

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 211 NORTH UNION STREET SUITE 200  
 Check if different than previously reported. (ACC)  
ALEXANDRIA VA 22314

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

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

5. Covering Period 02 01 2006 through 02 28 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 Keith Davis

Signature of Treasurer Electronically Filed by Keith Davis Date 03 20 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  
STRAIGHT TALK AMERICA

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	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		1226502.62
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	1152580.30									
(c) Total Receipts (from Line 19) .....	191655.76	494008.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1344236.06	1720511.46								
7. Total Disbursements (from Line 31) .....	296032.61	672308.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1048203.45	1048203.45								
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) .....	5556.43									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
STRAIGHT TALK AMERICA

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	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	127655.00	330920.00
(i) Itemized (use Schedule A) .....	60877.24	153965.32
(ii) Unitemized .....	188532.24	484885.32
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	6000.00
(c) Other Political Committees (such as PACs) .....	0.00	188532.24
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	188532.24	490885.32
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) .....	3123.52	3123.52
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)) .....	191655.76	494008.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	191655.76	494008.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	270418.58	518693.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	270418.58	518693.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15114.03	125114.03
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	1000.00
(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	1000.00
29. Other Disbursements.....	10500.00	27500.00
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))..	296032.61	672308.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	296032.61	672308.01

**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) .....	188532.24	490885.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	188532.24	489885.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	270418.58	518693.98
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	3123.52	3123.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	267295.06	515570.46

**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 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**STRAIGHT TALK AMERICA**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Samuel D. Adcock		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 1616 Fort Myer Dr Ste 1600		<b>Transaction ID:</b> SA11A1.19720
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer EADS North America	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jeffrey P. Altman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 2203 N Oak Ct Suite 100		<b>Transaction ID:</b> SA11A1.19739
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer McKenna, Long & Aldridge, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Charles E. Amato		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 9311 San Pedro Ave Ste 600		<b>Transaction ID:</b> SA11A1.19745
City State Zip Code San Antonio TX 78216	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Southwest Business Corp.	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> 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 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles Anderson

Mailing Address 211 Copper Ridge Ct

City State Zip Code  
**Boulder City NV 89005**

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**02 / 21 / 2006**

**Transaction ID: SA11A1.19757**

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. John W. Bailey

Mailing Address PO Box 675

City State Zip Code  
**Irvington VA 22480**

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**02 / 08 / 2006**

**Transaction ID: SA11A1.19802**

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Arthur R. Barron

Mailing Address 24001 Tuscany Ct

City State Zip Code  
**Bonita Springs FL 34134**

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**02 / 28 / 2006**

**Transaction ID: SA11A1.19831**

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<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 / 73
	<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)  
**STRAIGHT TALK AMERICA**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Ronnell Beal		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6	
Mailing Address 1708 Village Ridge Pl		<b>Transaction ID:</b> SA11A1.19850	
City State Zip Code Collierville TN 38017		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Orgill, Inc. President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Charles J. Bodenstab		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 653 Hannah Rd		<b>Transaction ID:</b> SA11A1.19935	
City State Zip Code Friday Harbor WA 98250		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Christopher D. Camino		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 122 Lyndhurst Cir		<b>Transaction ID:</b> SA11A1.20055	
City State Zip Code Wexford PA 15090		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation SAP America Senior VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Ms. Charlotte K. Carleton

Mailing Address 401 E Linton Blvd  
Apt 327

City Delray Beach State FL Zip Code 33483

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.20069

Amount of Each Receipt this Period  
300.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jac Chambliss

Mailing Address 2 Union Sq  
Ste 1000

City Chattanooga State TN Zip Code 37402

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

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.20101

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles E. Cheever, Jr.

Mailing Address 501 Terrell Rd

City San Antonio State TX Zip Code 78209

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

Name of Employer Broadway Bank Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.20110

Amount of Each Receipt this Period  
1000.00

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 73
	<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)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Hon. William P. Clements, Jr.

Mailing Address 1901 N Akard St

City State Zip Code  
Dallas TX 75201

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

Name of Employer Self Occupation Rancher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.20140

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig Cogut

Mailing Address 99 River Rd

City State Zip Code  
Cos Cob CT 06807

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

Name of Employer Pegasus Occupation Investment Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.20150

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Deborah Cogut

Mailing Address 99 River Rd

City State Zip Code  
Cos Cob CT 06807

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

Name of Employer Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.20152

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 73
	<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)  
**STRAIGHT TALK AMERICA**

Full Name (Last, First, Middle Initial) <b>A. Dr. Donald E. Cook</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 1710 21st Ave		Transaction ID: SA11A1.20172
City State Zip Code Greeley CO 80631	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Donald M. Cook</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 1830 Pinetree Ln		Transaction ID: SA11A1.20174
City State Zip Code San Antonio TX 78232	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Occupation Manager	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Julian L. Coolidge</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 2 Stodmor Rd		Transaction ID: SA11A1.20180
City State Zip Code Simsbury CT 06070	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<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 12 / 73
	<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)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kevin P. Corbett

Mailing Address 12715 Molly Dr

City State Zip Code  
Conifer CO 80433

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

Name of Employer Self Occupation Geologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2006

Transaction ID: SA11A1.20185

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Francis A. Corcoran

Mailing Address 185 Prospect Park SW

City State Zip Code  
Brooklyn NY 11218

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

Name of Employer NY State Department Occupation Economic Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: SA11A1.20187

Amount of Each Receipt this Period  
750.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Timothy J. Cunningham

Mailing Address 25404 N Hackberry Dr

City State Zip Code  
Glendale AZ 85310

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

Transaction ID: SA11A1.20222

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 73
	<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)  
STRAIGHT TALK AMERICA

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Scott M. Delman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 30 W 63rd St Apt 21PR		<b>Transaction ID:</b> SA11A1.20260
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Occupation Harvard University Senior Fellow	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Beverly Doughton		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 4310		<b>Transaction ID:</b> SA11A1.20317
City State Zip Code Scottsdale AZ 85261	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Occupation Mentroprise, Inc. President	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carole L. Dowd		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 1529 Crowell Rd		<b>Transaction ID:</b> SA11A1.20320
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Occupation Self Mediator	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mr. John M. Dowd

Mailing Address 1529 Crowell Rd

City State Zip Code  
Vienna VA 22182

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

Name of Employer  
Akin, Gump, Strauss, et al.

