

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 All America PAC

ADDRESS (number and street) 607 14th Street, NW, Suite 800 Washington DC 20005

2. FEC IDENTIFICATION NUMBER C00344788 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Jerry Howe, Jr. Signature of Treasurer Electronically Filed by Jerry Howe, Jr. Date 10 26 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  
All America PAC

Report Covering the Period: From: 

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|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; 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 |  | 819652.36 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 794555.23               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 37823.60                | 1560504.20                        |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 832378.83               | 2380156.56                        |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 230658.41               | 1778436.14                        |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 601720.42               | 601720.42                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |           |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
All America PAC

Report Covering the Period: From: 

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 To: 

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| D | D |
| 1 | 8 |

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

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 36386.00                      | 1335200.08                        |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 256.00                        | 11663.59                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 36642.00                      | 1346863.67                        |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 153000.00                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 36642.00                      | 1499863.67                        |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 27312.83                          |
| 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) ..... | 368.72                        | 9429.08                           |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 812.88                        | 23898.62                          |
| 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)) .....                          | 37823.60                      | 1560504.20                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 37823.60                      | 1560504.20                        |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:   |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      |                               |                                   |
| (i) Federal Share.....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....   | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....   | 116245.45                     | 1494676.92                        |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 116245.45                     | 1494676.92                        |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                          | 657.47                            |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 0.00                          | 55782.00                          |
| 24. Independent Expenditure (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....   | 0.00                          | 0.00                              |
| 27. Loans Made.....   | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 0.00                          | 5500.00                           |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....   | 0.00                          | 2500.00                           |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                          | 8000.00                           |
| 29. Other Disbursements.....  | 114412.96                     | 219319.75                         |
| 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))..        | 230658.41                     | 1778436.14                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 230658.41                     | 1778436.14                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 36642.00                      | 1499863.67                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 8000.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 36642.00                      | 1491863.67                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 116245.45                     | 1494676.92                        |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 368.72                        | 9429.08                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 115876.73                     | 1485247.84                        |

**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 / 64 |
|  | <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)  
All America PAC

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Binita Barai</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 6 / 2 0 0 6 |  |
| Mailing Address 9903 Twin Creek Blvd  |   | <b>Transaction ID: C6841822</b>                               |  |
| City State Zip Code<br>Munster IN 46321-4231  | Amount of Each Receipt this Period<br>5000.00                           |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer Information Requested<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested<br>Aggregate Year-to-Date ▼<br>5000.00 |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Nikita Barai</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 6 / 2 0 0 6 |  |
| Mailing Address 9903 Twin Creek Blvd  |  | <b>Transaction ID: C6841823</b>                               |  |
| City State Zip Code<br>Munster IN 46321-4231  | Amount of Each Receipt this Period<br>5000.00                |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Electronic Interconnect<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant<br>Aggregate Year-to-Date ▼<br>5000.00 |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gerald Bloomberg</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |  |
| Mailing Address 6476 Enclave Way  |   | <b>Transaction ID: C6841820</b>                               |  |
| City State Zip Code<br>Boca Raton FL 33496-4075   | Amount of Each Receipt this Period<br>3136.00             |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer Vista BMW<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Manager<br>Aggregate Year-to-Date ▼<br>4999.08 |   |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 13136.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 64                  |
|  | <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)  
All America PAC

|   |                                     |   |   |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Mary Ann Browning  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 6 / 2 0 0 6 |   |
| Mailing Address 6100 W 96th St Ste 250  |                                     | <b>Transaction ID:</b> C6841824                               |   |
| City Indianapolis   | State IN                            | Zip Code 46278-6006   | Amount of Each Receipt this Period<br>5000.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     |   |   |
| Name of Employer N/A  | Occupation Homemaker                |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |   |   |

|   |                                     |   |   |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Bradley C Davis  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 6 / 2 0 0 6 |   |
| Mailing Address 410 Somerset Dr W   |                                     | <b>Transaction ID:</b> C6841825                               |   |
| City Indianapolis   | State IN                            | Zip Code 46260-2920   | Amount of Each Receipt this Period<br>5000.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     |   |   |
| Name of Employer Davis Homes, LLC   | Occupation Executive                |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |   |   |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Peter E Gelhaar  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |  |
| Mailing Address 84 Commonwealth Ave Apt 4   |                                    | <b>Transaction ID:</b> C6841819                               |  |
| City Boston   | State MA                           | Zip Code 02116-3017   | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer Donnelly Conroy & Gelhaar LLP  | Occupation Attorney                |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |   |  |

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| <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:             | PAGE 8 / 64                  |
|  | (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"/> 14  |
| <input type="checkbox"/> 15  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
All America PAC

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Charles B Green  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |  |
| Mailing Address 6476 Enclave Way  |   | <b>Transaction ID:</b> C6841816                               |  |
| City State Zip Code<br>Boca Raton FL 33496-4075   | Amount of Each Receipt this Period<br>5000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>Wachovia Securities   | Occupation<br>Senior Vice President           |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |  |

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|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Rhonda Impink  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |  |
| Mailing Address 8631 Bay Colony Dr  |   | <b>Transaction ID:</b> C6841815                               |  |
| City State Zip Code<br>Indianapolis IN 46234-2912   | Amount of Each Receipt this Period<br>1500.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>Information Requested   | Occupation<br>Information Requested           |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1500.00           |   |  |

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|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Ryan Mc Duffee   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 7 / 2 0 0 6 |  |
| Mailing Address 301 S Walnut St Apt 202   |  | <b>Transaction ID:</b> C6841827                               |  |
| City State Zip Code<br>Muncie IN 47305-2494   | Amount of Each Receipt this Period<br>500.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>Information Requested   | Occupation<br>Information Requested          |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |   |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 7000.00 |
| <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 / 64                  |
|  | <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)  
All America PAC

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> J Timothy McGinley   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 6 / 2 0 0 6 |
| Mailing Address 8709 Williamshire East Dr   |                                     | <b>Transaction ID:</b> C6841828                                 |
| City Indianapolis   | State IN                            | Zip Code 46260-1786   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>5000.00                   |
| Name of Employer House Investments  | Occupation CEO                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Tim McGlothlin   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 2625 South Wingate Road   |                                    | <b>Transaction ID:</b> C6831445                                 |
| City Scottsburg   | State IN                           | Zip Code 47170-6178   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00                    |
| Name of Employer Information Requested  | Occupation Information Requested   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Michael G Tracy  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 92 State St   |                                    | <b>Transaction ID:</b> C6841821                                 |
| City Boston   | State MA                           | Zip Code 02109-2004   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>500.00                    |
| Name of Employer Self-Employed  | Occupation Attorney                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |   |

|  |          |
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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 5750.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 36386.00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |  |                             |                             |
|--|------------------------------|--|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |  | PAGE 10 / 64                |                             |
|  | (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)<br>All America PAC |
|--|

|   |                                     |
|---|-------------------------------------|
| A. Full Name (Last, First, Middle Initial)<br>Paychex   |                                     |
| Mailing Address 3060 Williams Drive   |                                     |
| City<br>Fairfax   | State<br>VA                         |
| Zip Code<br>22031   |                                     |
| FEC ID number of contributing federal political committee.  | C                                   |
| Name of Employer  | Occupation                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5214.16 |

|   |
|---|
| Date of Receipt<br>MM / DD / YYYY<br>10 / 10 / 2006 |
| Transaction ID: C6844422                            |
| Amount of Each Receipt this Period<br>368.72        |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 368.72 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 368.72 |

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

|  |                              |                              |                             |  |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 11 / 64                |  |
|  | (check only one)             |                              |                             |  |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13            |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
All America PAC

