

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2006 through 01 31 2006

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

Type or Print Name of Treasurer Keith Davis

Signature of Treasurer Electronically Filed by Keith Davis Date 03 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
STRAIGHT TALK AMERICA

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		1226502.62
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	1226502.62									
(c) Total Receipts (from Line 19) .....	302353.08	302353.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1528855.70	1528855.70								
7. Total Disbursements (from Line 31) .....	376275.40	376275.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1152580.30	1152580.30								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	19291.62									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
STRAIGHT TALK AMERICA

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	203265.00	203265.00
(i) Itemized (use Schedule A) .....	93088.08	93088.08
(ii) Unitemized .....	296353.08	296353.08
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	6000.00	6000.00
(c) Other Political Committees (such as PACs) .....	302353.08	302353.08
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	302353.08	302353.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	302353.08	302353.08

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	248275.40	248275.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	248275.40	248275.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	110000.00	110000.00
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 .....	1000.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1000.00	1000.00
29. Other Disbursements.....	17000.00	17000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	376275.40	376275.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	376275.40	376275.40

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	302353.08	302353.08
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	301353.08	301353.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	248275.40	248275.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	248275.40	248275.40

# 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 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel N. Adams

Mailing Address 137 E 66th St

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

Transaction ID: SA11A1.18565

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Fred Adams

Mailing Address 1860 Live Oak Ln

City State Zip Code  
Atlantic Bch FL 32233

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2006

Transaction ID: SA11A1.18772

Amount of Each Receipt this Period  
300.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven Y. Amiel

Mailing Address 303 W Madison St Ste 400

City State Zip Code  
Chicago IL 60606

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

Name of Employer Occupation  
303 Capital Partners Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2006

Transaction ID: SA11A1.16038

Amount of Each Receipt this Period  
2000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2550.00
<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 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. David F. Andersen

Mailing Address 11 Crabapple Ln

City State Zip Code  
Locust Valley NY 11560

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

Name of Employer Occupation  
Merrill Lynch Investment Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

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

**Transaction ID:** SA11A1.17714

Amount of Each Receipt this Period  
3000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. George Anderson

Mailing Address 7308 N Mystic Canyon Dr

City State Zip Code  
Tucson AZ 85718

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

Name of Employer Occupation  
New Century Mortgage President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11A1.17739

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Beverly J. Arnstein

Mailing Address 1017 Laurel Way

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 6

**Transaction ID:** SA11A1.18728

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael L. Ashner

Mailing Address 2 Bridle Ct

City State Zip Code  
**Oyster Bay NY 11771**

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

Name of Employer Occupation  
Winthrop Financial Associates Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 20 / 2006**

**Transaction ID: SA11A1.18250**

Amount of Each Receipt this Period  
**5000.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Susan M. Ashner

Mailing Address 2 Bridle Ct

City State Zip Code  
**Oyster Bay NY 11771**

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 20 / 2006**

**Transaction ID: SA11A1.18868**

Amount of Each Receipt this Period  
**5000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. W. Don Bain, Jr.

Mailing Address 62 Lake Forest Dr

City State Zip Code  
**Spartanburg SC 29302**

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 24 / 2006**

**Transaction ID: SA11A1.19046**

Amount of Each Receipt this Period  
**1500.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>11500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 320 N Main St  
Ste 200

City State Zip Code  
**Ann Arbor MI 48104**

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

Name of Employer Self Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**01 / 29 / 2006**

Transaction ID: SA11A1.18042

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. James G. Baldwin

Mailing Address 108 Heritage Way

City State Zip Code  
**Ponte Vedra FL 32082**

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**01 / 17 / 2006**

Transaction ID: SA11A1.18754

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Warren Barbour

Mailing Address 30 Forest Ln

City State Zip Code  
**Bronxville NY 10708**

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**01 / 24 / 2006**

Transaction ID: SA11A1.18432

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jeff N. Barnes

Mailing Address 132 E Timonium Rd

City State Zip Code  
Timonium MD 21093

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

Name of Employer Occupation  
Towson Univeristy HVAC Technician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2006

Transaction ID: SA11A1.18160

Amount of Each Receipt this Period  
225.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen L. Beck

Mailing Address 2211 Burnside Rd

City State Zip Code  
Sebastopol CA 95472

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2006

Transaction ID: SA11A1.18756

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Otto J. Betz, III

Mailing Address 114 4th St

City State Zip Code  
Garden City NY 11530

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2006

Transaction ID: SA11A1.18919

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	975.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harold Beznos

