

# 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  
United Association Political Education Committee

ADDRESS (number and street) 901 Massachusetts Avenue, NW  
 Check if different than previously reported. (ACC)  
Washington DC 20001-4307

2. **FEC IDENTIFICATION NUMBER** C00012476  
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 04 01 2006 through 04 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 Assistant Treasurer Patrick R. Perno

Signature of Treasurer Electronically Filed by Assistant Treasurer Patrick R. Perno Date 05 15 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

United Association Political Education Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
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| M | M |
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| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|--|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>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>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 857772.65 |
| Y  | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2  | 0                       | 0                                 | 6 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 717871.21               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....  | 206454.92               | 486283.74                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....   | 924326.13               | 1344056.39                        |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....  | 55000.00                | 474730.26                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....  | 869326.13               | 869326.13                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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  
United Association Political Education Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 3250.00                       | 3250.00                           |
| (i) Itemized (use Schedule A) .....  | 202625.19                     | 480812.13                         |
| (ii) Unitemized .....  | 205875.19                     | 484062.13                         |
| (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) .....     | 205875.19                     | 484062.13                         |
| 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.) .....   | 579.73                        | 2221.61                           |
| 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)) .....                          | 206454.92                     | 486283.74                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 206454.92                     | 486283.74                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>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.....   | 0.00                                  | 13530.26                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 0.00                                  | 13530.26                                  |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 55000.00                              | 249000.00                                 |
| 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                                  | 212200.00                                 |
| 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))..        | 55000.00                              | 474730.26                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 55000.00                              | 474730.26                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 205875.19                     | 484062.13                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 205875.19                     | 484062.13                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 13530.26                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 13530.26                          |

# 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)  
United Association Political Education Committee

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Thomas M. Collins  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 0 6 |
| Mailing Address 9424 South 82nd Avenue  |  | Transaction ID: SA11A1.9766                                   |
| City<br>Hickory Hills   | State<br>IL                                  | Zip Code<br>60457   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer<br>United Association  | Occupation<br>Special Representative         | Donation  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> John T. Dugan  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 0 6 |
| Mailing Address 296 65th Street, Unit D   |  | Transaction ID: SA11A1.9767                                   |
| City<br>Avalon  | State<br>NJ                                  | Zip Code<br>08202   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer<br>United Association  | Occupation<br>Special Representative         | Donation  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> William P. Hite  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 0 6 |
| Mailing Address 22 Riders Court   |  | Transaction ID: SA11A1.9768                                   |
| City<br>Edgewater   | State<br>MD                                  | Zip Code<br>21037   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer<br>United Association  | Occupation<br>Assistant General President    | Donation  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 750.00 |
| <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 / 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)  
United Association Political Education Committee

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> James W. Kellogg   |  | Date of Receipt<br>MM / DD / YYYY<br>04 / 28 / 2006 |
| Mailing Address 3011 San Miguel Court   |  | Transaction ID: SA11A1.9769                         |
| City<br>Concord   | State<br>CA                                  | Zip Code<br>94518                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer<br>United Association  | Occupation<br>International Representative   | Donation  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Stephen Kelly  |  | Date of Receipt<br>MM / DD / YYYY<br>04 / 20 / 2006 |
| Mailing Address 8922 Day Lilly Court  |  | Transaction ID: SA11A1.9770                         |
| City<br>Fairfax   | State<br>VA                                  | Zip Code<br>22031                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer<br>United Association  | Occupation<br>International Representative   | Donation  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Bertram B. MacDonald   |  | Date of Receipt<br>MM / DD / YYYY<br>04 / 28 / 2006 |
| Mailing Address 5001 Malaga Drive   |  | Transaction ID: SA11A1.9771                         |
| City<br>La Palma  | State<br>CA                                  | Zip Code<br>90623                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer<br>United Association  | Occupation<br>Special Representative         | Donation  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 750.00 |
| <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 / 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)  
United Association Political Education Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter G. Marzec

Mailing Address 275 Edsall Terrace

City Pearl River State NY Zip Code 10965

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

Name of Employer United Association Occupation Special Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.9772

Amount of Each Receipt this Period  
 250.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
Thomas K. McNamara

Mailing Address 41960 Stanberry

City Sterling Hieghts State MI Zip Code 48313

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

Name of Employer United Association Occupation International Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.9773