**A.** Full Name (Last, First, Middle Initial)  
Bear Stearns & Company, Inc.

Mailing Address Three First National Plaza

City State Zip Code  
Chicago IL 60602

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9260.52

Date of Receipt  

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

Transaction ID: C6844420

Amount of Each Receipt this Period  
812.88

\* Interest Income

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 812.88 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 812.88 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ryan Alexander</b>  |  | <b>Transaction ID:</b> D129665<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 8508 16th Street   |  | Amount of Each Disbursement this Period<br>817.29  |
| City Silver Spring State MD Zip Code 20910   | Category/<br>Type  |  |
| Purpose of Disbursement Payroll  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ryan Alexander</b>  |  | <b>Transaction ID:</b> D129689<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 6 |
| Mailing Address 8508 16th Street   |  | Amount of Each Disbursement this Period<br>817.29  |
| City Silver Spring State MD Zip Code 20910   | Category/<br>Type  |  |
| Purpose of Disbursement Payroll  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Maureen Berardi</b>   |  | <b>Transaction ID:</b> D129554<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |
| Mailing Address 111 Huntington Avenue  |  | Amount of Each Disbursement this Period<br>600.00  |
| City Boston State MA Zip Code 02199  | Category/<br>Type  |  |
| Purpose of Disbursement Reimbursement-Catering   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>2234.58</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)

PAGE 13 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Tyler Bullen</b>  |   | <b>Transaction ID: D129553</b><br>Date of Disbursement<br>10 / 01 / 2006 |
| Mailing Address 4311 37th St NW  |   | Amount of Each Disbursement this Period<br>120.02                        |
| City Washington  | State DC  |  |
| Zip Code 20008-3134  |   |  |
| Purpose of Disbursement<br>Reimbursement - Telephone   |   |  |
| Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: _____ District: _____   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Tyler Bullen</b>  |   | <b>Transaction ID: D129690</b><br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 4311 37th St NW  |   | Amount of Each Disbursement this Period<br>834.07                        |
| City Washington  | State DC  |  |
| Zip Code 20008-3134  |   |  |
| Purpose of Disbursement<br>Payroll   |   |  |
| Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: _____ District: _____   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Tyler Bullen</b>  |   | <b>Transaction ID: D129666</b><br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 4311 37th St NW  |   | Amount of Each Disbursement this Period<br>834.07                        |
| City Washington  | State DC  |  |
| Zip Code 20008-3134  |   |  |
| Purpose of Disbursement<br>Payroll   |   |  |
| Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: _____ District: _____   |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1788.16 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Tyler Bullen</b>  |   | <b>Transaction ID:</b> D129669<br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 4311 37th St NW  |   | Amount of Each Disbursement this Period<br>92.67                         |
| City Washington  | State DC  |  |
| Zip Code 20008-3134  |   |  |
| Purpose of Disbursement<br>Payroll   |   |  |
| Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Tyler Bullen</b>  |   | <b>Transaction ID:</b> D129692<br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 4311 37th St NW  |   | Amount of Each Disbursement this Period<br>92.67                         |
| City Washington  | State DC  |  |
| Zip Code 20008-3134  |   |  |
| Purpose of Disbursement<br>Payroll   |   |  |
| Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Amber N. Carrier</b>  |   | <b>Transaction ID:</b> D129667<br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 3606 S Street, NW  |   | Amount of Each Disbursement this Period<br>550.98                        |
| City Washington  | State DC  |  |
| Zip Code 20007   |   |  |
| Purpose of Disbursement<br>Payroll   |   |  |
| Candidate Name   |   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>736.32</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Amber N. Carrier</b>  |  | <b>Transaction ID: D129691</b><br>Date of Disbursement<br>10 / 15 / 2006 |  |
| Mailing Address 3606 S Street, NW  |  | Amount of Each Disbursement this Period<br>287.59                        |  |
| City Washington<br>State DC<br>Zip Code 20007  | Purpose of Disbursement<br>Payroll   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cook Group, Inc.</b>  |  | <b>Transaction ID: D129777</b><br>Date of Disbursement<br>10 / 06 / 2006 |  |
| Mailing Address 750 Daniels Way  |  | Amount of Each Disbursement this Period<br>857.31                        |  |
| City Bloomington<br>State IN<br>Zip Code 47405   | Purpose of Disbursement<br>Travel on 9/29/06   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dell Financial Services</b>   |  | <b>Transaction ID: D129547</b><br>Date of Disbursement<br>10 / 01 / 2006 |  |
| Mailing Address Payment Processing Center<br>P.O. Box 5292   |  | Amount of Each Disbursement this Period<br>992.16                        |  |
| City Carol Stream<br>State IL<br>Zip Code 60197  | Purpose of Disbursement<br>Office Equipment  | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2137.06 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sean Downey</b>  |  | <b>Transaction ID: D129552</b><br>Date of Disbursement<br>10 / 01 / 2006 |  |
| Mailing Address 19 Village Drive  |  | Amount of Each Disbursement this Period<br>350.73                        |  |
| City East Sandwich<br>State MA<br>Zip Code 02537  | Purpose of Disbursement<br>Reimbursement-Travel/Food for Event<br>Candidate Name<br>Category/Type                                    |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Marc Farinella</b>   |  | <b>Transaction ID: D129546</b><br>Date of Disbursement<br>10 / 01 / 2006 |  |
| Mailing Address 7979 Bradwick Way   |  | Amount of Each Disbursement this Period<br>9533.00                       |  |
| City Melbourne<br>State FL<br>Zip Code 32940  | Purpose of Disbursement<br>Political Consulting & Expenses<br>Candidate Name<br>Category/Type  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Michael Farris</b>   |  | <b>Transaction ID: D129694</b><br>Date of Disbursement<br>10 / 15 / 2006 |  |
| Mailing Address 918 Huntington Road   |  | Amount of Each Disbursement this Period<br>333.60                        |  |
| City Ducanville<br>State TX<br>Zip Code 75157   | Purpose of Disbursement<br>Payroll<br>Candidate Name<br>Category/Type  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 10217.33    |
| <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)

