

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

BILL PAC

ADDRESS (number and street) 228 S. Washington St., Ste. 115

Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00412288

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

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

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 06 01 2006 through 06 30 2006

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

Type or Print Name of Treasurer Jeff Reeder

Signature of Treasurer Electronically Filed by Jeff Reeder Date 07 18 2006

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

Office Use Only							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
BILL PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		4761.72
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	7236.72									
(c) Total Receipts (from Line 19)	13150.00	18150.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20386.72	22911.72								
7. Total Disbursements (from Line 31)	13038.64	15563.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7348.08	7348.08								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
BILL PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7850.00	8850.00
(i) Itemized (use Schedule A)	1100.00	1100.00
(ii) Unitemized	8950.00	9950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	4200.00	8200.00
(c) Other Political Committees (such as PACs)	13150.00	18150.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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))	13150.00	18150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13150.00	18150.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	538.64	563.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	538.64	563.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	15000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	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))..	13038.64	15563.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13038.64	15563.64

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)	13150.00	18150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13150.00	18150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	538.64	563.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	538.64	563.64

**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 / 17
	<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)
BILL PAC

Full Name (Last, First, Middle Initial) A. David E. Alperstein		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 3515 Washington Blvd. Unit 401		Transaction ID: SA11A1.4134	
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Joseph B. Brennan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 624 Oakland Terrace		Transaction ID: SA11A1.4136	
City Alexandria	State VA	Zip Code 22302	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
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) C. Herman E. Bulls		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 9610 Crosspointe Dr.		Transaction ID: SA11A1.4138	
City Fairfax Station	State VA	Zip Code 22039	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<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)
BILL PAC

Full Name (Last, First, Middle Initial) A. Joseph D. Delogu		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 1717 Pennsylvania Ave., NW Ste. 1000		Transaction ID: SA11A1.4140	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
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. W. Michael Ellis, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 6 Hartman Court		Transaction ID: SA11A1.4142	
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
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) C. Walter R. Howell, III		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 415 Timber Branch Parkway		Transaction ID: SA11A1.4146	
City Alexandria	State VA	Zip Code 22302	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<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)
BILL PAC

A. Full Name (Last, First, Middle Initial) Hillary Glaser Johnson Mailing Address 1814 A St., SE City Washington State DC Zip Code 20003 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.4148 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Jones Lang LaSalle Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Katharine Y. Kolb Mailing Address 1925 16th St., NW Apt. 401 City Washington State DC Zip Code 20009 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.4152 Amount of Each Receipt this Period 250.00 Contribution
Name of Employer Jones Lang LaSalle Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) William F. Magner, III Mailing Address 5325 Kenwood Ave. City Chevy Chase State MD Zip Code 20815 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.4160 Amount of Each Receipt this Period 300.00 Contribution
Name of Employer Jones Lang LaSalle Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<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)
BILL PAC

Full Name (Last, First, Middle Initial) A. Timothy McGarrity		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 5711 Ridgefield Rd.		Transaction ID: SA11A1.4162	
City Bethesda	State MD	Zip Code 20816	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. W. David McGarry		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 6409 Kennedy Dr.		Transaction ID: SA11A1.4164	
City Chevy Chase	State MD	Zip Code 20815	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
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) C. Mary G. Mitschow		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 134 Roberts Lane, #301		Transaction ID: SA11A1.4180	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Spaulding & Slye	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<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)
BILL PAC

A. Full Name (Last, First, Middle Initial)
Mary G. Mitschow

Mailing Address 134 Roberts Lane, #301

City State Zip Code
Alexandria VA 22314

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

Name of Employer Spaulding & Slye Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.4182

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Marcy A. Owens

Mailing Address 6818 Williamsburg Blvd.

City State Zip Code
Arlington VA 22213

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

Name of Employer Jones Lang LaSalle Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.4166

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Paul F. Robertson

Mailing Address 1717 Pennsylvania Ave., NW Ste. 1000

City State Zip Code
Washington DC 20006

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

Name of Employer Jones Lang LaSalle Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.4168

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

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NAME OF COMMITTEE (In Full)
BILL PAC

Full Name (Last, First, Middle Initial) A. Barry L. Schribner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 8 Sunrise Dr.		Transaction ID: SA11A1.4170	
City Armonk	State NY	Zip Code 10504	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
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. Dean Stefanides		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 1301 S. Joyce St., Apt. 4328		Transaction ID: SA11A1.4174	
City Arlington	State VA	Zip Code 22202	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Kevin R. Wayer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 1110 Arctus Lane		Transaction ID: SA11A1.4178	
City Alexandria	State VA	Zip Code 22308	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Jones Lang LaSalle	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	7850.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 17
	(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)
BILL PAC