Amount of Each Receipt this Period  
 500.00

Donation

**C.** Full Name (Last, First, Middle Initial)  
Thomas F. Panconi

Mailing Address 117 Amherst Drive

City Bayville State NJ Zip Code 08721

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

Name of Employer United Association Occupation Director of Jurisdiction

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.9774

Amount of Each Receipt this Period  
 250.00

Donation

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |



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

|  |   |
|--|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 9 / 17</span><br>(check only one)<br><input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
 United Association Political Education Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>William C. Rhoten</p> <p>Mailing Address 9314 Silvermill Place</p> <p>City State Zip Code<br/>Fairfax VA 22031</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/>United Association Director of Safety &amp; Health</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>250.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>04 / 28 / 2006</p> <p><b>Transaction ID:</b> SA11A1.9775</p> <p>Amount of Each Receipt this Period<br/>250.00</p> <p>Donation</p> |
|--|---|

|   |   |
|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Anthony J. Rohrer</p> <p>Mailing Address 8144 89th Street, North</p> <p>City State Zip Code<br/>Mantomedi MN 55115</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/>United Association International Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>250.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>04 / 28 / 2006</p> <p><b>Transaction ID:</b> SA11A1.9776</p> <p>Amount of Each Receipt this Period<br/>250.00</p> <p>Donation</p> |
|---|---|

|   |   |
|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Phillip B. Stephenson</p> <p>Mailing Address 4716 North Cromwell</p> <p>City State Zip Code<br/>Oklahoma City OK 73112</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/>United Association Special Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>250.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>04 / 28 / 2006</p> <p><b>Transaction ID:</b> SA11A1.9777</p> <p>Amount of Each Receipt this Period<br/>250.00</p> <p>Donation</p> |
|---|---|

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 750.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 3250.00 |

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

|  |                              |                              |                             |  |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 10 / 17                |  |
|  | (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)  
United Association Political Education Committee

**A.** Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address 1501 Pennsylvania Avenue, NW

City State Zip Code  
Washington DC 20013

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2221.61

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA17.9765

Amount of Each Receipt this Period  
579.73

Interest for April, 2006

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 579.73 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 579.73 |

**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 / 17

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
United Association Political Education Committee

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Tim Bishop for Congress</b>   |  | <b>Transaction ID: SB23.9781</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 4 / 2 0 0 6 |  |
| Mailing Address 816 Deer Park Avenue   |  | Amount of Each Disbursement this Period<br>1000.00   |  |
| City North Babylon<br>State NY<br>Zip Code 11703   | Purpose of Disbursement<br>Transfer  | Category/<br>Type  |  |
| Candidate Name<br>Tim Bishop for Congress  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NY District: 1 |  |  |
| Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SHERWOOD BOEHLERT</b>   |   | <b>Transaction ID: SB23.9790</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 6 |  |
| Mailing Address PO BOX 819   |   | Amount of Each Disbursement this Period<br>2500.00   |  |
| City NEW HARTFORD<br>State NY<br>Zip Code 13413  | Purpose of Disbursement<br>Transfer   | Category/<br>Type  |  |
| Candidate Name<br>SHERWOOD BOEHLERT  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NY District: 24 |  |  |
| Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LINCOLN D CHAFEE</b>  |   | <b>Transaction ID: SB23.9805</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 6 |  |
| Mailing Address PO BOX 7329  |   | Amount of Each Disbursement this Period<br>2500.00   |  |
| City WARWICK<br>State RI<br>Zip Code 02887   | Purpose of Disbursement<br>Transfer   | Category/<br>Type  |  |
| Candidate Name<br>LINCOLN D CHAFEE   | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: RI District: 00 |  |  |
| Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6000.00 |
| <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 12 / 17

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
United Association Political Education Committee

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. FILNER, BOB</b>  |  | Transaction ID: SB23.9787<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 24 / 2006 |                   |
| Mailing Address PO BOX 127868   |  | Amount of Each Disbursement this Period<br>1000.00                                    |                   |
| City<br>SAN DIEGO   | State<br>CA  | Zip Code<br>92112   | Category/<br>Type |
| Purpose of Disbursement<br>Transfer   |  | Candidate Name<br>FILNER, BOB   |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State: CA<br>District: 51   |  |   |                   |