PAGE 17 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Farris</b>  |  | <b>Transaction ID:</b> D129670<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 918 Huntington Road  |  | Amount of Each Disbursement this Period<br>632.62  |
| City State Zip Code<br>Ducanville TX 75157   | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Julie Fitzgerald</b>  |  | <b>Transaction ID:</b> D129671<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 938 4th Street Apt. 107  |  | Amount of Each Disbursement this Period<br>1121.69   |
| City State Zip Code<br>Santa Monica CA 90403   | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Julie Fitzgerald</b>  |  | <b>Transaction ID:</b> D129695<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 6 |
| Mailing Address 938 4th Street Apt. 107  |  | Amount of Each Disbursement this Period<br>282.37  |
| City State Zip Code<br>Santa Monica CA 90403   | Purpose of Disbursement<br>Payroll   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2036.68 |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Stefanie Freeman</b>  |  | <b>Transaction ID:</b> D129696<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 6 |
| Mailing Address 2120 16th Street, NW<br>Apt. 311   |  | Amount of Each Disbursement this Period<br>620.24  |
| City Washington State DC Zip Code 20009  | Category/<br>Type  |  |
| Purpose of Disbursement Payroll  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Stefanie Freeman</b>  |  | <b>Transaction ID:</b> D129672<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 2120 16th Street, NW<br>Apt. 311   |  | Amount of Each Disbursement this Period<br>1456.96   |
| City Washington State DC Zip Code 20009  | Category/<br>Type  |  |
| Purpose of Disbursement Payroll  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stefanie Freeman</b>  |  | <b>Transaction ID:</b> D129560<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |
| Mailing Address 2120 16th Street, NW<br>Apt. 311   |  | Amount of Each Disbursement this Period<br>53.74   |
| City Washington State DC Zip Code 20009  | Category/<br>Type  |  |
| Purpose of Disbursement Reimbursement-Travel/Supplies/Meals  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 2130.94 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Lisa George</b>   |  | <b>Transaction ID: D129711</b><br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 2 Peabody Terrace  |  | Amount of Each Disbursement this Period<br>450.29                        |
| City Cambridge State MA Zip Code 02138   | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Lisa George</b>   |  | <b>Transaction ID: D129687</b><br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 2 Peabody Terrace  |  | Amount of Each Disbursement this Period<br>846.62                        |
| City Cambridge State MA Zip Code 02138   | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Christopher Hayler</b>  |  | <b>Transaction ID: D129673</b><br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 711 5th Street, SE   |  | Amount of Each Disbursement this Period<br>1749.71                       |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 3046.62 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Christopher Hayler</b>  |  | <b>Transaction ID: D129697</b><br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 711 5th Street, SE   |  | Amount of Each Disbursement this Period<br>1749.71                       |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Natalie Jones</b>   |  | <b>Transaction ID: D129698</b><br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 1325 18th Street, NW Suite 708   |  | Amount of Each Disbursement this Period<br>624.24                        |
| City Washington State DC Zip Code 20007  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Natalie Jones</b>   |  | <b>Transaction ID: D129674</b><br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 1325 18th Street, NW Suite 708   |  | Amount of Each Disbursement this Period<br>1314.58                       |
| City Washington State DC Zip Code 20007  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>3688.53</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)

PAGE 21 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Byron L. Kantrow</b>  |  | <b>Transaction ID: D129688</b><br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>1145.98                       |
| City New York State NY Zip Code 10019  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Byron L. Kantrow</b>  |  | <b>Transaction ID: D129712</b><br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>636.92                        |
| City New York State NY Zip Code 10019  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Byron L. Kantrow</b>  |  | <b>Transaction ID: D129555</b><br>Date of Disbursement<br>10 / 10 / 2006 |
| Mailing Address 230 Central Park South<br>Apt. LLA   |  | Amount of Each Disbursement this Period<br>193.95                        |
| City New York State NY Zip Code 10019  | Purpose of Disbursement Reimbursement-Travel & Meals<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1976.85 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jonathan Kott</b>   |  | <b>Transaction ID: D129549</b><br>Date of Disbursement<br>10 / 01 / 2006 |
| Mailing Address 1307 South Carolina Avenue, SE   |  | Amount of Each Disbursement this Period<br>31.76                         |
| City Washington State DC Zip Code 20003  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Reimbursement - Office Expense  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jonathan Kott</b>   |  | <b>Transaction ID: D129675</b><br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 1307 South Carolina Avenue, SE   |  | Amount of Each Disbursement this Period<br>823.95                        |
| City Washington State DC Zip Code 20003  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Payroll   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jonathan Kott</b>   |  | <b>Transaction ID: D129699</b><br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 1307 South Carolina Avenue, SE   |  | Amount of Each Disbursement this Period<br>823.95                        |
| City Washington State DC Zip Code 20003  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Payroll   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1679.66 |
| <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)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jennifer Linker</b>   |  | <b>Transaction ID:</b> D129700<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 6 |
| Mailing Address 1830 Calvert Street, NW  |  | Amount of Each Disbursement this Period<br>2153.64  |
| City Washington State DC Zip Code 20009  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jennifer Linker</b>   |  | <b>Transaction ID:</b> D129676<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 1830 Calvert Street, NW  |  | Amount of Each Disbursement this Period<br>2153.64  |
| City Washington State DC Zip Code 20009  | Purpose of Disbursement Payroll<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Jennifer Linker</b>   |  | <b>Transaction ID:</b> D129563<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |
| Mailing Address 1830 Calvert Street, NW  |  | Amount of Each Disbursement this Period<br>92.35  |
| City Washington State DC Zip Code 20009  | Purpose of Disbursement Reimbursement - Telephone<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4399.63 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Merchant Services</b>   |  | <b>Transaction ID:</b> D129775<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 0 2 / 2 0 0 6 |
| Mailing Address P.O. Box 13305   |  | Amount of Each Disbursement this Period<br>189.51   |
| City Spokane State WA Zip Code 99213   | Purpose of Disbursement<br>Credit Card Processing Fees   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Kory Mitchell</b>   |  | <b>Transaction ID:</b> D129677<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 260 Kentucky Avenue, SE  |  | Amount of Each Disbursement this Period<br>2235.20  |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement<br>Payroll   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Kory Mitchell</b>   |  | <b>Transaction ID:</b> D130006<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 6 |
| Mailing Address 260 Kentucky Avenue, SE  |  | Amount of Each Disbursement this Period<br>1264.69  |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement<br>Payroll   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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

3689.40

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mitchell Development Group, LLC</b>   |  | <b>Transaction ID:</b> D129566<br>Date of Disbursement<br>10 / 06 / 2006 |
| Mailing Address 934 Lafayette Street   |  | Amount of Each Disbursement this Period<br>277.49                        |
| City Denver State CO Zip Code 80218  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Travel  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mitchell Development Group, LLC</b>   |  | <b>Transaction ID:</b> D129567<br>Date of Disbursement<br>10 / 06 / 2006 |
| Mailing Address 934 Lafayette Street   |  | Amount of Each Disbursement this Period<br>1316.88                       |
| City Denver State CO Zip Code 80218  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Travel  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mitchell Development Group, LLC</b>   |  | <b>Transaction ID:</b> D129568<br>Date of Disbursement<br>10 / 06 / 2006 |
| Mailing Address 934 Lafayette Street   |  | Amount of Each Disbursement this Period<br>175.00                        |
| City Denver State CO Zip Code 80218  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Travel  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1769.37 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |  | <b>Transaction ID:</b> D129774<br>Date of Disbursement<br>10 / 02 / 2006 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>18.00                         |
| City Indianapolis State IN Zip Code 46204  | Purpose of Disbursement Bank Fee<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>B. National Bank of Indianapolis</b>   |  | <b>Transaction ID:</b> D129789<br>Date of Disbursement<br>10 / 16 / 2006 |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |  | Amount of Each Disbursement this Period<br>25.00                         |
| City Indianapolis State IN Zip Code 46204  | Purpose of Disbursement Bank Fee<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>C. NGP Software</b>  |  | <b>Transaction ID:</b> D129561<br>Date of Disbursement<br>10 / 10 / 2006 |
| Mailing Address 1101 Vermont Avenue, NW<br>Suite 710   |  | Amount of Each Disbursement this Period<br>2250.00                       |
| City Washington State DC Zip Code 20005  | Purpose of Disbursement Software License<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2293.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Paychex</b>   |  | <b>Transaction ID:</b> D129238<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>12610.48   |
| City Fairfax State VA Zip Code 22031   | Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Paychex</b>   |  | <b>Transaction ID:</b> D129243<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>10027.58   |
| City Fairfax State VA Zip Code 22031   | Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Paychex</b>   |  | <b>Transaction ID:</b> D129788<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive  |  | Amount of Each Disbursement this Period<br>209.42   |
| City Fairfax State VA Zip Code 22031   | Purpose of Disbursement<br>Payroll Services<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 22847.48 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]      |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Perkins Coie LLP</b>  |  | <b>Transaction ID:</b> D130005<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |
| Mailing Address 1201 Third Avenue<br>40th Floor  |  | Amount of Each Disbursement this Period<br>421.59   |
| City Seattle State WA Zip Code 98101-3099  |  |   |
| Purpose of Disbursement<br>Legal and Accounting Services   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Dan Pfeiffer</b>  |  | <b>Transaction ID:</b> D129786<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |
| Mailing Address 1117 S Street, NW  |  | Amount of Each Disbursement this Period<br>106.40   |
| City Washington State DC Zip Code 20009  |  |   |
| Purpose of Disbursement<br>Reimbursement - Travel  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dan Pfeiffer</b>  |  | <b>Transaction ID:</b> D129678<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 1117 S Street, NW  |  | Amount of Each Disbursement this Period<br>2849.69  |
| City Washington State DC Zip Code 20009  |  |   |
| Purpose of Disbursement<br>Payroll   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3377.68</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dan Pfeiffer</b>  |  | <b>Transaction ID:</b> D129701<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 6 |
| Mailing Address 1117 S Street, NW  |  | Amount of Each Disbursement this Period<br>4041.72   |
| City Washington State DC Zip Code 20009  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Payroll   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dan Pfeiffer</b>  |  | <b>Transaction ID:</b> D129562<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |
| Mailing Address 1117 S Street, NW  |  | Amount of Each Disbursement this Period<br>333.26  |
| City Washington State DC Zip Code 20009  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Reimbursement - Travel  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Quick Messenger Service</b>   |  | <b>Transaction ID:</b> D129550<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 1 / 2 0 0 6 |
| Mailing Address 4829 Fairmont Avenue   |  | Amount of Each Disbursement this Period<br>15.76   |
| City Bethesda State MD Zip Code 20814  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Courier Services  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 4390.74 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

