

# 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  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 5400 LEGACY DRIVE  
CLUSTER II BLDG 3  
 Check if different than previously reported. (ACC)  
PLANO TX 75024

2. **FEC IDENTIFICATION NUMBER** C00313312  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIPCODE

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 11 07 2006 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 10 01 2006 through 10 18 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 Catherine L Shipp

Signature of Treasurer Electronically Filed by Catherine L Shipp Date 10 25 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**

Write or Type Committee Name  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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		14786.29
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	47244.08									
(c) Total Receipts (from Line 19) .....	546.52	48004.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	47790.60	62790.60								
7. Total Disbursements (from Line 31) .....	19500.00	34500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28290.60	28290.60								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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	433.23	44945.37
(i) Itemized (use Schedule A) .....	113.29	3058.94
(ii) Unitemized .....	546.52	48004.31
(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) .....	546.52	48004.31
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)) .....	546.52	48004.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	546.52	48004.31

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	34500.00
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))..	19500.00	34500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19500.00	34500.00

**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) .....	546.52	48004.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	546.52	48004.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 / 14
	<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)  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Donald Budhu		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 5400 Legacy Dr Cluster 2, Building 3		Transaction ID: SA11A1.4826
City Plano State TX Zip Code 75024	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Safety-Kleen Occupation VP Planning & Analysis	Aggregate Year-to-Date ▼ 769.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Daniel Callaghan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 5400 Legacy Dr Cluster 2, Building 3		Transaction ID: SA11A1.4832
City Plano State TX Zip Code 75024	Amount of Each Receipt this Period 19.23	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Safety-Kleen Occupation Director, Waste Services	Aggregate Year-to-Date ▼ 384.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> David E Eckelbarger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 5400 Legacy Dr Cluster 2, Building 3		Transaction ID: SA11A1.4835
City Plano State TX Zip Code 75024	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Safety-Kleen Occupation SVP Business Process & Development	Aggregate Year-to-Date ▼ 769.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	96.15
<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 / 14
	<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)  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Frederick J Florjancic		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 5400 Legacy Dr Cluster 2, Building 3		<b>Transaction ID:</b> SA11A1.4836	
City Plano State TX Zip Code 75024	Amount of Each Receipt this Period 192.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Safety-Kleen	Occupation CEO & President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.20		

<b>B.</b> Full Name (Last, First, Middle Initial) Edward M Genovese		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 5400 Legacy Dr Cluster 2, Building 3		<b>Transaction ID:</b> SA11A1.4838	
City Plano State TX Zip Code 75024	Amount of Each Receipt this Period 38.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Safety-Kleen	Occupation SVP General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20		

<b>C.</b> Full Name (Last, First, Middle Initial) Billy Ray Ross Jr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 114 Riverview Ct.		<b>Transaction ID:</b> SA11A1.4847	
City Winters State CA Zip Code 95694	Amount of Each Receipt this Period 39.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Safety-Kleen	Occupation VP Environmental Compliance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	269.77
<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 / 14
	<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)  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Bobby Schwerin</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 5400 Legacy Dr. Cluster 2, Building 3		<b>Transaction ID: SA11A1.4849</b>	
City Plano	State TX	Zip Code 75024	Amount of Each Receipt this Period 28.85
FEC ID number of contributing federal political committee. C			
Name of Employer Safety-Kleen	Occupation VP Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.00		

Full Name (Last, First, Middle Initial) <b>B. William Joseph Sheils</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 3978 Anglia Ct.		<b>Transaction ID: SA11A1.4850</b>	
City W. Bloomfield	State MI	Zip Code 48323	Amount of Each Receipt this Period 19.23
FEC ID number of contributing federal political committee. C			
Name of Employer Safety-Kleen	Occupation Director, Lubricant Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37		

Full Name (Last, First, Middle Initial) <b>C. Richard Philip Zink</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 5400 Legacy Dr. Cluster 2, Building 3		<b>Transaction ID: SA11A1.4855</b>	
City Plano	State TX	Zip Code 75024	Amount of Each Receipt this Period 19.23
FEC ID number of contributing federal political committee. C			
Name of Employer Safety-Kleen	Occupation Sr. Director Engineering		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	67.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	433.23

**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)  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DEWINE FOR US SENATE</b>		Transaction ID: SB23.4877 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address PO BOX 340188		Amount of Each Disbursement this Period 1000.00
City COLUMBUS	State OH	
Zip Code 43234	Purpose of Disbursement Contribution Category/Type	
Candidate Name RICHARD MICHAEL DEWINE		
Office Sought: <input type="checkbox"/> House <input checked="" 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: 00		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CRAIG THOMAS</b>		Transaction ID: SB23.4870 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 2780 OLIVE DR		Amount of Each Disbursement this Period 1000.00
City CHEYENNE	State WY	
Zip Code 82001	Purpose of Disbursement Contribution Category/Type	
Candidate Name CRAIG THOMAS		
Office Sought: <input type="checkbox"/> House <input checked="" 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: WY District: 00		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF DICK LUGAR INC</b>		Transaction ID: SB23.4861 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 47 S MERIDIAN ST SUITE 200		Amount of Each Disbursement this Period 1000.00
City INDIANAPOLIS	State IN	
Zip Code 46204	Purpose of Disbursement Contribution Category/Type	
Candidate Name RICHARD G LUGAR		
Office Sought: <input type="checkbox"/> House <input checked="" 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: 00		