Occupation  
Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2006

Transaction ID: SA11A1.20321

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mike Dube

Mailing Address 5365 W Leawood Dr

City State Zip Code  
Littleton CO 80123

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

Name of Employer  
E Squared Power Systems

Occupation  
Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2006

Transaction ID: SA11A1.20342

Amount of Each Receipt this Period  
300.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. Richard Elliott

Mailing Address 107 N Court St

City State Zip Code  
Florence AL 35630

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

Name of Employer  
Ricatoni's

Occupation  
Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2006

Transaction ID: SA11A1.20379

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 73
	<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)  
**STRAIGHT TALK AMERICA**

Full Name (Last, First, Middle Initial) <b>A. Mr. A. W. Epp</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address <b>6335 O St Apt 538</b>		<b>Transaction ID: SA11A1.20402</b>	
City <b>Lincoln</b>	State <b>NE</b>	Amount of Each Receipt this Period 150.00	
Zip Code <b>68510</b>		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation <b>Retired</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Spencer C. Fleischer</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address <b>1 Maritime Plz Ste 1000</b>		<b>Transaction ID: SA11A1.20451</b>	
City <b>San Francisco</b>	State <b>CA</b>	Amount of Each Receipt this Period 2500.00	
Zip Code <b>94111</b>		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Friedman, Fleischer &amp; Lowe</b>	Occupation <b>Vice Chairman</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Sean Fox</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address <b>310 F St NE</b>		<b>Transaction ID: SA11A1.20473</b>	
City <b>Washington</b>	State <b>DC</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>20002</b>		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Deloitte Service, LP</b>	Occupation <b>Senior Manager</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 73
	<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)  
**STRAIGHT TALK AMERICA**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. William L. Friend		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 1311 Ballantrae Farm Dr		<b>Transaction ID:</b> SA11A1.20498
City State Zip Code Mc Lean VA 22101	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Bechtel Group, Inc. Consultant	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Lonnie A. Garvin, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address PO Box 1136		<b>Transaction ID:</b> SA11A1.20530
City State Zip Code Aiken SC 29802	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Southeastern Mortgage Consultants Lender Consultant	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Richard N. Goldman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 3700 Washington St		<b>Transaction ID:</b> SA11A1.20572
City State Zip Code San Francisco CA 94118	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Monte Vista Mgmt. Co. Owner	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2300.00
<b>TOTAL</b> 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 17 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bruce E. Gordon

Mailing Address 105 Broadbill Ct

City State Zip Code  
**Georgetown KY 40324**

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 21 / 2006**

**Transaction ID: SA11A1.20579**

Amount of Each Receipt this Period  
**100.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kirk L. Gray

Mailing Address 7225 Harbor Ln

City State Zip Code  
**Columbia MD 21045**

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

Name of Employer Occupation  
C. H., LLC CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 08 / 2006**

**Transaction ID: SA11A1.20597**

Amount of Each Receipt this Period  
**500.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. H. David Grunbaum

Mailing Address 14920 Farwell Ct

City State Zip Code  
**Saratoga CA 95070**

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

Name of Employer Occupation  
Federal Public Defender Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 08 / 2006**

**Transaction ID: SA11A1.20612**

Amount of Each Receipt this Period  
**300.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 73
	<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)  
**STRAIGHT TALK AMERICA**

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Louise Grunwald		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 720 Park Ave		<b>Transaction ID:</b> SA11A1.20618	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Self Occupation Investor	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. W. Burns Hoffman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 1908 Boundary Dr		<b>Transaction ID:</b> SA11A1.20747	
City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert H. Jeffrey		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 296 Ashbourne Pl		<b>Transaction ID:</b> SA11A1.20809	
City State Zip Code Columbus OH 43209	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Julius E. Johnson

Mailing Address **4625 Ponderosa Trl**

City **Littleton** State **CO** Zip Code **80125**

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

Name of Employer Occupation  
**Retired**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 01 / 2006**

**Transaction ID: SA11A1.20830**

Amount of Each Receipt this Period  
**500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Theodore R. Johnson, Jr.

Mailing Address **PO Box 670**

City **Freeland** State **WA** Zip Code **98249**

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

Name of Employer Occupation  
**Retired**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 16 / 2006**

**Transaction ID: SA11A1.20838**

Amount of Each Receipt this Period  
**1500.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Martha L. Jordano

Mailing Address **3750 Foothill Rd**

City **Santa Barbara** State **CA** Zip Code **93105**

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

Name of Employer Occupation  
**Homemaker**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 13 / 2006**

**Transaction ID: SA11A1.20855**

Amount of Each Receipt this Period  
**500.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gregory P. Joseph

Mailing Address **845 United Nations Plz  
Apt 55D**

City **New York** State **NY** Zip Code **10017**

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

Name of Employer **Gregory P. Joseph Law Offices** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	0	6

**Transaction ID: SA11A1.20857**

Amount of Each Receipt this Period  
**500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia Kane

Mailing Address **10040 E Happy Valley Rd  
Unit 284**

City **Scottsdale** State **AZ** Zip Code **85255**

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

Name of Employer **Honeywell Intl., Inc.** Occupation **Contract Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	5	/	2	0	0	6

**Transaction ID: SA11A1.20862**

Amount of Each Receipt this Period  
**250.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Kemp

Mailing Address **1901 Pennsylvania Ave NW  
Ste 300**

City **Washington** State **DC** Zip Code **20006**

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

Name of Employer **Kemp Partners** Occupation **COO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	6

**Transaction ID: SA11A1.20884**

Amount of Each Receipt this Period  
**500.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Ms. Susan Kent