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

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

FOR LINE NUMBER: (check only one)

PAGE 30 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Julie Reeder</b>  |  | <b>Transaction ID:</b> D129702<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 6 |
| Mailing Address 750 North Rush Street<br>No. 1405  |  | Amount of Each Disbursement this Period<br>506.94   |
| City Chicago State IL Zip Code 60611   |  |   |
| Purpose of Disbursement Payroll<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Julie Reeder</b>  |  | <b>Transaction ID:</b> D129679<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 750 North Rush Street<br>No. 1405  |  | Amount of Each Disbursement this Period<br>947.37   |
| City Chicago State IL Zip Code 60611   |  |   |
| Purpose of Disbursement Payroll<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Marc D. Schloss</b>   |  | <b>Transaction ID:</b> D129680<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 450 Massachusetts Avenue, NW<br>Apartment 407  |  | Amount of Each Disbursement this Period<br>975.99   |
| City Washington State DC Zip Code 20001  |  |   |
| Purpose of Disbursement Payroll<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2430.30 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marc D. Schloss</b>   |  | <b>Transaction ID: D129703</b><br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 450 Massachusetts Avenue, NW<br>Apartment 407  |  | Amount of Each Disbursement this Period<br>533.23                        |
| City Washington State DC Zip Code 20001  | Category/<br>Type  |  |
| Purpose of Disbursement Payroll  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Rozann Skozen</b>   |  | <b>Transaction ID: D129704</b><br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 718 4th Street, SE   |  | Amount of Each Disbursement this Period<br>279.59                        |
| City Washington State DC Zip Code 20510  | Category/<br>Type  |  |
| Purpose of Disbursement Payroll  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Rozann Skozen</b>   |  | <b>Transaction ID: D129681</b><br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 718 4th Street, SE   |  | Amount of Each Disbursement this Period<br>967.99                        |
| City Washington State DC Zip Code 20510  | Category/<br>Type  |  |
| Purpose of Disbursement Payroll  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1780.81 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Christopher D. Smith</b>  |  | <b>Transaction ID: D129682</b><br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>1167.19                       |
| City Alexandria State VA Zip Code 22315  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Payroll   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Christopher D. Smith</b>  |  | <b>Transaction ID: D129705</b><br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 5201 Dunstable Lane  |  | Amount of Each Disbursement this Period<br>1487.03                       |
| City Alexandria State VA Zip Code 22315  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Payroll   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Squier Knapp &amp; Dunn Communications, Inc.</b>                                    |  | <b>Transaction ID: D129545</b><br>Date of Disbursement<br>10 / 01 / 2006 |
| Mailing Address 1818 N Street, NW Suite 450  |  | Amount of Each Disbursement this Period<br>7700.76                       |
| City Washington State DC Zip Code 20036  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Communications Consulting & Expenses  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>10354.98</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Adam Steinhorn</b>  |  | <b>Transaction ID:</b> D129706<br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 507 Greenwich Street   |  | Amount of Each Disbursement this Period<br>385.07                        |
| City San Francisco   | State CA Zip Code 94133  |  |
| Purpose of Disbursement Payroll  |  | 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:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Adam Steinhorn</b>  |  | <b>Transaction ID:</b> D129683<br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 507 Greenwich Street   |  | Amount of Each Disbursement this Period<br>718.47                        |
| City San Francisco   | State CA Zip Code 94133  |  |
| Purpose of Disbursement Payroll  |  | 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:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Thomas Sugar</b>  |  | <b>Transaction ID:</b> D129684<br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 4483 Thicket Trace   |  | Amount of Each Disbursement this Period<br>844.57                        |
| City Zionsville  | State IN Zip Code 46077  |  |
| Purpose of Disbursement Payroll  |  | 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:   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1948.11 |
| <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)

