

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2007 through 09 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 Keith Davis

Signature of Treasurer Electronically Filed by Keith Davis Date 10 19 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
STRAIGHT TALK AMERICA

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

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; vertical-align: middle;"><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		33386.58
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	21315.24									
(c) Total Receipts (from Line 19)	26500.00	175788.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47815.24	209174.97								
7. Total Disbursements (from Line 31)	20822.04	182181.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26993.20	26993.20								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	10525.86									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	166728.76									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
STRAIGHT TALK AMERICA

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

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	25000.00	129000.00
(i) Itemized (use Schedule A)	0.00	2720.38
(ii) Unitemized	25000.00	131720.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1500.00	26500.00
(c) Other Political Committees (such as PACs)	26500.00	158220.38
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	376.60
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	17191.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26500.00	175788.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26500.00	175788.39

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	20822.04	211831.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	20822.04	211831.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	-12500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(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	100.00
29. Other Disbursements.....	0.00	-17250.00
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))..	20822.04	182181.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20822.04	182181.77

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)	26500.00	158220.38
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26500.00	158120.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20822.04	211831.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	376.60
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20822.04	211455.17

**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 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Anthony B. Helfet

Mailing Address 109 Oak Ave

City State Zip Code
Kentfield CA 94904

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

Name of Employer MCF Co. Occupation Investment Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.97641

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. David M. Knott

Mailing Address 485 Underhill Blvd.
Ste 205

City State Zip Code
Syosset NY 11791

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

Name of Employer Knott Partners, LP Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.97643

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mrs. Megan Madigan

Mailing Address 1300 Connecticut Ave NW
Ste 600

City State Zip Code
Washington DC 20036

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

Name of Employer Interior Designer Occupation Self

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.97647

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 27
	(check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)
Mr. Peter T. Madigan

Mailing Address **1300 Connecticut Ave NW
Ste 600**

City **Washington** State **DC** Zip Code **20036**

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

Name of Employer **Johnson, Madigan, Peck, Boland, et al.** Occupation **Executive**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	7

Transaction ID: SA11A1.97644

Amount of Each Receipt this Period

5000.00							
---------	--	--	--	--	--	--	--

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. David S. Pottruck

Mailing Address **1 California St
Ste 2630**

City **San Francisco** State **CA** Zip Code **94111**

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

Name of Employer **Red Eagle Ventures, Inc.** Occupation **Chairman/CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	7

Transaction ID: SA11A1.97642

Amount of Each Receipt this Period

5000.00							
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Contribution

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	25000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 27
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. MOTOROLA INC. POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 1455 Pennsylvania Avenue N.W. Suite 900		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee.	<input type="text" value="C00075341"/>	Transaction ID: SA11C.97648
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>
	<input type="text" value="1500.00"/>	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1500.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 9 / 27

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

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.97608 Date of Disbursement MM / DD / YYYY 09 / 18 / 2007
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 209.08
City Newark State NJ Zip Code 07101-1270	001 Category/Type	
Purpose of Disbursement Credit Card Payment(See Attached Memos)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sprint PCS		Transaction ID: SB21B.97608.2 Date of Disbursement MM / DD / YYYY 09 / 18 / 2007
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 104.99
City Newark State NJ Zip Code 07101-1769	001 Category/Type	
Purpose of Disbursement Telephone-Cellular		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Caplin & Drysdale		Transaction ID: SB21B.97623 Date of Disbursement MM / DD / YYYY 09 / 18 / 2007
Mailing Address One Thomas Circle, NW Ste. 1100		Amount of Each Disbursement this Period 555.05
City Washington State DC Zip Code 20005	001 Category/Type	
Purpose of Disbursement Legal Consultant		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	764.13
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Caplin & Drysdale		Transaction ID: SB21B.97624 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address One Thomas Circle, NW Ste. 1100		Amount of Each Disbursement this Period 1017.91
City Washington State DC Zip Code 20005	Purpose of Disbursement Legal Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) B. Caplin & Drysdale		Transaction ID: SB21B.97625 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address One Thomas Circle, NW Ste. 1100		Amount of Each Disbursement this Period 37.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Legal Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) C. Caplin & Drysdale		Transaction ID: SB21B.97626 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address One Thomas Circle, NW Ste. 1100		Amount of Each Disbursement this Period 630.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Legal Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	1684.91
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 27

