SB23.6927
Mailing Address 1071 Twin Branch Ln		Date of Disbursement MM / DD / YYYY 05 / 02 / 2007
City WESTON	State FL	Zip Code 33326
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name DEBBIE WASSERMAN SCHULTZ		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>C. TEAM SUNUNU</b>		<b>Transaction ID:</b> SB23.6938
Mailing Address PO BOX 500		Date of Disbursement MM / DD / YYYY 06 / 06 / 2007
City RYE	State NH	Zip Code 03870
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name JOHN E SUNUNU		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH District: 00		

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. TIAHRT FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6896
Mailing Address 2250 N Rock Rd #118 A		Date of Disbursement MM / DD / YYYY 03 / 28 / 2007
City Wichita	State KS	Zip Code 67226
Purpose of Disbursement Political Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name TODD W. TIAHRT	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS District: 04		

Full Name (Last, First, Middle Initial) <b>B. TIAHRT FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6946
Mailing Address 2250 N Rock Rd #118 A		Date of Disbursement MM / DD / YYYY 06 / 18 / 2007
City Wichita	State KS	Zip Code 67226
Purpose of Disbursement Political Contribution	Amount of Each Disbursement this Period 2500.00	
Candidate Name TODD W. TIAHRT	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS District: 04		

Full Name (Last, First, Middle Initial) <b>C. Tom Feeny for Congress</b>		<b>Transaction ID:</b> SB23.6917
Mailing Address P.O. Box 2776		Date of Disbursement MM / DD / YYYY 04 / 26 / 2007
City Arlington	State VA	Zip Code 22202
Purpose of Disbursement Political Contribution	Amount of Each Disbursement this Period 500.00	
Candidate Name TOM FEENEY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 24		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

Full Name (Last, First, Middle Initial) <b>A. Tom Rooney for Congress</b>		<b>Transaction ID: SB23.6966</b>	
Mailing Address 2336 SouthEast Ocean Blvd, Ste 313		Date of Disbursement MM / DD / YYYY 04 / 12 / 2007	
City Stuart	State FL	Zip Code 34996	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name Thomas Joseph Rooney			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL	District: 16		

Full Name (Last, First, Middle Initial) <b>B. VOLUNTEERS FOR SHIMKUS</b>		<b>Transaction ID: SB23.6934</b>	
Mailing Address P.O. Box 5458		Date of Disbursement MM / DD / YYYY 05 / 21 / 2007	
City Springfield	State IL	Zip Code 62705	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN M SHIMKUS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 19		

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

2000.00

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

65874.37

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 43 / 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Dickstein Shapiro LLP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Dickstein Shapiro Morin & Oshinsky, LLP	Nature of Debt (Purpose): Aministrative costs
Mailing Address 2101 L Street, NW	
City State ZIP Code Washington, DC 20037	

Outstanding Balance Beginning This Period <input type="text" value="-409.80"/>	<b>Transaction ID: SD10.102</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="-409.80"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Dickstein Shapiro Morin & Oshinsky, LLP	Nature of Debt (Purpose): Admin. Costs (fax, copy, rent, etc.)
Mailing Address 2101 L Street, NW	
City State ZIP Code Washington, DC 20037	

Outstanding Balance Beginning This Period <input type="text" value="410.40"/>	<b>Transaction ID: SD10.183</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="410.40"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Form/Schedule: **F3XN**

Transaction ID:

Over the course of January 1st through June 30th, 2007, the firm provided \$4,597.86 in legal and accounting services to the PAC. This reflects general accounting and work on an internal review of PAC transactions for the last six years. The services were provided on various dates by Scott Thomas (\$113.05), Laurie McKay (\$529.25), Katie Phillips (\$3,613.11), and Jeffrey Campbell (\$342.45).