A. Full Name (Last, First, Middle Initial)
JONES LANG LASALLE AMERICAS INC POLITICAL ACTION COMMITTEE

Mailing Address 200 EAST RANDOLPH DRIVE

City State Zip Code
CHICAGO IL 60601

FEC ID number of contributing federal political committee. **C** C00396549

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4200.00

Date of Receipt

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

Transaction ID: SA11C.4183

Amount of Each Receipt this Period
4200.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	4200.00
TOTAL This Period (last page this line number only)	▶	4200.00

**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 13 / 17

<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)
BILL PAC

Full Name (Last, First, Middle Initial)

A. Huckaby Davis Lisker

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Accounting/Compliances Services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4185

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

538.64

SUBTOTAL of Disbursements This Page (optional) ►

538.64

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

538.64

**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)
BILL PAC

Full Name (Last, First, Middle Initial) A. BOB NEY FOR CONGRESS		Transaction ID: SB23.4187 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address PO BOX 600		Amount of Each Disbursement this Period 1000.00	
City HEBRON	State OH		Zip Code 43025
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name ROBERT W NEY			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 18			

Full Name (Last, First, Middle Initial) B. BRIAN BILBRAY FOR CONGRESS		Transaction ID: SB23.4208 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 2466 Unicornio Street		Amount of Each Disbursement this Period 1000.00	
City Carlsbad	State CA		Zip Code 92009
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name BRIAN P BILBRAY			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 50			

Full Name (Last, First, Middle Initial) C. CHRIS WAKIM FOR CONGRESS		Transaction ID: SB23.4214 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address PO Box 2176		Amount of Each Disbursement this Period 500.00	
City Wheeling	State WV		Zip Code 26003
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name CHRIS WAKIM			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WV District: 01			

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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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)
BILL PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN HOSTETTLER COMMITTEE		Transaction ID: SB23.4190 Date of Disbursement																				
Mailing Address P.O. Box 3676		<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>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	4		2	0	0	6													
City Evansville	State IN	Zip Code 47735																				
Purpose of Disbursement Contribution		<table border="1"><tr><td>011</td></tr></table>	011																			
011																						
Candidate Name JOHN NATHAN HOSTETTLER		Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: IN	District: 08																					

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial) B. HAYES FOR CONGRESS		Transaction ID: SB23.4202 Date of Disbursement																				
Mailing Address Post Office Box 2000		<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>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	6		2	0	0	6													
City Concord	State NC	Zip Code 28026																				
Purpose of Disbursement Contribution		<table border="1"><tr><td>011</td></tr></table>	011																			
011																						
Candidate Name ROBERT CANNON HAYES		Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: NC	District: 08																					

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial) C. JD HAYWORTH FOR CONGRESS		Transaction ID: SB23.4193 Date of Disbursement																				
Mailing Address 14300 N. Northsight Blvd. #105		<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>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	6		2	0	0	6													
City Scottsdale	State AZ	Zip Code 85260																				
Purpose of Disbursement Contribution		<table border="1"><tr><td>011</td></tr></table>	011																			
011																						
Candidate Name J D HAYWORTH		Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: AZ	District: 05																					

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3500.00</td></tr></table>	3500.00
3500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

<input 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)
BILL PAC

Full Name (Last, First, Middle Initial) A. PORTER FOR CONGRESS		Transaction ID: SB23.4211
Mailing Address PO Box 26087		Date of Disbursement 06 / 28 / 2006
City Las Vegas	State NV	Zip Code 89126
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name JON SR PORTER		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 03		

Full Name (Last, First, Middle Initial) B. SHELLEY MOORE CAPITO FOR CONGRESS		Transaction ID: SB23.4196
Mailing Address P.O. Box 11519		Date of Disbursement 06 / 26 / 2006
City Charleston	State WV	Zip Code 25339
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name SHELLEY MOORE CAPITO		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 02		

Full Name (Last, First, Middle Initial) C. STEVE CHABOT FOR CONGRESS		Transaction ID: SB23.4217
Mailing Address 3339 Harrison Ave. 3014 Harrison Ave.		Date of Disbursement 06 / 28 / 2006
City Cincinnati	State OH	Zip Code 45211
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name STEVE CHABOT		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 01		

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
BILL PAC

Full Name (Last, First, Middle Initial) A. SWEENEY FOR CONGRESS INC		Transaction ID: SB23.4199
Mailing Address Post Office Box 1465		Date of Disbursement MM / DD / YYYY 06 / 26 / 2006
City Clifton Park	State NY	Zip Code 12065
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name JOHN E. SWEENEY	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 20		

Full Name (Last, First, Middle Initial) B. THELMA DRAKE FOR CONGRESS		Transaction ID: SB23.4205
Mailing Address P.O. Box 61480		Date of Disbursement MM / DD / YYYY 06 / 28 / 2006
City Virginia Beach	State VA	Zip Code 23466
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name THELMA D DRAKE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 02		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	12500.00