PAGE 34 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Thomas Sugar</b>  |  | <b>Transaction ID:</b> D129707<br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 4483 Thicket Trace   |  | Amount of Each Disbursement this Period<br>844.57                        |
| City Zionsville  | State IN Zip Code 46077  |  |
| Purpose of Disbursement Payroll  |  |  |
| 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)<br><b>B. Stephanie C. Sutton</b>   |  | <b>Transaction ID:</b> D129708<br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 6711 Velasco Avenue  |  | Amount of Each Disbursement this Period<br>428.16                        |
| City Dallas  | State TX Zip Code 75214  |  |
| Purpose of Disbursement Payroll  |  |  |
| 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)<br><b>C. Stephanie C. Sutton</b>   |  | <b>Transaction ID:</b> D129685<br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 6711 Velasco Avenue  |  | Amount of Each Disbursement this Period<br>792.77                        |
| City Dallas  | State TX Zip Code 75214  |  |
| Purpose of Disbursement Payroll  |  |  |
| 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) ..... ▶      | 2065.50     |
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Monica Swintz</b>   |  | <b>Transaction ID:</b> D129709<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 6 |
| Mailing Address 2625 North Meridian<br>Apartment 1005  |  | Amount of Each Disbursement this Period<br>370.19  |
| City Indianapolis State IN Zip Code 46208  |  |  |
| Purpose of Disbursement Payroll<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Monica Swintz</b>   |  | <b>Transaction ID:</b> D129556<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 0 / 2 0 0 6 |
| Mailing Address 2625 North Meridian<br>Apartment 1005  |  | Amount of Each Disbursement this Period<br>31.20   |
| City Indianapolis State IN Zip Code 46208  |  |  |
| Purpose of Disbursement Reimbursement - Postage<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. United Parcel Service</b>   |  | <b>Transaction ID:</b> D129548<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>1 0 / 0 1 / 2 0 0 6 |
| Mailing Address PO Box 7247-0244   |  | Amount of Each Disbursement this Period<br>118.63  |
| City Philadelphia State PA Zip Code 19170  |  |  |
| Purpose of Disbursement Shipping<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>520.02</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Barry Wagman</b>  |  | <b>Transaction ID:</b> D129557<br>Date of Disbursement<br>10 / 10 / 2006 |
| Mailing Address 1907 Shel-Mar Drive  |  | Amount of Each Disbursement this Period<br>6500.00                       |
| City Ijamsville State MD Zip Code 21754  | Purpose of Disbursement<br>Financial Consulting Services   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Barry Wagman</b>  |  | <b>Transaction ID:</b> D129558<br>Date of Disbursement<br>10 / 10 / 2006 |
| Mailing Address 1907 Shel-Mar Drive  |  | Amount of Each Disbursement this Period<br>329.17                        |
| City Ijamsville State MD Zip Code 21754  | Purpose of Disbursement<br>Reimbursement-Travel & Meals  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Wired for Change</b>  |  | <b>Transaction ID:</b> D129551<br>Date of Disbursement<br>10 / 01 / 2006 |
| Mailing Address 1700 Connecticut Avenue, NW  |  | Amount of Each Disbursement this Period<br>700.00                        |
| City Washington State DC Zip Code 20009  | Purpose of Disbursement<br>Internet Services   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7529.17 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jeff Wurzburg</b>   |  | <b>Transaction ID:</b> D129710<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 6 |
| Mailing Address 320 23rd South Street  |  | Amount of Each Disbursement this Period<br>988.62   |
| City Arlington State VA Zip Code 22202   | Purpose of Disbursement<br>Payroll   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jeff Wurzburg</b>   |  | <b>Transaction ID:</b> D129686<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address 320 23rd South Street  |  | Amount of Each Disbursement this Period<br>988.62   |
| City Arlington State VA Zip Code 22202   | Purpose of Disbursement<br>Payroll   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>   |  | <b>Transaction ID:</b> D129569<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street Suite 700  |  | Amount of Each Disbursement this Period<br>3365.72  |
| City Indianapolis State IN Zip Code 46204  | Purpose of Disbursement<br>Credit Card Payment, See Below  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 5342.96 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Airlines</b>   |             | <b>Transaction ID:</b> D129571<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address National Airport   |             | Amount of Each Disbursement this Period<br>290.60   |
| City Washington State DC Zip Code 20000  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx-Kinkos</b>  |             | <b>Transaction ID:</b> D129578<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 715 D Street, SE   |             | Amount of Each Disbursement this Period<br>19.33  |
| City Washington State DC Zip Code 20003  | [MEMO ITEM] |   |
| Purpose of Disbursement Photocopies<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FedEx-Kinkos</b>  |             | <b>Transaction ID:</b> D129579<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 715 D Street, SE   |             | Amount of Each Disbursement this Period<br>1.61   |
| City Washington State DC Zip Code 20003  | [MEMO ITEM] |   |
| Purpose of Disbursement Photocopies<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |      |
|--|------|
| <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)

PAGE 39 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Hyatt Regency Denver</b>  |  | <b>Transaction ID:</b> D129580<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address 650 15th Street  |  | Amount of Each Disbursement this Period<br>360.92                        |
| City Denver State CO Zip Code 80202  | [MEMO ITEM]  |  |
| Purpose of Disbursement<br>Travel  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hyatt Regency Denver</b>  |  | <b>Transaction ID:</b> D129581<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address 650 15th Street  |  | Amount of Each Disbursement this Period<br>430.65                        |
| City Denver State CO Zip Code 80202  | [MEMO ITEM]  |  |
| Purpose of Disbursement<br>Travel  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |  | <b>Transaction ID:</b> D129582<br>Date of Disbursement<br>10 / 12 / 2006 |
| Mailing Address 901 15th Street, NW  |  | Amount of Each Disbursement this Period<br>390.92                        |
| City Washington State DC Zip Code 20005  | [MEMO ITEM]  |  |
| Purpose of Disbursement<br>Travel  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)

PAGE 40 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b>  |             | <b>Transaction ID:</b> D129572<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 901 15th Street, NW  |             | Amount of Each Disbursement this Period<br>703.20   |
| City Washington State DC Zip Code 20005  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |             | <b>Transaction ID:</b> D129574<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 901 15th Street, NW  |             | Amount of Each Disbursement this Period<br>265.21   |
| City Washington State DC Zip Code 20005  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Radisson Hotel Indianapolis Airport</b>   |             | <b>Transaction ID:</b> D129570<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 2500 South High School Road  |             | Amount of Each Disbursement this Period<br>148.35   |
| City Indianapolis State IN Zip Code 46241  | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |      |
|--|------|
| <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)

PAGE 41 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Southwest Airlines</b>  |  | <b>Transaction ID:</b> D129577<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address Baltimore Washington International   |  | Amount of Each Disbursement this Period<br>231.10<br><br><b>[MEMO ITEM]</b>                          |
| City State Zip Code<br>Glen Burnie MD 21061  |  |  |
| Purpose of Disbursement<br>Travel  | Category/<br>Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Southwest Airlines</b>  |  | <b>Transaction ID:</b> D129573<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address Baltimore Washington International   |  | Amount of Each Disbursement this Period<br>231.10<br><br><b>[MEMO ITEM]</b>                          |
| City State Zip Code<br>Glen Burnie MD 21061  |  |  |
| Purpose of Disbursement<br>Travel  | Category/<br>Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>   |  | <b>Transaction ID:</b> D129590<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street Suite 700  |  | Amount of Each Disbursement this Period<br>3928.11   |
| City State Zip Code<br>Indianapolis IN 46204   |  |  |
| Purpose of Disbursement<br>Credit Card Payment, See Below  | Category/<br>Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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

**3928.11**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

**A.** American Airlines

Full Name (Last, First, Middle Initial)  
National Airport

Mailing Address

City Washington State DC Zip Code 20000

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D129595  
Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

138.59

[MEMO ITEM]

**B.** Amtrak

Full Name (Last, First, Middle Initial)

Mailing Address 50 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D129597  
Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

336.00

[MEMO ITEM]

**C.** Amtrak

Full Name (Last, First, Middle Initial)

Mailing Address 50 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D129598  
Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

336.00

[MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Capital Cafe &amp; Salad Bar</b>  |             | <b>Transaction ID:</b> D129596<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6                    |
| Mailing Address 101 Constitution Avenue, N.W.  |             | Amount of Each Disbursement this Period<br>69.74   |
| City Washington State DC Zip Code 20001  | [MEMO ITEM] |  |
| Purpose of Disbursement Catering<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Capital Cafe &amp; Salad Bar</b>  |             | <b>Transaction ID:</b> D129593<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6                    |
| Mailing Address 101 Constitution Avenue, N.W.  |             | Amount of Each Disbursement this Period<br>79.59   |
| City Washington State DC Zip Code 20001  | [MEMO ITEM] |  |
| Purpose of Disbursement Catering<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Carroll Travel</b>  |             | <b>Transaction ID:</b> D129601<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6                    |
| Mailing Address 201 Massachusetts Avenue, NE   |             | Amount of Each Disbursement this Period<br>30.00   |
| City Washington State DC Zip Code 20002  | [MEMO ITEM] |  |
| Purpose of Disbursement Agent Fee<br>Candidate Name  |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)

PAGE 44 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b>  |  | Transaction ID: D129600<br>Date of Disbursement<br>10 / 18 / 2006           |
| Mailing Address P.O. Box 20706   |  | Amount of Each Disbursement this Period<br>314.30<br><br><b>[MEMO ITEM]</b> |
| City Atlanta State GA Zip Code 30320   |  |   |
| Purpose of Disbursement Travel<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b>  |  | Transaction ID: D129591<br>Date of Disbursement<br>10 / 18 / 2006           |  |
| Mailing Address P.O. Box 20706   |  | Amount of Each Disbursement this Period<br>228.60<br><br><b>[MEMO ITEM]</b> |  |
| City Atlanta State GA Zip Code 30320   |  |   |  |
| Purpose of Disbursement Travel<br>Candidate Name   |  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Digby's Cafe</b>  |  | Transaction ID: D129604<br>Date of Disbursement<br>10 / 18 / 2006           |  |
| Mailing Address 666 Fifth Avenue   |  | Amount of Each Disbursement this Period<br>355.27<br><br><b>[MEMO ITEM]</b> |  |
| City New York State NY Zip Code 10103  |  |   |  |
| Purpose of Disbursement Catering<br>Candidate Name   |  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)