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

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Caplin & Drysdale		Transaction ID: SB21B.97631 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address One Thomas Circle, NW Ste. 1100		Amount of Each Disbursement this Period 1091.67
City Washington State DC Zip Code 20005	Purpose of Disbursement Legal Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Care First Blue Cross Blue Shield		Transaction ID: SB21B.97615 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 460.00
City Baltimore State MD Zip Code 21279	Purpose of Disbursement Health Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. EDonation		Transaction ID: SB21B.97612 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 118 N. St. Asaph Street		Amount of Each Disbursement this Period 500.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Merchant Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	2051.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Huckaby Davis Lisker		Transaction ID: SB21B.97627 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2007
Mailing Address 228 S. Washington St., Suite 115		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Compliance Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mini U Storage		Transaction ID: SB21B.97613 Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2007
Mailing Address 500 S. Pickett Street		Amount of Each Disbursement this Period 119.00
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Storage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Courtney Nahigian		Transaction ID: SB21B.97632 Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2007
Mailing Address 331 Cameron Station Blvd.		Amount of Each Disbursement this Period 150.00
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Rent, Utilities, Copying, Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1269.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 27

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

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NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Courtney Nahigian		Transaction ID: SB21B.97629 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 331 Cameron Station Blvd.		Amount of Each Disbursement this Period 3201.90
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National City Bank		Transaction ID: SB21B.97633 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address PO Box 5756		Amount of Each Disbursement this Period 52.24
City Akron State OH Zip Code 44101	Purpose of Disbursement Bank Charges Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB21B.97606 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address 7450 Tilghman St., Ste. 107		Amount of Each Disbursement this Period 35.00
City Allentown State PA Zip Code 18106-9037	Purpose of Disbursement Payroll Service Charge Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3289.14
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB21B.97620 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address 7450 Tilghman St., Ste. 107		Amount of Each Disbursement this Period 1642.35
City Allentown State PA Zip Code 18106-9037	Purpose of Disbursement Employer Contribution Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Southwest Publishing and Mailing Corp.		Transaction ID: SB21B.97628 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 2600 NW Topeka Blvd.		Amount of Each Disbursement this Period 10000.00
City Topeka State KS Zip Code 66617	Purpose of Disbursement Direct Mail-Postage/Production Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) C. Sprint PCS		Transaction ID: SB21B.97630 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 106.04
City Newark State NJ Zip Code 07101-1769	Purpose of Disbursement Telephone-Cellular Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional)	11748.39
TOTAL This Period (last page this line number only)	20807.24

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 / 27
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

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

Outstanding Balance Beginning This Period 555.05	Transaction ID: SD10.97158	
Amount Incurred This Period 0.00	Payment This Period 555.05	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1017.91	Transaction ID: SD10.97383	
Amount Incurred This Period 0.00	Payment This Period 1017.91	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 37.00	Transaction ID: SD10.97376	
Amount Incurred This Period 0.00	Payment This Period 37.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

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

Outstanding Balance Beginning This Period <input type="text" value="630.00"/>	Transaction ID: SD10.97441	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="630.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Compliance Consultant
Mailing Address 228 S. Washington St., Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID: SD10.97435	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Compliance Consultant
Mailing Address 228 S. Washington St., Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID: SD10.97424	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1000.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Compliance Consultant
Mailing Address 228 S. Washington St., Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: SD10.97547	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Compliance Consultant
Mailing Address 228 S. Washington St., Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: SD10.97587	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Compliance Consultant
Mailing Address 228 S. Washington St., Suite 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.97636	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional).....	▶	3000.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 43322.20	Transaction ID: SD10.97426	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 43322.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 140.00	Transaction ID: SD10.97479	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 140.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 720.34	Transaction ID: SD10.97484	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 720.34

1) SUBTOTALS This Period This Page (optional).....	44182.54
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 140.00	Transaction ID: SD10.97548	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 140.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 6413.44	Transaction ID: SD10.97588	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6413.44

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI	Nature of Debt (Purpose): Database File Maintenance
Mailing Address 490 White Pond Drive	
City State ZIP Code Akron OH 44320	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.97638	
Amount Incurred This Period 140.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 140.00