Mailing Address **PO Box 345**

City **Soldotna** State **AK** Zip Code **99669**

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

Name of Employer **Kent & Sullivan, Inc.** Occupation **Geologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	0	6

**Transaction ID: SA11A1.20888**

Amount of Each Receipt this Period  
**250.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret A. Kiefer

Mailing Address **1352 Green Tree Ln**

City **Saint Louis** State **MO** Zip Code **63122**

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

Name of Employer Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	6

**Transaction ID: SA11A1.20899**

Amount of Each Receipt this Period  
**1000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline J. Lambertsen

Mailing Address **385 N Haywood St Ste 3**

City **Waynesville** State **NC** Zip Code **28786**

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

Name of Employer Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

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

**Transaction ID: SA11A1.20983**

Amount of Each Receipt this Period  
**1000.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<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 22 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**STRAIGHT TALK AMERICA**

Full Name (Last, First, Middle Initial) <b>A. Dr. Eileen Laurence</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address <b>1132 Michigan Ave</b>		<b>Transaction ID: SA11A1.20994</b>	
City State Zip Code <b>Wilmette IL 60091</b>		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Occupation <b>Physician</b>			
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>B. Mr. E. Clay Lawrence</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address <b>2034 N Peck Rd PO Box 3091</b>		<b>Transaction ID: SA11A1.20996</b>	
City State Zip Code <b>South El Monte CA 91733</b>		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Lawrence Equipment Occupation <b>Engineer</b>			
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>C. Mr. Michael F. Lemay</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address <b>11143 Saffold Way</b>		<b>Transaction ID: SA11A1.21013</b>	
City State Zip Code <b>Reston VA 20190</b>		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Lemay Erickson Occupation <b>Architect</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Mrs. Victoria L. Liggett</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 625 Lake Shore Rd		<b>Transaction ID: SA11A1.21034</b>	
City State Zip Code Grosse Pointe Shor MI 48236	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mrs. Jane B. Long</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 300 San Gabriel Village Blvd Apt 110		<b>Transaction ID: SA11A1.21056</b>	
City State Zip Code Georgetown TX 78626	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert W. Lundeen</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address PO Box 223		<b>Transaction ID: SA11A1.21076</b>	
City State Zip Code Deer Harbor WA 98243	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6150.00
<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 24 / 73
	<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)  
**STRAIGHT TALK AMERICA**

Full Name (Last, First, Middle Initial) <b>A. Mr. Walter S. Mack, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address <b>225 Central Park W Apt 1401</b>		<b>Transaction ID: SA11A1.21081</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10024</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer <b>Doar, Rieck, Uodey &amp; Mack</b>	Occupation <b>Attorney</b>	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Jacek Makowski</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address <b>3 Walker Rd</b>		<b>Transaction ID: SA11A1.21094</b>	
City <b>Manchester</b>	State <b>MA</b>	Zip Code <b>01944</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer <b>J. Makowski</b>	Occupation <b>CEO</b>	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Dave McCurdy</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address <b>2500 Wilson Blvd</b>		<b>Transaction ID: SA11A1.21150</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22201</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer <b>Electronic Industries Alliance</b>	Occupation <b>President</b>	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<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 25 / 73
	<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)  
**STRAIGHT TALK AMERICA**

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

Mailing Address 3327 N St NW

City State Zip Code  
**Washington DC 20007**

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

Name of Employer Occupation  
Landmark Systems Corp. Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
**02 / 21 / 2006**

Transaction ID: SA11A1.21160

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. William D. McInturff

Mailing Address 277 S Washington St Ste 320

City State Zip Code  
**Alexandria VA 22314**

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

Name of Employer Occupation  
Public Opinion Strategies Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
**02 / 27 / 2006**

Transaction ID: SA11A1.21166

Amount of Each Receipt this Period  
2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Katharine E. Merck

Mailing Address 1010 Waltham St Apt F19

City State Zip Code  
**Lexington MA 02421**

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
**02 / 21 / 2006**

Transaction ID: SA11A1.21205

Amount of Each Receipt this Period  
300.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Mr. John G. Miller

Mailing Address 10150 Torre Ave  
Apt 220

City State Zip Code  
Cupertino CA 95014

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.21227

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Hilmar G. Moore

Mailing Address 900 Hillcrest Dr

City State Zip Code  
Richmond TX 77469

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

Name of Employer Occupation  
Self Rancher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.21248

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul F. Mordy

Mailing Address 5696 Blythe Ave

City State Zip Code  
Highland CA 92346

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.21257

Amount of Each Receipt this Period  
1500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<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 27 / 73
	<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)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Andrea S. Morrison

Mailing Address 4801 E Hummingbird Ln

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: SA11A1.21269

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Andrea S. Morrison

Mailing Address 4801 E Hummingbird Ln

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2006

Transaction ID: SA11A1.21270

Amount of Each Receipt this Period  
400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary Morrison

Mailing Address 4801 E Hummingbird Ln

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Occupation  
Hillcrest Enterprises Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: SA11A1.21273

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<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 28 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Mr. W. L. Neuendorff

Mailing Address **590 Camino Mojado**

City **Sierra Vista** State **AZ** Zip Code **85635**

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

Name of Employer **Signal Solutions, Inc.** Occupation **Electronics Engineer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

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

**Transaction ID: SA11A1.21318**

Amount of Each Receipt this Period  
**500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter O'Malley

Mailing Address **515 S Figueroa St Ste 1988**

City **Los Angeles** State **CA** Zip Code **90071**

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

Name of Employer Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	6

**Transaction ID: SA11A1.21348**

Amount of Each Receipt this Period  
**5000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Clark H. Onstad

Mailing Address **55 Golden Eagle Ln**

City **Littleton** State **CO** Zip Code **80127**

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

Name of Employer **Precision Jet Mgmt.** Occupation **President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	6