PAGE 45 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Expedia.com</b> |  | Transaction ID: D129594<br>Date of Disbursement<br>10 / 18 / 2006 |  |
| Mailing Address 3150 139th Avenue, S.E.                          |  | Amount of Each Disbursement this Period<br>369.72                 |  |
| City Bellevue<br>State WA<br>Zip Code 98005                      | Purpose of Disbursement<br>Travel  | Category/<br>Type   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |
| State: District:   | [MEMO ITEM]  |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Expedia.com</b> |  | Transaction ID: D129592<br>Date of Disbursement<br>10 / 18 / 2006 |  |
| Mailing Address 3150 139th Avenue, S.E.                          |  | Amount of Each Disbursement this Period<br>5.00                   |  |
| City Bellevue<br>State WA<br>Zip Code 98005                      | Purpose of Disbursement<br>Travel  | Category/<br>Type   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |
| State: District:   | [MEMO ITEM]  |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Monocle</b> |  | Transaction ID: D129599<br>Date of Disbursement<br>10 / 18 / 2006 |  |
| Mailing Address 107 D Street, NE                             |  | Amount of Each Disbursement this Period<br>224.31                 |  |
| City Washington<br>State DC<br>Zip Code 20002                | Purpose of Disbursement<br>Catering  | Category/<br>Type   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |
| State: District:   | [MEMO ITEM]  |   |  |

|  |      |
|--|------|
| <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)

PAGE 46 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Regency Hotel</b>   |  | <b>Transaction ID:</b> D129602<br>Date of Disbursement<br>10 / 18 / 2006 |
| Mailing Address 667 Madison Avenue   |  | Amount of Each Disbursement this Period<br>1013.27                       |
| City New York State NY Zip Code 10021  | [MEMO ITEM]  |  |
| Purpose of Disbursement<br>Catering & Room Rental  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Regency Hotel</b>   |  | <b>Transaction ID:</b> D129603<br>Date of Disbursement<br>10 / 18 / 2006 |
| Mailing Address 667 Madison Avenue   |  | Amount of Each Disbursement this Period<br>427.72                        |
| City New York State NY Zip Code 10021  | [MEMO ITEM]  |  |
| Purpose of Disbursement<br>Catering  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>   |  | <b>Transaction ID:</b> D129605<br>Date of Disbursement<br>10 / 18 / 2006 |
| Mailing Address 107 North Pennsylvania Street Suite 700  |  | Amount of Each Disbursement this Period<br>1433.68                       |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM]  |  |
| Purpose of Disbursement<br>Credit Card Payment, See Below  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1433.68 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Carroll Travel</b>  |             | Transaction ID: D129611<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6                                     |
| Mailing Address 201 Massachusetts Avenue, NE   |             | Amount of Each Disbursement this Period<br>15.00  |
| City Washington State DC Zip Code 20002  | [MEMO ITEM] |   |
| Purpose of Disbursement Agent Fee<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Carroll Travel</b>  |             | Transaction ID: D129613<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6                                     |
| Mailing Address 201 Massachusetts Avenue, NE   |             | Amount of Each Disbursement this Period<br>30.00  |
| City Washington State DC Zip Code 20002  | [MEMO ITEM] |   |
| Purpose of Disbursement Agent Fee<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Delta Airlines</b>  |             | Transaction ID: D129612<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6                                     |
| Mailing Address P.O. Box 20706   |             | Amount of Each Disbursement this Period<br>628.60   |
| City Atlanta State GA Zip Code 30320   | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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)

PAGE 48 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

**A. Federal Express**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement Overnight Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D129610  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

**B. Mandarin Oriental Hotel**

Full Name (Last, First, Middle Initial)

Mailing Address 222 Sansome Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D129607  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

**C. National Bank of Indianapolis**

Full Name (Last, First, Middle Initial)

Mailing Address 107 North Pennsylvania Street Suite 700

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D129615  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 49 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>                                     |   | <b>Transaction ID:</b> D129616<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |   | <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>1</td><td>0</td><td></td><td>1</td><td>8</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 | 1 | 0 |  | 1 | 8 |  | 2 | 0 | 0 | 6 |
| M  | M   | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |  | 1      | 8 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City Indianapolis  | State IN  | Zip Code 46204   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Bank Fee  |   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   |   | <table border="1"><tr><td>107.12</td></tr></table>   | 107.12 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 107.12   |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: District:   | Category/Type   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

[MEMO ITEM]

|  |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. National Bank of Indianapolis</b>                                     |   | <b>Transaction ID:</b> D129617<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |   | <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>1</td><td>0</td><td></td><td>1</td><td>8</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 | 1 | 0 |  | 1 | 8 |  | 2 | 0 | 0 | 6 |
| M  | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |  | 1       | 8 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City Indianapolis  | State IN  | Zip Code 46204   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Credit Card Payment, See Below  |   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   |   | <table border="1"><tr><td>1482.56</td></tr></table>  | 1482.56 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1482.56  |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: District:   | Category/Type   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Carroll Travel</b>  |   | <b>Transaction ID:</b> D129621<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 201 Massachusetts Avenue, NE   |   | <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>1</td><td>0</td><td></td><td>1</td><td>8</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 | 1 | 0 |  | 1 | 8 |  | 2 | 0 | 0 | 6 |
| M  | M   | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |  | 1     | 8 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington  | State DC  | Zip Code 20002   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Agent Fee   |   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   |   | <table border="1"><tr><td>30.00</td></tr></table>  | 30.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 30.00  |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: District:   | Category/Type   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

[MEMO ITEM]

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>1482.56</td></tr></table> | 1482.56 |
| 1482.56  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td> </td></tr></table>       |         |
|  |   |         |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Carroll Travel</b>  |             | Transaction ID: D129623<br>Date of Disbursement<br>10 / 18 / 2006 |
| Mailing Address 201 Massachusetts Avenue, NE   |             | Amount of Each Disbursement this Period<br>30.00                  |
| City Washington State DC Zip Code 20002  | [MEMO ITEM] |   |
| Purpose of Disbursement Agent Fee<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Midwest Express</b>   |             | Transaction ID: D129620<br>Date of Disbursement<br>10 / 18 / 2006 |
| Mailing Address 6744 South Howell Avenue   |             | Amount of Each Disbursement this Period<br>645.20                 |
| City Oak Creek State WI Zip Code 53154   | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>   |             | Transaction ID: D129643<br>Date of Disbursement<br>10 / 18 / 2006 |
| Mailing Address 107 North Pennsylvania Street Suite 700  |             | Amount of Each Disbursement this Period<br>0.71                   |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM] |   |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |   |

|  |      |
|--|------|
| <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)