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. FITZPATRICK, MICHAEL G</b>   |  | Transaction ID: SB23.9804<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 24 / 2006 |                   |
| Mailing Address 81 SILVER SPRUCE RD   |  | Amount of Each Disbursement this Period<br>2500.00                                    |                   |
| City<br>LEVITTOWN   | State<br>PA  | Zip Code<br>19056   | Category/<br>Type |
| Purpose of Disbursement<br>Transfer   |  | Candidate Name<br>FITZPATRICK, MICHAEL G  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State: PA<br>District: 08   |  |   |                   |

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. MIKE HONDA</b>   |  | Transaction ID: SB23.9783<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 24 / 2006 |                   |
| Mailing Address 50 W. San Fernando St Ste 350<br>Suite 350  |  | Amount of Each Disbursement this Period<br>1000.00                                    |                   |
| City<br>San Jose  | State<br>CA  | Zip Code<br>95113   | Category/<br>Type |
| Purpose of Disbursement<br>Transfer   |  | Candidate Name<br>MIKE HONDA  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State: CA<br>District: 15   |  |   |                   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4500.00 |
| <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)  
United Association Political Education Committee

|   |                        |  |                   |
|---|------------------------|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NANCY L. JOHNSON</b>   |                        | Transaction ID: SB23.9802<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 6  |                   |
| Mailing Address P. O. Box 1986  |                        | Amount of Each Disbursement this Period<br>2500.00   |                   |
| City<br>New Britain   | State<br>CT            | Zip Code<br>06050  | Category/<br>Type |
| Purpose of Disbursement<br>Transfer   |                        | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |
| Candidate Name<br>NANCY L. JOHNSON  |                        |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: CT District: 05 |  |                   |

|   |                        |  |                   |
|---|------------------------|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. LINCOLN DAVIS FOR CONGRESS</b>   |                        | Transaction ID: SB23.9779<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 4 / 2 0 0 6  |                   |
| Mailing Address PO BOX 350  |                        | Amount of Each Disbursement this Period<br>2500.00   |                   |
| City<br>JAMESTOWN   | State<br>TN            | Zip Code<br>38556  | Category/<br>Type |
| Purpose of Disbursement<br>Transfer   |                        | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |
| Candidate Name<br>LINCOLN DAVIS FOR CONGRESS  |                        |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: TN District: 04 |  |                   |

|   |                        |  |                   |
|---|------------------------|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. PATRICIA A MADRID</b>  |                        | Transaction ID: SB23.9780<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 4 / 2 0 0 6  |                   |
| Mailing Address 2219 VISTA LARGA  |                        | Amount of Each Disbursement this Period<br>2500.00   |                   |
| City<br>ALBUQUERQUE   | State<br>NM            | Zip Code<br>87106  | Category/<br>Type |
| Purpose of Disbursement<br>Transfer   |                        | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |
| Candidate Name<br>PATRICIA A MADRID   |                        |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: NM District: 01 |  |                   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7500.00 |
| <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 14 / 17

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
United Association Political Education Committee

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ROBERT W NEY</b>   |  | Transaction ID: SB23.9800<br>Date of Disbursement   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 112 OVERLOOK CT   |  | <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>4</td><td></td><td>2</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 | 4 |  | 2 | 4 |  | 2 | 0 | 0 | 6 |
| M   | M  | /   | D                                       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 4  |   | 2                                       | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>ST CLAIRSVILLE  | State<br>OH  | Zip Code<br>43950   | Amount of Each Disbursement this Period |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Transfer   |  | <input type="checkbox"/>  | <input type="text" value="2500.00"/>    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>ROBERT W NEY  |  | Category/<br>Type   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: OH   | District: 18   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JAMES L OBERSTAR</b>   |  | Transaction ID: SB23.9785<br>Date of Disbursement   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 317 9TH ST NW   |  | <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>4</td><td></td><td>2</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 | 4 |  | 2 | 4 |  | 2 | 0 | 0 | 6 |
| M   | M  | /   | D                                       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 4  |   | 2                                       | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>CHISHOLM  | State<br>MN  | Zip Code<br>55719   | Amount of Each Disbursement this Period |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Transfer   |  | <input type="checkbox"/>  | <input type="text" value="1000.00"/>    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>JAMES L OBERSTAR  |  | Category/<br>Type   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: MN   | District: 08   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Republican National Committee</b>                                     |  | Transaction ID: SB23.9808<br>Date of Disbursement   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 310 FIRST STREET SE  |  | <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>4</td><td></td><td>2</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 | 4 |  | 2 | 4 |  | 2 | 0 | 0 | 6 |
| M  | M  | /   | D                                       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4  |   | 2                                       | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>WASHINGTON   | State<br>DC  | Zip Code<br>20003   | Amount of Each Disbursement this Period |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Transfer  |  | <input type="checkbox"/>  | <input type="text" value="15000.00"/>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>Republican National Committee  |  | Category/<br>Type   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State:   | District:  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="18500.00"/> |
| <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)