**Transaction ID: SA11A1.21353**

Amount of Each Receipt this Period  
**1000.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6500.00</b>
<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 29 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**STRAIGHT TALK AMERICA**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Thomas J. Orloski		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 8607 N Sendero Tres M		<b>Transaction ID:</b> SA11A1.21355	
City State Zip Code Paradise Valley AZ 85253	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Contribution		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Glenn C. Ostrander		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 36 Lockwood Rd		<b>Transaction ID:</b> SA11A1.21361	
City State Zip Code South Salem NY 10590	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Contribution		
Name of Employer Occupation IBM Consultant	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas R. Parker		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 511 10th St SE		<b>Transaction ID:</b> SA11A1.21375	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Contribution		
Name of Employer Occupation U.S. Dept. of Commerce Director	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<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 30 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jonathan J. Paull

Mailing Address 917 Franklin St  
Ste 250

City State Zip Code  
Houston TX 77002

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

Name of Employer Self Occupation  
Self Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 1 / 2 0 0 6

**Transaction ID:** SA11A1.21381

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. William K. Perry

Mailing Address 517 E Adair Dr

City State Zip Code  
Phoenix AZ 85012

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

Name of Employer Self Occupation  
Self Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

**Transaction ID:** SA11A1.21411

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ms. Evelyn F. Peterson

Mailing Address 644 Lake Ave

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

**Transaction ID:** SA11A1.21424

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<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 31 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Ms. Isabel R. Potter

Mailing Address 116 E 66th St

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: SA11A1.21460

Amount of Each Receipt this Period  
300.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence H. Ricker

Mailing Address 4160 14th St N

City State Zip Code  
St Petersburg FL 33703

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: SA11A1.21535

Amount of Each Receipt this Period  
300.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ken Roberts

Mailing Address 18213 Craig Ln NW

City State Zip Code  
Frostburg MD 21532

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

Transaction ID: SA11A1.21547

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<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 32 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mr. Glen E. Robertson

Mailing Address 1304 S Orange Ave

City State Zip Code  
Sarasota FL 34239

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

Name of Employer Occupation  
Mini-Systems, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2006

Transaction ID: SA11A1.21550

Amount of Each Receipt this Period  
5000.00

Contribution

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

Mailing Address 1275 Pennsylvania Ave NW  
Tenth Floor

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
Barbour, Griffith & Rogers Vice Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: SA11A1.21560

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Landon H. Rowland

Mailing Address 12717 NE Mount Olivet Rd

City State Zip Code  
Kansas City MO 64166

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

Name of Employer Occupation  
Janus Capital Group Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: SA11A1.21575

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10500.00
<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 33 / 73
	<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)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Betty A. Schermer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 210 Lake Ave		Transaction ID: SA11A1.21611	
City State Zip Code Aspen CO 81611	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Lloyd G. Schermer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 210 Lake Ave		Transaction ID: SA11A1.21612	
City State Zip Code Aspen CO 81611	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Howard Schneider		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 20 E 74th St # 8B		Transaction ID: SA11A1.21624	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Attorney	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10250.00
<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 34 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Martin E. Segal

Mailing Address 160 W 66th St  
Apt 53A

City State Zip Code  
New York NY 10023

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

Name of Employer Self Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2006

Transaction ID: SA11A1.21645

Amount of Each Receipt this Period  
225.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edwin A. Seipp

Mailing Address 49 Tuscaloosa Ave

City State Zip Code  
Atherton CA 94027

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: SA11A1.21647

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Channing S. Smith, Jr.

Mailing Address 16 Captains Crossing

City State Zip Code  
Savannah GA 31411

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

Transaction ID: SA11A1.21715

Amount of Each Receipt this Period  
330.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1555.00
<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 35 / 73
	<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)  
**STRAIGHT TALK AMERICA**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Philip J. Solondz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 100 SE 5th Ave Apt 301		<b>Transaction ID:</b> SA11A1.21733	
City State Zip Code Boca Raton FL 33432	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Thomas C. Spavins		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 500 N Park Dr		<b>Transaction ID:</b> SA11A1.21740	
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Economist	Aggregate Year-to-Date ▼ 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Peter Szafr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 3858 N Stone Point Cir		<b>Transaction ID:</b> SA11A1.21817	
City State Zip Code Mesa AZ 85207	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<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 36 / 73
	<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)  
**STRAIGHT TALK AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
Mr. James R. Taylor

Mailing Address 1901 Pennsylvania Ave NW  
Ste 300

City State Zip Code  
**Washington DC 20006**

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

Name of Employer Occupation  
Kemp Partners Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 17 / 2006**

Transaction ID: SA11A1.21829

Amount of Each Receipt this Period  
**500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Howard J. Thelin

Mailing Address 632 Robin Glen Dr

City State Zip Code  
**Glendale CA 91202**

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 21 / 2006**

Transaction ID: SA11A1.21843

Amount of Each Receipt this Period  
**250.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
CDR William R. Thurston

Mailing Address 12995 Highway 550

City State Zip Code  
**Durango CO 81303**

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

Name of Employer Occupation  
Self Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 21 / 2006**

Transaction ID: SA11A1.21867

Amount of Each Receipt this Period  
**500.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<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 37 / 73
	<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)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eric Tilenius

Mailing Address 30 Drayton Rd

City Hillsborough State CA Zip Code 94010

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

Name of Employer Tilenius Ventures Occupation Venture Capitalist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.21869

Amount of Each Receipt this Period  
 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frederick H. Waddell

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

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

Name of Employer Northern Trust Bank Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.21945

Amount of Each Receipt this Period  
 500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Everett F. Walsh

Mailing Address 14 Wood Ave

City South Hadley State MA Zip Code 01075

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

Name of Employer Everett Association, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.21954

Amount of Each Receipt this Period  
 500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<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 38 / 73
	<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)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Annette M. Williams		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 23028 Grand Terrace Rd		Transaction ID: SA11A1.22019
City State Zip Code Grand Terrace CA 92313	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Self Occupation Real Estate Investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Margaret H. Wise		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 239		Transaction ID: SA11A1.22040
City State Zip Code Orlean VA 20128	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation Homemaker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Larry Marc Wortzel		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 120 S Benjamin Howell St		Transaction ID: SA11A1.22063
City State Zip Code Williamsburg VA 23188	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 73	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mr. Craig R. Wylie