PAGE 51 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |             | <b>Transaction ID:</b> D129644<br>Date of Disbursement<br>10 / 18 / 2006  |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |             | Amount of Each Disbursement this Period<br>36.94  |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM] |   |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Southwest Airlines</b>  |             | <b>Transaction ID:</b> D129624<br>Date of Disbursement<br>10 / 18 / 2006  |
| Mailing Address Baltimore Washington International   |             | Amount of Each Disbursement this Period<br>231.10   |
| City Glen Burnie State MD Zip Code 21061   | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>   |             | <b>Transaction ID:</b> D129645<br>Date of Disbursement<br>10 / 18 / 2006  |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |             | Amount of Each Disbursement this Period<br>2408.33  |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM] |   |
| Purpose of Disbursement Credit Card Payment, See Below<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2408.33 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Holiday Inn</b>   |  | <b>Transaction ID:</b> D129655<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address 1298 South Porter St   |  | Amount of Each Disbursement this Period<br>140.95<br><br><b>[MEMO ITEM]</b>                                 |
| City Manchester State NH Zip Code 03103  |  |   |
| Purpose of Disbursement Travel<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Holiday Inn</b>   |  | <b>Transaction ID:</b> D129656<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |  |
| Mailing Address 1298 South Porter St   |  | Amount of Each Disbursement this Period<br>151.15<br><br><b>[MEMO ITEM]</b>                                 |  |
| City Manchester State NH Zip Code 03103  |  |   |  |
| Purpose of Disbursement Travel<br>Candidate Name   |  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>   |  | <b>Transaction ID:</b> D129662<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |  |
| Mailing Address 107 North Pennsylvania Street Suite 700  |  | Amount of Each Disbursement this Period<br>17.46<br><br><b>[MEMO ITEM]</b>                                  |  |
| City Indianapolis State IN Zip Code 46204  |  |   |  |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)

PAGE 53 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |             | Transaction ID: D129663<br>Date of Disbursement<br>10 / 18 / 2006   |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |             | Amount of Each Disbursement this Period<br>36.27  |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM] |   |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Orlando International Airport</b>   |             | Transaction ID: D129658<br>Date of Disbursement<br>10 / 18 / 2006   |
| Mailing Address One Airport Blvd   |             | Amount of Each Disbursement this Period<br>45.00  |
| City Orlando State FL Zip Code 32827   | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Orlando International Airport</b>   |             | Transaction ID: D129646<br>Date of Disbursement<br>10 / 18 / 2006   |
| Mailing Address One Airport Blvd   |             | Amount of Each Disbursement this Period<br>45.00  |
| City Orlando State FL Zip Code 32827   | [MEMO ITEM] |   |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |      |
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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) ..... ▶ | [ ]  |

# 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 54 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Orlando International Airport</b>   |             | <b>Transaction ID:</b> D129651<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address One Airport Blvd   |             | Amount of Each Disbursement this Period<br>60.00   |
| City Orlando State FL Zip Code 32827   | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Orlando International Airport</b>   |             | <b>Transaction ID:</b> D129652<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address One Airport Blvd   |             | Amount of Each Disbursement this Period<br>45.00   |
| City Orlando State FL Zip Code 32827   | [MEMO ITEM] |  |
| Purpose of Disbursement Travel<br>Candidate Name   |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Staples</b>   |             | <b>Transaction ID:</b> D129653<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address 500 Staples Drive  |             | Amount of Each Disbursement this Period<br>245.96  |
| City Framingham State MA Zip Code 01702  | [MEMO ITEM] |  |
| Purpose of Disbursement Office Supplies<br>Candidate Name  |             | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             |  |

|  |      |
|--|------|
| <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)

PAGE 55 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|   |  |  |
|---|--|--|
| <p><b>A. Staples</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1250 H Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Office Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p>Transaction ID: D129647</p> <p>Date of Disbursement</p> <p>10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>262.48</p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   |  | <p>Category/Type</p>   |

|  |  |  |
|--|--|--|
| <p><b>B. Staples</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1250 H Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p>Transaction ID: D129648</p> <p>Date of Disbursement</p> <p>10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>277.84</p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  |  | <p>Category/Type</p>   |

|  |  |  |
|--|--|--|
| <p><b>C. Staples</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 500 Staples Drive</p> <p>City Framingham State MA Zip Code 01702</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p>Transaction ID: D129657</p> <p>Date of Disbursement</p> <p>10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>255.77</p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  |  | <p>Category/Type</p>   |

|   |             |
|---|-------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p>0.00</p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |             |

# 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 56 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>   |  | <b>Transaction ID:</b> D129654<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address 1555 K Street, NW  |  | Amount of Each Disbursement this Period<br>242.10<br><br><b>[MEMO ITEM]</b>                                 |
| City Washington State DC Zip Code 20002  |  |   |
| Purpose of Disbursement Travel<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. USPS</b>  |  | <b>Transaction ID:</b> D129661<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address 900 Brentwood Avenue, NE   |  | Amount of Each Disbursement this Period<br>156.00<br><br><b>[MEMO ITEM]</b>                                 |
| City Washington State DC Zip Code 20066  |  |   |
| Purpose of Disbursement Postage<br>Candidate Name  | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. National Bank of Indianapolis</b>   |  | <b>Transaction ID:</b> D130206<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |
| Mailing Address 107 North Pennsylvania Street Suite 700  |  | Amount of Each Disbursement this Period<br>355.27<br><br><b>[MEMO ITEM]</b>                                 |
| City Indianapolis State IN Zip Code 46204  |  |   |
| Purpose of Disbursement Credit Card Payment, See Below<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 355.27 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 64

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
All America PAC

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. National Bank of Indianapolis</b>   |             | <b>Transaction ID:</b> D131706<br>Date of Disbursement<br>10 / 18 / 2006  |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |             | Amount of Each Disbursement this Period<br>75.79  |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM] |   |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. National Bank of Indianapolis</b>   |             | <b>Transaction ID:</b> D131708<br>Date of Disbursement<br>10 / 18 / 2006  |
| Mailing Address 107 North Pennsylvania Street<br>Suite 700   |             | Amount of Each Disbursement this Period<br>1.84   |
| City Indianapolis State IN Zip Code 46204  | [MEMO ITEM] |   |
| Purpose of Disbursement Bank Fee<br>Candidate Name   |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |   |
|--|-------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Staples</b>   |             | <b>Transaction ID:</b> D131710<br>Date of Disbursement<br>10 / 18 / 2006  |
| Mailing Address 500 Staples Drive  |             | Amount of Each Disbursement this Period<br>277.48   |
| City Framingham State MA Zip Code 01702  | [MEMO ITEM] |   |
| Purpose of Disbursement Office Supplies<br>Candidate Name  |             | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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) ..... ▶ | 116019.83 |

# 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 58 / 64

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Angela Connolly For County Supervisor</b>   |  | <b>Transaction ID: D129783</b><br>Date of Disbursement<br>10 / 06 / 2006 |
| Mailing Address 4704 NW Beaver Drive   |  | Amount of Each Disbursement this Period<br>250.00                        |
| City Des Moines State IA Zip Code 50310  | Purpose of Disbursement Nonfederal Contribution<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>B. CareFirst Blue Cross Blue Shield</b>  |  | <b>Transaction ID: D129245</b><br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 840 First Street, NE   |  | Amount of Each Disbursement this Period<br>269.00                        |
| City Washington State DC Zip Code 20065  | Purpose of Disbursement Nonfed In-Kind to NH Dem. Senate Caucus<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type<br><br><b>[MEMO ITEM]</b>                                  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Denise Dolan For Dubuque Auditor</b>  |  | <b>Transaction ID: D129793</b><br>Date of Disbursement<br>10 / 17 / 2006 |
| Mailing Address 2830 Oak Meadow Court  |  | Amount of Each Disbursement this Period<br>250.00                        |
| City Dubuque State IA Zip Code 52003   | Purpose of Disbursement Nonfederal Contribution<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 64