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 14

<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)  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)  
FRIENDS OF DICK LUGAR INC

Mailing Address 47 S MERIDIAN ST SUITE 200

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement  
Contribution

Candidate Name  
RICHARD G LUGAR

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4862

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)  
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name  
GORDON HAROLD SMITH

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 00

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4875

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)  
FRIENDS OF RAY LAHOOD

Mailing Address 4238 N Knoxville Ave  
4238 N Knoxville Ave

City Peoria State IL Zip Code 61614

Purpose of Disbursement  
Contribution

Candidate Name  
RAY LAHOOD

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 18

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4878

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 14

<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)  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF SAM JOHNSON</b>		<b>Transaction ID: SB23.4871</b> Date of Disbursement
Mailing Address 1611 Avenue K		<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Plano	State TX	Zip Code 75074
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name SAMUEL ROBERT JOHNSON		<input type="text" value="1000.00"/>
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: TX	District: 03	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SAM JOHNSON</b>		<b>Transaction ID: SB23.4872</b> Date of Disbursement
Mailing Address 1611 Avenue K		<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Plano	State TX	Zip Code 75074
Purpose of Disbursement Contributin		Amount of Each Disbursement this Period
Candidate Name SAMUEL ROBERT JOHNSON		<input type="text" value="1000.00"/>
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: TX	District: 03	

Full Name (Last, First, Middle Initial) <b>C. GRASSLEY COMMITTEE INC</b>		<b>Transaction ID: SB23.4860</b> Date of Disbursement
Mailing Address PO BOX 1000		<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City DES MOINES	State IA	Zip Code 50304
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name CHARLES E GRASSLEY		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" 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: IA	District: 00	

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
**HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXAS)**

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement Contribution

Candidate Name RALPH MOODY HALL

Office Sought:  House  Senate  President  
State: TX District: 04

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: SB23.4867**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement Contribution

Candidate Name ORRIN G HATCH

Office Sought:  House  Senate  President  
State: UT District: 00

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: SB23.4876**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**HOBSON FOR CONGRESS**

Mailing Address 82 West Columbia

City Springfield State OH Zip Code 45503

Purpose of Disbursement Contribution

Candidate Name DAVID LEE HOBSON

Office Sought:  House  Senate  President  
State: OH District: 07

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: SB23.4865**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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)  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. LARSON FOR CONGRESS</b>		Transaction ID: SB23.4874 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 29 RUFF CIRCLE		Amount of Each Disbursement this Period 1000.00
City GLASTONBURY	State CT	
Zip Code 06033		
Purpose of Disbursement Contribution Candidate Name JOHN B LARSON 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: CT District: 01		

Full Name (Last, First, Middle Initial) <b>B. LEWIS FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.4866 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 247		Amount of Each Disbursement this Period 1000.00
City Redlands	State CA	
Zip Code 92373		
Purpose of Disbursement Contribution Candidate Name JERRY LEWIS 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: CA District: 41		

Full Name (Last, First, Middle Initial) <b>C. MCCRERY FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.4864 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 1000.00
City Shreveport	State LA	
Zip Code 71135		
Purpose of Disbursement Contribution Candidate Name JAMES OTIS III MCCRERY 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: LA District: 04		

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
SAFETY-KLEEN HOLDCO INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MICHAEL BURGESS FOR CONGRESS</b>		<b>Transaction ID: SB23.4873</b> Date of Disbursement
Mailing Address PO Box 2334		<input type="text" value="10"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Denton	State TX	Zip Code 76202
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name MICHAEL C DR BURGESS		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: TX	District: 26	

Full Name (Last, First, Middle Initial) <b>B. RANGEL FOR CONGRESS</b>		<b>Transaction ID: SB23.4863</b> Date of Disbursement
Mailing Address PO Box 5577 MANHATTANVILLE STA		<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City New York	State NY	Zip Code 10027
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name CHARLES B RANGEL		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: NY	District: 15	

Full Name (Last, First, Middle Initial) <b>C. SESSIONS FOR CONGRESS</b>		<b>Transaction ID: SB23.4868</b> Date of Disbursement
Mailing Address PO BOX 710		<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City ROANOKE	State TX	Zip Code 76262
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name PETE SESSIONS		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: TX	District: 26	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="19500.00"/>