Mailing Address 13720 Lincoln St NE

City	State	Zip Code
Ham Lake	MN	55304

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

Name of Employer Wolf Creek Elk Ranch, Inc.	Occupation Rancher
--	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

Transaction ID: SA11A1.22072

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	127655.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 40 / 73	
	(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"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA
--

Full Name (Last, First, Middle Initial) A. Southwest Publishing	
Mailing Address 2600 NW Topeka Blvd	
City Topeka	State KS
Zip Code 66617	
FEC ID number of contributing federal political committee.	C
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3123.52

Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Transaction ID: SA15.22101
Amount of Each Receipt this Period 3123.52
Vendor Refund

SUBTOTAL of Receipts This Page (optional) .....	▶	3123.52
TOTAL This Period (last page this line number only) .....	▶	3123.52

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B.22102 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 12917.05
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement See Attached Memos Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Amazon.com</b>		<b>Transaction ID:</b> SB21B.22102.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 1835.49
City Seattle State WA Zip Code 98108	Purpose of Disbursement Book Purchase Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		<b>Transaction ID:</b> SB21B.22102.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 619133		Amount of Each Disbursement this Period 408.80
City Dallas State TX Zip Code 75261	Purpose of Disbursement Travel Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

[MEMO ITEM]

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

12917.05

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Transaction ID: SB21B.22102.2 Date of Disbursement MM / DD / YYYY 02 / 17 / 2006
Mailing Address 50 Massachusetts Ave NW		Amount of Each Disbursement this Period 320.00
City Washington State DC Zip Code 20001	[MEMO ITEM]	
Purpose of Disbursement Travel Expense Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Avaya</b>		Transaction ID: SB21B.22102.3 Date of Disbursement MM / DD / YYYY 02 / 17 / 2006
Mailing Address PO Box 93000		Amount of Each Disbursement this Period 60.00
City Chicago State IL Zip Code 60673-3000	[MEMO ITEM]	
Purpose of Disbursement Equipment Service Fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Carey International</b>		Transaction ID: SB21B.22102.4 Date of Disbursement MM / DD / YYYY 02 / 17 / 2006
Mailing Address 520 North Capitol Street		Amount of Each Disbursement this Period 3270.46
City Washington State DC Zip Code 20001	[MEMO ITEM]	
Purpose of Disbursement Travel Expense Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