1) SUBTOTALS This Period This Page (optional).....	▶	6693.44
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtney Nahigian	Nature of Debt (Purpose): Salary
Mailing Address 331 Cameron Station Blvd.	
City State ZIP Code Alexandria VA 22304	

Outstanding Balance Beginning This Period 3201.90	Transaction ID: SD10.97423	
Amount Incurred This Period 0.00	Payment This Period 3201.90	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtney Nahigian	Nature of Debt (Purpose): Salary
Mailing Address 331 Cameron Station Blvd.	
City State ZIP Code Alexandria VA 22304	

Outstanding Balance Beginning This Period 3201.90	Transaction ID: SD10.97485	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3201.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtney Nahigian	Nature of Debt (Purpose): Salary
Mailing Address 331 Cameron Station Blvd.	
City State ZIP Code Alexandria VA 22304	

Outstanding Balance Beginning This Period 3201.90	Transaction ID: SD10.97546	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3201.90

1) SUBTOTALS This Period This Page (optional).....	6403.80
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtney Nahigian	Nature of Debt (Purpose): Salary
Mailing Address 331 Cameron Station Blvd.	
City State ZIP Code Alexandria VA 22304	

Outstanding Balance Beginning This Period 3201.90	Transaction ID: SD10.97586	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3201.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtney Nahigian	Nature of Debt (Purpose): Salary
Mailing Address 331 Cameron Station Blvd.	
City State ZIP Code Alexandria VA 22304	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.97635	
Amount Incurred This Period 3201.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 3201.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex	Nature of Debt (Purpose): Employer Contribution Payroll Taxes
Mailing Address 7450 Tilghman St., Ste. 107	
City State ZIP Code Allentown PA 18106-9037	

Outstanding Balance Beginning This Period 1642.35	Transaction ID: SD10.97428	
Amount Incurred This Period 0.00	Payment This Period 1642.35	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	6403.80
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex	Nature of Debt (Purpose): Employer Contribution Payroll Taxes
Mailing Address 7450 Tilghman St., Ste. 107	
City State ZIP Code Allentown PA 18106-9037	

Outstanding Balance Beginning This Period 1642.35	Transaction ID: SD10.97481	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1642.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex	Nature of Debt (Purpose): Employer Contribution Payroll Taxes
Mailing Address 7450 Tilghman St., Ste. 107	
City State ZIP Code Allentown PA 18106-9037	

Outstanding Balance Beginning This Period 1642.35	Transaction ID: SD10.97549	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1642.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex	Nature of Debt (Purpose): Employer Contribution Payroll Taxes
Mailing Address 7450 Tilghman St., Ste. 107	
City State ZIP Code Allentown PA 18106-9037	

Outstanding Balance Beginning This Period 1642.35	Transaction ID: SD10.97589	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1642.35

1) SUBTOTALS This Period This Page (optional).....	▶	4927.05
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex	Nature of Debt (Purpose): Employer Contribution Payroll Taxes
Mailing Address 7450 Tilghman St., Ste. 107	
City State ZIP Code Allentown PA 18106-9037	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.97640	
Amount Incurred This Period 1642.35	Payment This Period 0.00	Outstanding Balance at Close of This Period 1642.35

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

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

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

Outstanding Balance Beginning This Period 36276.23	Transaction ID: SD10.86868	
Amount Incurred This Period 0.00	Payment This Period 10000.00	Outstanding Balance at Close of This Period 26276.23

1) SUBTOTALS This Period This Page (optional).....	54643.58
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

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

Outstanding Balance Beginning This Period <input type="text" value="16648.18"/>		Transaction ID: SD10.96351	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16648.18"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="9770.77"/>		Transaction ID: SD10.97482	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9770.77"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="10822.60"/>		Transaction ID: SD10.96353	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10822.60"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="37241.55"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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

NAME OF COMMITTEE (In Full)
STRAIGHT TALK AMERICA

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.97483	
2233.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2233.00	

1) SUBTOTALS This Period This Page (optional).....	2233.00
2) TOTALS This Period (last page this line number only).....	166728.76
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Form/Schedule: **F3XN**

Transaction ID:

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