Mailing Address 31731 Northwestern Hwy  
Ste 200

City State Zip Code  
**Farmington Hills MI 48334**

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

Name of Employer Occupation  
Bezteck Development Real Estate Developer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 29 / 2006**

**Transaction ID: SA11A1.16104**

Amount of Each Receipt this Period  
4000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mary P. Bolton

Mailing Address 30 Blossom Way

City State Zip Code  
**Palm Beach FL 33480**

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 19 / 2006**

**Transaction ID: SA11A1.18860**

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Keith Brendley

Mailing Address 1914 Foxhall Rd

City State Zip Code  
**Mc Lean VA 22101**

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

Name of Employer Occupation  
Artis, LLC President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 22 / 2006**

**Transaction ID: SA11A1.16086**

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mr. Randolph Brinkley

Mailing Address 32 Village Cir

City State Zip Code  
Manhattan Beach CA 90266

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

Name of Employer Self Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
01 / 20 / 2006

Transaction ID: SA11A1.18052

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Red Callaway

Mailing Address 4505 N Utah Ave

City State Zip Code  
Oklahoma City OK 73112

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
01 / 13 / 2006

Transaction ID: SA11A1.18887

Amount of Each Receipt this Period  
300.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Peter Carman

Mailing Address 700 S Ute Ave

City State Zip Code  
Aspen CO 81611

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

Name of Employer Citigroup Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
01 / 19 / 2006

Transaction ID: SA11A1.16163

Amount of Each Receipt this Period  
1000.00

Contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ellen W. Chinn

Mailing Address 1890 E 107th St

City Cleveland State OH Zip Code 44106

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.17996

Amount of Each Receipt this Period  
 300.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. James M. Clark

Mailing Address 340 Cocoanut Row

City Palm Beach State FL Zip Code 33480

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.19004

Amount of Each Receipt this Period  
 250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rafe Cohen

Mailing Address PO Box 56928

City Sherman Oaks State CA Zip Code 91413

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

Name of Employer Self Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.18012

Amount of Each Receipt this Period  
 300.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Ms. Maribeth W. Collins

Mailing Address 2275 SW Mayfield Ave

City State Zip Code  
Portland OR 97225

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.18931

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Evan R. Corns

Mailing Address 3681 Greenwood Dr

City State Zip Code  
Pepper Pike OH 44124

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11A1.18397

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert G. Croyle

Mailing Address 2800 Post Oak Blvd Ste 5450

City State Zip Code  
Houston TX 77056

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

Name of Employer Occupation  
Rowan Co., Inc. Vice Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.17825

Amount of Each Receipt this Period  
500.00

Contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jentena Lee Dabbs		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 3583 Beverly Glen Ter		Transaction ID: SA11A1.18046
City State Zip Code Sherman Oaks CA 91423	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Self Occupation Investor	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Leslie D. Davis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 7231 E Broadway Rd Apt 217		Transaction ID: SA11A1.18458
City State Zip Code Mesa AZ 85208	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Charles D. Dickey, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 649 Dorset Rd		Transaction ID: SA11A1.18467
City State Zip Code Devon PA 19333	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul R. Dimond

Mailing Address 1 N Main St  
7th Floor

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Occupation  
Miller, Canfield, et al. Senior Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2006

Transaction ID: SA11A1.17729

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Joyce B. Doheny

Mailing Address 4383 Royal Pl

City State Zip Code  
Honolulu HI 96816

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2006

Transaction ID: SA11A1.18553

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Eliasberg

Mailing Address 7 Saint Paul St  
Ste 710

City State Zip Code  
Baltimore MD 21202

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

Name of Employer Occupation  
Prima Management Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2006

Transaction ID: SA11A1.17792

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Nicholas J. Etten		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 3105 N Ashland Ave # 246		<b>Transaction ID:</b> SA11A1.16098
City Chicago State IL Zip Code 60657	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Bell, Boyd & Lloyd	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Whitney Evans		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 4480 Grove St		<b>Transaction ID:</b> SA11A1.19211
City Sonoma State CA Zip Code 95476	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Charles B. Ewing, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 1322 Merchant Ln		<b>Transaction ID:</b> SA11A1.18738
City Mc Lean State VA Zip Code 22101	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6225.00
<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 18 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ross Farnsworth