<b>A. Continental Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address 1500 Smith St 21st Floor City Houston State TX Zip Code 77002 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.22102.5 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 1395.00 <b>[MEMO ITEM]</b>
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<b>B. Delta Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 20980 City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.22102.7 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 323.59 <b>[MEMO ITEM]</b>
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<b>C. Hilton Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 1335 Avenue of the Americas City New York State NY Zip Code 10019 Purpose of Disbursement Travel Expense-Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.22102.11 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 1804.09 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. McNair Travel Agency</b>		<b>Transaction ID:</b> SB21B.22102.13 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 1703 Duke Street		Amount of Each Disbursement this Period 350.00
City Alexandria State VA Zip Code 22314	[MEMO ITEM]	
Purpose of Disbursement Travel Agency Fees		002 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Postal Store</b>		<b>Transaction ID:</b> SB21B.22102.14 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 1735 N. Lynn Street		Amount of Each Disbursement this Period 313.00
City Arlington State VA Zip Code 22209	[MEMO ITEM]	
Purpose of Disbursement Postage		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. St. Regis DC</b>		<b>Transaction ID:</b> SB21B.22102.16 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 923 16th & K Street, NW		Amount of Each Disbursement this Period 800.00
City Washington State DC Zip Code 20006	[MEMO ITEM]	
Purpose of Disbursement Meeting Expense-Meals		002 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: SB21B.22102.18 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 2501		Amount of Each Disbursement this Period 545.28
City Washington State DC Zip Code 27102	[MEMO ITEM]	
Purpose of Disbursement Travel Expense Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Transaction ID: SB21B.22102.19 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 1100 Wythe Street		Amount of Each Disbursement this Period 994.50
City Alexandria State VA Zip Code 22314	[MEMO ITEM]	
Purpose of Disbursement Postage Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: SB21B.22272 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 114.03
City Newark State NJ Zip Code 07101-1270	[MEMO ITEM]	
Purpose of Disbursement In Kind Contribution(See Sch B Line 23) Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		<b>Transaction ID:</b> SB21B.22188 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 411.21
City Louisville State KY Zip Code 40290-1309		
Purpose of Disbursement Telephone Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Avaya</b>		<b>Transaction ID:</b> SB21B.22151 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 93000		Amount of Each Disbursement this Period 192.27
City Chicago State IL Zip Code 60673-3000		
Purpose of Disbursement Equipment Lease Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Avaya</b>		<b>Transaction ID:</b> SB21B.22152 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address PO Box 93000		Amount of Each Disbursement this Period 2410.73
City Chicago State IL Zip Code 60673-3000		
Purpose of Disbursement Equipment Lease Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3014.21
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Campaign Solutions</b>		<b>Transaction ID:</b> SB21B.22203 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 118 North Saint Asaph St.		Amount of Each Disbursement this Period 600.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Website Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Caplin &amp; Drysdale</b>		<b>Transaction ID:</b> SB21B.22204 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address One Thomas Circle, NW Ste. 1100		Amount of Each Disbursement this Period 2308.11
City Washington State DC Zip Code 20005	Purpose of Disbursement Legal Services Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Care First Blue Cross Blue Shield</b>		<b>Transaction ID:</b> SB21B.22163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 2589.00
City Baltimore State MD Zip Code 21279	Purpose of Disbursement Health Care Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5497.11
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Chantilly Printing &amp; Graphics, Inc.</b>		<b>Transaction ID: SB21B.22173</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 13808 Redskin Drive		Amount of Each Disbursement this Period 536.25
City Herndon State VA Zip Code 20171	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chantilly Printing &amp; Graphics, Inc.</b>		<b>Transaction ID: SB21B.22211</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 13808 Redskin Drive		Amount of Each Disbursement this Period 1144.28
City Herndon State VA Zip Code 20171	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cingular</b>		<b>Transaction ID: SB21B.22189</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 5.54
City Baltimore State MD Zip Code 21297-1356	Purpose of Disbursement Telephone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1686.07
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Cingular</b>		<b>Transaction ID:</b> SB21B.22190 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 170.97
City Baltimore State MD Zip Code 21297-1356	001 Category/ Type	
Purpose of Disbursement Telephone Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cingular</b>		<b>Transaction ID:</b> SB21B.22191 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 101.44
City Baltimore State MD Zip Code 21297-1356	001 Category/ Type	
Purpose of Disbursement Telephone Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Harry W. Clark</b>		<b>Transaction ID:</b> SB21B.22154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address Stanwich Group, LLC 30 East Elm Street		Amount of Each Disbursement this Period 973.08
City Greenwich State CT Zip Code 06830	003 Category/ Type	
Purpose of Disbursement Event Expense-Decorations Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1245.49
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. DGM &amp; Associates</b>		<b>Transaction ID:</b> SB21B.22156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 509		Amount of Each Disbursement this Period 8750.00
City Novi State MI Zip Code 48376	Purpose of Disbursement Financial Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. DGM &amp; Associates</b>		<b>Transaction ID:</b> SB21B.22182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 509		Amount of Each Disbursement this Period 167.81
City Novi State MI Zip Code 48376	Purpose of Disbursement Shipping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. EDonation</b>		<b>Transaction ID:</b> SB21B.22165 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 118 N. St. Asaph Street		Amount of Each Disbursement this Period 1478.36
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Merchant Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10396.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID:</b> SB21B.22183 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 326.57
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> SB21B.22184 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 433.00
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> SB21B.22185 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 235.94
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	995.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22197	
<b>A. Flight Options</b>		Date of Disbursement	
Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport		MM / DD / YYYY 02 / 01 / 2006	
City Cleveland	State OH	Zip Code 44143	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Charter Air		002	48927.57
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22198	
<b>B. Flight Options</b>		Date of Disbursement	
Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport		MM / DD / YYYY 02 / 17 / 2006	
City Cleveland	State OH	Zip Code 44143	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Charter Air		002	45623.88
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22175	
<b>C. Craig A. Goldman</b>		Date of Disbursement	
Mailing Address 5747 Sherier Place NW		MM / DD / YYYY 02 / 15 / 2006	
City Washington	State DC	Zip Code 20016	Amount of Each Disbursement this Period
Purpose of Disbursement Salaries		001	4356.64
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>98908.09</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Craig A. Goldman</b>		<b>Transaction ID: SB21B.22196</b>	
Mailing Address 5747 Sherier Place NW		Date of Disbursement MM / DD / YYYY 02 / 27 / 2006	
City Washington	State DC	Zip Code 20016	Amount of Each Disbursement this Period 1750.44
Purpose of Disbursement Travel Reimbursement		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Craig A. Goldman</b>		<b>Transaction ID: SB21B.22176</b>	
Mailing Address 5747 Sherier Place NW		Date of Disbursement MM / DD / YYYY 02 / 28 / 2006	
City Washington	State DC	Zip Code 20016	Amount of Each Disbursement this Period 4356.64
Purpose of Disbursement Salaries		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Blythe S. Haaga</b>		<b>Transaction ID: SB21B.22167</b>	
Mailing Address 1099 22nd Street, NW Apt. 404		Date of Disbursement MM / DD / YYYY 02 / 10 / 2006	
City Washington	State DC	Zip Code 20037	Amount of Each Disbursement this Period 805.71
Purpose of Disbursement Office Supplies		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6912.79</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)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Blythe S. Haaga</b>		<b>Transaction ID:</b> SB21B.22177 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1099 22nd Street, NW Apt. 404		Amount of Each Disbursement this Period 1006.66
City Washington State DC Zip Code 20037		
Purpose of Disbursement Salaries Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Blythe S. Haaga</b>		<b>Transaction ID:</b> SB21B.22178 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1099 22nd Street, NW Apt. 404		Amount of Each Disbursement this Period 1006.66
City Washington State DC Zip Code 20037		
Purpose of Disbursement Salaries Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Holloway Consulting</b>		<b>Transaction ID:</b> SB21B.22157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 550004		Amount of Each Disbursement this Period 7000.00
City Atlanta State GA Zip Code 30355		
Purpose of Disbursement Financial Consultant Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9013.32
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Huckaby Davis Lisker</b>		<b>Transaction ID: SB21B.22155</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 228 S. Washington St., Suite 115		Amount of Each Disbursement this Period 3003.14
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Compliance Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. IDMI</b>		<b>Transaction ID: SB21B.22146</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 490 White Pond Drive		Amount of Each Disbursement this Period 2748.50
City Akron State OH Zip Code 44320	Purpose of Disbursement Database File Maintenance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. IDMI</b>		<b>Transaction ID: SB21B.22148</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 490 White Pond Drive		Amount of Each Disbursement this Period 1950.00
City Akron State OH Zip Code 44320	Purpose of Disbursement Direct Mail Postage Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7701.64
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. IDMI</b>		<b>Transaction ID:</b> SB21B.22147 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 490 White Pond Drive		Amount of Each Disbursement this Period 3870.77
City Akron State OH Zip Code 44320	Purpose of Disbursement Database File Maintenance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Integrated Web Strategy, LLC</b>		<b>Transaction ID:</b> SB21B.22201 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 4715 N. 32nd Street, Ste. 107		Amount of Each Disbursement this Period 1550.00
City Phoenix State AZ Zip Code 85018	Purpose of Disbursement Website Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Integrated Web Strategy, LLC</b>		<b>Transaction ID:</b> SB21B.22202 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 4715 N. 32nd Street, Ste. 107		Amount of Each Disbursement this Period 1550.00
City Phoenix State AZ Zip Code 85018	Purpose of Disbursement Website Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6970.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Amber L. Johnson</b>		<b>Transaction ID: SB21B.22179</b> Date of Disbursement MM / DD / YYYY 02 / 15 / 2006
Mailing Address 1040 Hyde Park Drive		Amount of Each Disbursement this Period 2358.60
City Annapolis State MD Zip Code 21403	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Amber L. Johnson</b>		<b>Transaction ID: SB21B.22180</b> Date of Disbursement MM / DD / YYYY 02 / 28 / 2006
Mailing Address 1040 Hyde Park Drive		Amount of Each Disbursement this Period 2358.60
City Annapolis State MD Zip Code 21403	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Courtney Nahigian</b>		<b>Transaction ID: SB21B.22181</b> Date of Disbursement MM / DD / YYYY 02 / 28 / 2006
Mailing Address 331 Cameron Station Blvd.		Amount of Each Disbursement this Period 3496.84
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8214.04</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. National City Bank</b>		<b>Transaction ID:</b> SB21B.22129 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 5756		Amount of Each Disbursement this Period 208.79
City Akron State OH Zip Code 44101	Purpose of Disbursement Bank Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID:</b> SB21B.22168 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 7450 Tilghman St., Ste. 107		Amount of Each Disbursement this Period 264.84
City Allentown State PA Zip Code 18106-9037	Purpose of Disbursement Payroll Service Charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		<b>Transaction ID:</b> SB21B.22169 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 7450 Tilghman St., Ste. 107		Amount of Each Disbursement this Period 3841.71
City Allentown State PA Zip Code 18106-9037	Purpose of Disbursement Payroll Tax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4315.34</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)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID:</b> SB21B.22170 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 7450 Tilghman St., Ste. 107		Amount of Each Disbursement this Period 5741.91
City Allentown State PA Zip Code 18106-9037	Purpose of Disbursement Payroll Tax Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Southwest Publishing</b>		<b>Transaction ID:</b> SB21B.22206 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 2600 NW Topeka Blvd		Amount of Each Disbursement this Period 12382.76
City Topeka State KS Zip Code 66617	Purpose of Disbursement Direct Mail Production Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Computer Workshop</b>		<b>Transaction ID:</b> SB21B.22142 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 3223 Brookings Court		Amount of Each Disbursement this Period 1252.90
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Computer Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	19377.57
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. The Computer Workshop</b>		<b>Transaction ID:</b> SB21B.22143 Date of Disbursement
Mailing Address 3223 Brookings Court		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Farifax	State VA	Zip Code 22031
Purpose of Disbursement Computer Services	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1611.75"/>