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sean Downey</b>   |  | <b>Transaction ID:</b> D129219<br>Date of Disbursement<br>10 / 03 / 2006 |
| Mailing Address 19 Village Drive   |  | Amount of Each Disbursement this Period<br>1918.71                       |
| City East Sandwich State MA Zip Code 02537   | Purpose of Disbursement Nonfed. In-Kind to NH Dem. Senate Caucus<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>B. Sean Downey</b>   |  | <b>Transaction ID:</b> D129221<br>Date of Disbursement<br>10 / 15 / 2006 |
| Mailing Address 19 Village Drive   |  | Amount of Each Disbursement this Period<br>1918.71                       |
| City East Sandwich State MA Zip Code 02537   | Purpose of Disbursement Nonfed. In-Kind to NH Dem. Senate Caucus<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>C. George Boykin For County Supervisor</b>   |  | <b>Transaction ID:</b> D129795<br>Date of Disbursement<br>10 / 17 / 2006 |
| Mailing Address 2204 Terrace Place   |  | Amount of Each Disbursement this Period<br>250.00                        |
| City Sioux City State IA Zip Code 51104  | Purpose of Disbursement Nonfederal Contribution<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4087.42     |
| <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)

PAGE 60 / 64

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)  
All America PAC

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Indiana Democratic Party</b>  |                         | <b>Transaction ID:</b> D129773<br>Date of Disbursement<br>10 / 02 / 2006 |
| Mailing Address One North Capitol Suite 200  |                         | Amount of Each Disbursement this Period<br>100000.00                     |
| City Indianapolis  | State IN Zip Code 46204 |  |
| Purpose of Disbursement Nonfederal Contribution<br>Candidate Name  |                         | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                         |  |
| State: District:   |                         |  |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jane Halliburton For County Supervisor</b>  |                         | <b>Transaction ID:</b> D129782<br>Date of Disbursement<br>10 / 06 / 2006 |
| Mailing Address 900 Sixth Street   |                         | Amount of Each Disbursement this Period<br>250.00                        |
| City Nevada  | State IA Zip Code 50201 |  |
| Purpose of Disbursement Nonfederal Contribution<br>Candidate Name  |                         | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                         |  |
| State: District:   |                         |  |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jeff Heland For Supervisor</b>  |                         | <b>Transaction ID:</b> D129781<br>Date of Disbursement<br>10 / 06 / 2006 |
| Mailing Address 215 Jefferson Street   |                         | Amount of Each Disbursement this Period<br>250.00                        |
| City Burlington  | State IA Zip Code 52601 |  |
| Purpose of Disbursement Nonfederal Contribution<br>Candidate Name  |                         | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 100500.00   |
| <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)

PAGE 61 / 64

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)  
All America PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. John Mauro For Supervisor</b>   |  | <b>Transaction ID: D129780</b><br>Date of Disbursement<br>10 / 06 / 2006 |
| Mailing Address 3021 Stanton Avenue  |  | Amount of Each Disbursement this Period<br>250.00                        |
| City Des Moines State IA Zip Code 50321  | Purpose of Disbursement Nonfederal Contribution<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>B. Klein for Congress</b>   |  | <b>Transaction ID: D127706</b><br>Date of Disbursement<br>10 / 02 / 2006 |
| Mailing Address 21301 Powerline Road Suite 204  |  | Amount of Each Disbursement this Period<br>500.00                        |
| City Boca Raton State Zip Code 33431  | Purpose of Disbursement Contribution<br>Candidate Name Ron Klein   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 22 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Linda Langston For County Supervisor</b>  |  | <b>Transaction ID: D129797</b><br>Date of Disbursement<br>10 / 13 / 2006 |
| Mailing Address 4527 Sunland Court, SE   |  | Amount of Each Disbursement this Period<br>250.00                        |
| City Cedar Rapids State IA Zip Code 52404  | Purpose of Disbursement Nonfederal Contribution<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 64

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)  
All America PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mary Malone for County Treasurer</b>   |  | <b>Transaction ID:</b> D129794<br>Date of Disbursement<br>10 / 17 / 2006   |
| Mailing Address 3415 Whitmer Parkway  |  | Amount of Each Disbursement this Period<br>250.00  |
| City Des Moines      State IA      Zip Code 50310   | Purpose of Disbursement<br>Nonfederal Contribution<br>Candidate Name |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Montana Democratic Party</b>   |  | <b>Transaction ID:</b> D127705<br>Date of Disbursement<br>10 / 02 / 2006   |
| Mailing Address PO Box 802  |  | Amount of Each Disbursement this Period<br>5000.00   |
| City Helena      State MT      Zip Code 59624   | Purpose of Disbursement<br>2006 Contribution<br>Candidate Name |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Paul Fitzgerald For Story County Sheriff</b>   |  | <b>Transaction ID:</b> D129792<br>Date of Disbursement<br>10 / 17 / 2006   |
| Mailing Address 1315 South B Avenue P.O. Box 265  |  | Amount of Each Disbursement this Period<br>250.00  |
| City Nevada      State IA      Zip Code 50201   | Purpose of Disbursement<br>Nonfederal Contribution<br>Candidate Name |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 5500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 64

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)  
All America PAC

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Paychex</b>  |  | <b>Transaction ID:</b> D129235                    |
| Mailing Address 3060 Williams Drive   |  | Date of Disbursement<br>10 / 03 / 2006            |
| City Fairfax  | State VA   | Zip Code 22031                                    |
| Purpose of Disbursement<br>Nonfed In-Kind to NH Dem. Senate Caucus  |  | Amount of Each Disbursement this Period<br>787.77 |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Paychex</b>  |  | <b>Transaction ID:</b> D129240                    |
| Mailing Address 3060 Williams Drive   |  | Date of Disbursement<br>10 / 15 / 2006            |
| City Fairfax  | State VA   | Zip Code 22031                                    |
| Purpose of Disbursement<br>Nonfed In-Kind to NH Dem. Senate Caucus  |  | Amount of Each Disbursement this Period<br>787.77 |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PJ Jennings for Woodbury County Attorney</b>                             |  | <b>Transaction ID:</b> D129796                    |
| Mailing Address 2086 Roundtable Road  |  | Date of Disbursement<br>10 / 17 / 2006            |
| City Sargent Bluff  | State IA   | Zip Code 51054                                    |
| Purpose of Disbursement<br>Nonfederal Contribution  |  | Amount of Each Disbursement this Period<br>250.00 |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1825.54</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 64

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)  
All America PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ted Deutch for State Senate District 30</b>                              |  | <b>Transaction ID:</b> D127704         |
| Mailing Address 8177 Glades Road Bay 20   |  | Date of Disbursement<br>10 / 02 / 2006 |
| City Boca Raton   | State FL   | Zip Code 33434                         |
| Purpose of Disbursement<br>Nonfederal Contribution  | Amount of Each Disbursement this Period<br>500.00  |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Tom Hockensmith For Supervisor</b>                                       |  | <b>Transaction ID:</b> D129779         |
| Mailing Address 3502 East 43rd Court  |  | Date of Disbursement<br>10 / 06 / 2006 |
| City Des Moines   | State IA   | Zip Code 50317                         |
| Purpose of Disbursement<br>Nonfederal Contribution  | Amount of Each Disbursement this Period<br>250.00  |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Wayne Clinton For County Supervisor</b>                                  |  | <b>Transaction ID:</b> D129785         |
| Mailing Address 1610 Carroll Avenue   |  | Date of Disbursement<br>10 / 06 / 2006 |
| City Ames   | State IA   | Zip Code 50010                         |
| Purpose of Disbursement<br>Nonfederal Contribution  | Amount of Each Disbursement this Period<br>250.00  |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|  |                  |
|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1000.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>114412.96</b> |