Mailing Address **460 S Greenfield Rd  
Ste 2**

City **Mesa** State **AZ** Zip Code **85206**

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

Name of Employer **Farnsworth Companies** Occupation **Real Estate Developer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  

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

**Transaction ID: SA11A1.16242**

Amount of Each Receipt this Period  
**1500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mary P. Fillingier

Mailing Address **17 Mulherrin Farm Rd**

City **Hanover** State **NH** Zip Code **03755**

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

Name of Employer **Dartmouth Hitchcock Clinic** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

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

**Transaction ID: SA11A1.16209**

Amount of Each Receipt this Period  
**500.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence D. Finder

Mailing Address **1221 McKinney St  
Ste 2100**

City **Houston** State **TX** Zip Code **77010**

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

Name of Employer **Haynes & Boone** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  

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

**Transaction ID: SA11A1.16274**

Amount of Each Receipt this Period  
**1500.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. C. Beth Fitzsimmons		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 101 N Main St Apt 1005		<b>Transaction ID:</b> SA11A1.19447	
City Ann Arbor	State MI	Zip Code 48104	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Joe B. Foster		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 10000 Memorial Dr Ste 520		<b>Transaction ID:</b> SA11A1.16151	
City Houston	State TX	Zip Code 77024	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Chadbourne Partners, Ltd.	Occupation Oil & Gas Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Harold Fried		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 6	
Mailing Address 144 Linden Rd		<b>Transaction ID:</b> SA11A1.16254	
City Birmingham	State MI	Zip Code 48009	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Fried Saperstein	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mr. Peter S. Fudge

Mailing Address 27 La Rue Dr

City State Zip Code  
Huntington NY 11743

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

Name of Employer Occupation  
HSBC Bank U.S.A. Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

Transaction ID: SA11A1.16285

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Otto Gago

Mailing Address 811 Barton Shore Dr

City State Zip Code  
Ann Arbor MI 48105

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2006

Transaction ID: SA11A1.18048

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lonnie A. Garvin, Jr.

Mailing Address PO Box 1136

City State Zip Code  
Aiken SC 29802

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

Name of Employer Occupation  
Southeastern Mortgage Consultants Lender Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2006

Transaction ID: SA11A1.18083

Amount of Each Receipt this Period  
300.00

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Susanne E. Geier

Mailing Address 6000 Redbird Hollow Ln

City State Zip Code  
**Cincinnati OH 45243**

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 19 / 2006**

Transaction ID: SA11A1.18613

Amount of Each Receipt this Period  
**525.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles Gelman

Mailing Address 506 E Huron St

City State Zip Code  
**Ann Arbor MI 48104**

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 29 / 2006**

Transaction ID: SA11A1.19455

Amount of Each Receipt this Period  
**5000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eugene J. Glaser

Mailing Address 784 Park Ave

City State Zip Code  
**New York NY 10021**

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

Name of Employer Occupation  
Zweig Glaser Advisors, LLC Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 17 / 2006**

Transaction ID: SA11A1.18260

Amount of Each Receipt this Period  
**500.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6025.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Rance Gregory</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 17549 Oak Meadow Ln		<b>Transaction ID: SA11A1.17737</b>	
City State Zip Code Lake Oswego OR 97034	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer NBS Real Estate Capital	Occupation Investment Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Larry Gross</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6	
Mailing Address 16155 High Valley Pl		<b>Transaction ID: SA11A1.17686</b>	
City State Zip Code Encino CA 91436	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Malibu Biofuels	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Douglas N. Groves</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 12107 Dusk View Ct		<b>Transaction ID: SA11A1.16137</b>	
City State Zip Code Clarksville MD 21029	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Carapace LLC	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. W. F. Guinee, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 301 Tealwood Dr		<b>Transaction ID: SA11A1.18864</b>
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark D. Halberg</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6
Mailing Address 6076 E Jenan Dr		<b>Transaction ID: SA11A1.18088</b>
City State Zip Code Scottsdale AZ 85254	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation SPV Real Estate Services, Inc. Principal	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. John W. Harris</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address Stonewall Farm PO Box 301		<b>Transaction ID: SA11A1.18872</b>
City State Zip Code Dublin NH 03444	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gurnee F. Hart

Mailing Address 133 E 64th St

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

Transaction ID: SA11A1.18723

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. David W. Hearn, Jr.