PAGE 15 / 17

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
United Association Political Education Committee

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ileana Ros-Lehtinan</b>  |  | <b>Transaction ID: SB23.9807</b><br>Date of Disbursement<br>04 / 24 / 2006 |
| Mailing Address   |  | Amount of Each Disbursement this Period<br>1000.00                         |
| City  | State Zip Code   |  |
| Purpose of Disbursement<br>Transfer   |  | <input type="checkbox"/> Category/<br>Type                                 |
| Candidate Name<br>ILEANA ROS-LEHTINEN   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: FL District: 18  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Linda Sanchez</b>  |  | <b>Transaction ID: SB23.9782</b><br>Date of Disbursement<br>04 / 04 / 2006 |
| Mailing Address 601 S Glenoaks Blvd Ste 211   |  | Amount of Each Disbursement this Period<br>5000.00                         |
| City  | State Zip Code   |  |
| Purpose of Disbursement<br>Transfer   |  | <input type="checkbox"/> Category/<br>Type                                 |
| Candidate Name<br>Linda Sanchez   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: CA District: 39  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. E CLAY JR SHAW</b>   |  | <b>Transaction ID: SB23.9798</b><br>Date of Disbursement<br>04 / 24 / 2006 |
| Mailing Address P.O. Box 2188   |  | Amount of Each Disbursement this Period<br>2500.00                         |
| City  | State Zip Code   |  |
| Purpose of Disbursement<br>Transfer   |  | <input type="checkbox"/> Category/<br>Type                                 |
| Candidate Name<br>E CLAY JR SHAW  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: FL District: 22  |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>8500.00</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)

PAGE 16 / 17

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
United Association Political Education Committee

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. CHRISTOPHER SHAYS</b>  |  | Transaction ID: SB23.9796<br>Date of Disbursement   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 98 East Avenue Rear Building  |  | <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>4</td><td></td><td>2</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 | 4 |  | 2 | 4 |  | 2 | 0 | 0 | 6 |
| M   | M  | /   | D                                       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 4  |   | 2                                       | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Norwalk   | State<br>CT  | Zip Code<br>06851   | Amount of Each Disbursement this Period |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Transfer   |  | <input type="checkbox"/>  | <input type="text" value="2500.00"/>    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>CHRISTOPHER SHAYS   |  | Category/<br>Type   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: CT   | District: 04   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ROB SIMMONS</b>  |  | Transaction ID: SB23.9794<br>Date of Disbursement   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 268 Drawer 271   |  | <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>4</td><td></td><td>2</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 | 4 |  | 2 | 4 |  | 2 | 0 | 0 | 6 |
| M   | M  | /   | D                                       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 4  |   | 2                                       | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Stonington  | State<br>CT  | Zip Code<br>06378   | Amount of Each Disbursement this Period |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Transfer   |  | <input type="checkbox"/>  | <input type="text" value="2500.00"/>    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>ROB SIMMONS   |  | Category/<br>Type   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: CT   | District: 2  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. SELDEN EDMUND SPENCER</b>  |  | Transaction ID: SB23.9788<br>Date of Disbursement   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 823 ASHWOOD   |  | <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>4</td><td></td><td>2</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 | 4 |  | 2 | 4 |  | 2 | 0 | 0 | 6 |
| M   | M  | /   | D                                       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 4  |   | 2                                       | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>HUXLEY  | State<br>IA  | Zip Code<br>50124   | Amount of Each Disbursement this Period |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Transfer   |  | <input type="checkbox"/>  | <input type="text" value="2500.00"/>    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>SELDEN EDMUND SPENCER   |  | Category/<br>Type   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: IA   | District: 04   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="7500.00"/> |
| <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)

PAGE 17 / 17

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
United Association Political Education Committee

**A.** Full Name (Last, First, Middle Initial)  
JOHN E. SWEENEY

Mailing Address 5 Plantation Crest

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement Transfer

Candidate Name JOHN E. SWEENEY

Office Sought:  House  Senate  President  
State: NY District: 20

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9792

Date of Disbursement

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

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

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

2500.00

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

55000.00