Full Name (Last, First, Middle Initial) <b>B. The Dennehy Group</b>		<b>Transaction ID:</b> SB21B.22171 Date of Disbursement
Mailing Address 11 Depot Street, Ste. 2		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Political Consultant	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="10000.00"/>

Full Name (Last, First, Middle Initial) <b>C. The Dennehy Group</b>		<b>Transaction ID:</b> SB21B.22199 Date of Disbursement
Mailing Address 11 Depot Street, Ste. 2		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Travel Reimbursement	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1684.47"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13296.22"/>
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. The Eudy Company</b>		<b>Transaction ID:</b> SB21B.22158 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 211 N. Union St., Ste. 200		Amount of Each Disbursement this Period 12000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Financial Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Financial Consultant Candidate Name		

Full Name (Last, First, Middle Initial) <b>B. The Hallisey Group</b>		<b>Transaction ID:</b> SB21B.22159 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 38 East 85th Street, #5		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10028	Purpose of Disbursement Financial Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Financial Consultant Candidate Name		

Full Name (Last, First, Middle Initial) <b>C. The Hallisey Group</b>		<b>Transaction ID:</b> SB21B.22208 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 38 East 85th Street, #5		Amount of Each Disbursement this Period 1250.00
City New York State NY Zip Code 10028	Purpose of Disbursement Financial Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Financial Consultant Candidate Name		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18250.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Union Street, LP</b>		<b>Transaction ID: SB21B.22174</b> Date of Disbursement MM / DD / YYYY 02 / 01 / 2006
Mailing Address c/o PNGS Management Co., Inc. 1350 Connecticut Ave., NW Ste. 120		Amount of Each Disbursement this Period 10972.01
City Washington State DC Zip Code 20036	Purpose of Disbursement Rent Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		<b>Transaction ID: SB21B.22149</b> Date of Disbursement MM / DD / YYYY 02 / 13 / 2006
Mailing Address 1100 Wythe Street		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Business Reply Account Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>C. Vandenberg and Associates</b>		<b>Transaction ID: SB21B.22161</b> Date of Disbursement MM / DD / YYYY 02 / 01 / 2006
Mailing Address 3927 Elm Avenue		Amount of Each Disbursement this Period 5000.00
City Long Beach State CA Zip Code 90807	Purpose of Disbursement Financial Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18972.01
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Vandenberg and Associates</b>		<b>Transaction ID:</b> SB21B.22162 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 3927 Elm Avenue		Amount of Each Disbursement this Period 5000.00
City Long Beach State CA Zip Code 90807	Purpose of Disbursement Financial Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID:</b> SB21B.22193 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 152.08
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. John Weaver</b>		<b>Transaction ID:</b> SB21B.22172 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 337 West 12th Street		Amount of Each Disbursement this Period 15000.00
City New York State NY Zip Code 10014	Purpose of Disbursement Political Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20152.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

A. Full Name (Last, First, Middle Initial)  
John Weaver

Mailing Address 337 West 12th Street

City State Zip Code  
New York NY 10014

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.22210  
Date of Disbursement

02 / 10 / 2006

Amount of Each Disbursement this Period

2206.47

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

2206.47

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

270041.95

# 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)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB23.22268 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 114.03
City Newark State NJ Zip Code 07101-1270	002 Category/ Type	
Purpose of Disbursement In Kind Travel Contribution		
Candidate Name FREEDOM & DEMOCRACY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		<b>Transaction ID:</b> SB23.22268.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 20980		Amount of Each Disbursement this Period 57.01
City Atlanta State GA Zip Code 30320	002 Category/ Type	
Purpose of Disbursement Travel Expense		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		<b>Transaction ID:</b> SB23.22268.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 2501		Amount of Each Disbursement this Period 57.02
City Washington State DC Zip Code 27102	002 Category/ Type	
Purpose of Disbursement Travel Expense		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	114.03
<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)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. GARD FOR CONGRESS</b>		Transaction ID: SB23.22131 Date of Disbursement																					
Mailing Address PO BOX 277		<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>2</td><td></td><td>2</td><td>7</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	2		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	7		2	0	0	6														
City GREEN BAY	State WI	Zip Code 54305	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate/Cmte Contrib-Federal		011	5000.00																				
Candidate Name		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: WI	District: 08																						

Full Name (Last, First, Middle Initial) <b>B. REYNOLDS FOR CONGRESS</b>		Transaction ID: SB23.22133 Date of Disbursement																					
Mailing Address PO Box 141		<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>2</td><td></td><td>1</td><td>3</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	2		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	3		2	0	0	6														
City Williamsville	State NY	Zip Code 14231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate/Cmte Contrib-Federal		011	5000.00																				
Candidate Name		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: 26																						

Full Name (Last, First, Middle Initial) <b>C. TRENT LOTT FOR MISSISSIPPI</b>		Transaction ID: SB23.22135 Date of Disbursement																					
Mailing Address 201 N. Union Street, Ste. 530		<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>2</td><td></td><td>1</td><td>3</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	2		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	3		2	0	0	6														
City Alexandria	State VA	Zip Code 39225	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate/Cmte Contrib-Federal		011	5000.00																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" 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: MS	District: 00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	15114.03

**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 67 / 73

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Charleston County GOP</b>		<b>Transaction ID:</b> SB29.22137 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 113 Ponsbury Road		Amount of Each Disbursement this Period 3500.00
City Mt. Pleasant State SC Zip Code 29464	Purpose of Disbursement Candidate/Cmte Contrib-Non Federal Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Henry McMaster for Attorney General</b>		<b>Transaction ID:</b> SB29.22139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 11063		Amount of Each Disbursement this Period 3500.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement Candidate/Cmte Contrib-Non Federal Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Stan Spears for Adjutant General</b>		<b>Transaction ID:</b> SB29.22141 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 90603		Amount of Each Disbursement this Period 3500.00
City Columbia State SC Zip Code 29290	Purpose of Disbursement Candidate/Cmte Contrib-Non Federal Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	10500.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

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

Outstanding Balance Beginning This Period 2308.11	<b>Transaction ID:</b> SD10.19666	
Amount Incurred This Period 0.00	Payment This Period 2308.11	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Chantilly Printing & Graphics, Inc.	Nature of Debt (Purpose): Printing
Mailing Address 13808 Redskin Drive	
City State ZIP Code Herndon VA 20171	

Outstanding Balance Beginning This Period 1144.28	<b>Transaction ID:</b> SD10.19667	
Amount Incurred This Period 0.00	Payment This Period 1144.28	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor FRIENDS OF JOHN MCCAIN	Nature of Debt (Purpose): Direct Mail List Expense
Mailing Address 211 NORTH UNION STREET SUITE 200	
City State ZIP Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.22215	
Amount Incurred This Period 2134.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 2134.30

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	2134.30
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 69 / 73
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

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

Outstanding Balance Beginning This Period 12382.76	<b>Transaction ID:</b> SD10.19669	
Amount Incurred This Period 0.00	Payment This Period 12382.76	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Eudy Company	Nature of Debt (Purpose): Office Expenses
Mailing Address 211 N. Union St., Ste. 200	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.22216	
Amount Incurred This Period 2922.13	Payment This Period 0.00	Outstanding Balance at Close of This Period 2922.13

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Hallisey Group	Nature of Debt (Purpose): Financial Consultant
Mailing Address 38 East 85th Street, #5	
City State ZIP Code New York NY 10028	

Outstanding Balance Beginning This Period 1250.00	<b>Transaction ID:</b> SD10.19670	
Amount Incurred This Period 0.00	Payment This Period 1250.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	2922.13
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Hallisey Group	Nature of Debt (Purpose): Financial Consultant
Mailing Address 38 East 85th Street, #5	
City State ZIP Code New York NY 10028	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.22214</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor John Weaver	Nature of Debt (Purpose): Travel Reimbursement
Mailing Address 337 West 12th Street	
City State ZIP Code New York NY 10014	

Outstanding Balance Beginning This Period 2206.47	<b>Transaction ID: SD10.19668</b>	
Amount Incurred This Period 0.00	Payment This Period 2206.47	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	500.00
2) <b>TOTALS</b> This Period (last page this line number only).....	5556.43
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

Image# 26920032271

Form/Schedule: **F3XN**

Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures disclosed on Schedule B, Line 21b were made on behalf of any specifically identified federal candidate. All expenditures made on behalf of a specifically identified federal candidate have been disclosed on Schedule B, Line 23. 11 CFR " 104.3 (b) and 106.1 2) No expenditures disclosed on Schedule B, Line 21b were made for public communications (as defined by 11 CFR ' 100-.26) or voter drive activity (under 11 CFR ' 106.6(b)(2)(i)) containing express advocacy as defined under 11 CFR '100.22 and thus did not constitute in-kind contributions or independent expenditures.

Form/Schedule: **SB21B** (See Schedule B, Line 23, SB23.22368)

Transaction ID: **SB21B.22272**

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**Image# 26920032272**

Form/Schedule: **SB23** See Schedule B Line 23 SB21B.22272

Transaction ID: **SB23.22268**

Form/Schedule: **SB23** See Schedule B Line 23 SB21B.22272

Transaction ID: **SB23.22268.0**

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**Image# 26920032273**

Form/Schedule: **SB23** See Schedule B Line 23 SB21B.22272

Transaction ID: **SB23.22268.1**

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