Mailing Address PO Box 20115

City State Zip Code  
Beaumont TX 77720

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

Name of Employer Occupation  
Metaforms, Inc. Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2006

Transaction ID: SA11A1.17719

Amount of Each Receipt this Period  
375.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert E. Hemmer

Mailing Address 324 Iris Rd

City State Zip Code  
Ft Mitchell KY 41011

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

Transaction ID: SA11A1.19096

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1375.00
<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 25 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Nancy L. Hindman

Mailing Address 2181 Jamieson Ave  
Unit 403

City State Zip Code  
**Alexandria VA 22314**

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

Name of Employer Occupation  
L-3 Communications Corporation  
Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 13 / 2006**

**Transaction ID: SA11A1.17671**

Amount of Each Receipt this Period  
**500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. J. Lloyd Huck

Mailing Address 233 Lion's Hill Rd

City State Zip Code  
**State College PA 16803**

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

Name of Employer Occupation  
  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **1500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 17 / 2006**

**Transaction ID: SA11A1.18508**

Amount of Each Receipt this Period  
**1500.00**

Contribution

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

Mailing Address 85 Tomahawk Trl

City State Zip Code  
**Sparta NJ 07871**

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

Name of Employer Occupation  
Revelybix, Inc.  
Software Developer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **225.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 17 / 2006**

**Transaction ID: SA11A1.17804**

Amount of Each Receipt this Period  
**225.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2225.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sue Jandernoa

Mailing Address 2431 Belleglade Street

City State Zip Code  
Grand Rapids MI 49546

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11A1.17748

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Phil Jenkins

Mailing Address 2041 Greenview Dr

City State Zip Code  
Ann Arbor MI 48103

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

Name of Employer Sweepster Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11A1.18121

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth D. Johnson

Mailing Address 116 Crown Dr

City State Zip Code  
McDonough GA 30253

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

Name of Employer UCB Pharmacy Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.18189

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<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 27 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. William L. Jones		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 2254 W Dovewood Ln		Transaction ID: SA11A1.17769	
City State Zip Code Fresno CA 93711	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Pacific Ethanol Chairman	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. William G. Kagler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 18 Hampton Ln		Transaction ID: SA11A1.18610	
City State Zip Code Cincinnati OH 45208	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Joseph Kaplan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 3040 Post Oak Blvd Ste 770		Transaction ID: SA11A1.16133	
City State Zip Code Houston TX 77056	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Car Wash Headquarters, Inc. Investor	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Ms. Julie B. Kaplan

Mailing Address 255 Hawthorn Ave

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

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

Transaction ID: SA11A1.19461

Amount of Each Receipt this Period  
2000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Irving Kaufman

Mailing Address 2510 Virginia Ave NW

City State Zip Code  
Washington DC 20037

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

Name of Employer Occupation  
S.A.T. Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.17827

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry E. Kaufman

Mailing Address 101 Landing Ln

City State Zip Code  
Bluffton SC 29909

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

Name of Employer Occupation  
Sherikon Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.18072

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<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 29 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kevin R. Kearns</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 110 Old Post Rd N		Transaction ID: SA11A1.16256
City State Zip Code Croton On Hudson NY 10520	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Genworth Financial Investment Analyst	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Bruce G. Kinloch</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 8 Priscilla Ln		Transaction ID: SA11A1.16240
City State Zip Code Darien CT 06820	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Fairview Financial Group, LLC Investment Banker	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Anthony E. Lorber</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 3045 Greensburg Rd		Transaction ID: SA11A1.18085
City State Zip Code Martinsburg WV 25401	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Southwest Airlines Pilot	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Dan W. Lufkin		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 711 5th Ave		<b>Transaction ID:</b> SA11A1.17989	
City State Zip Code New York NY 10022		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Occupation Self Investor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John E. Matthews		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 4718 E Mulberry Dr		<b>Transaction ID:</b> SA11A1.19265	
City State Zip Code Phoenix AZ 85018		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Occupation Self Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. William C. McCormick		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address 2863 Palmer Dr		<b>Transaction ID:</b> SA11A1.17846	
City State Zip Code Sierra Vista AZ 85650		Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Occupation Self Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. William M. McCune</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address 3791 Ragtime Cir		<b>Transaction ID: SA11A1.18778</b>	
City State Zip Code Huntington Bch CA 92649	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. LTC Jack E. McDonald</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address 133 Northshore Dr		<b>Transaction ID: SA11A1.18510</b>	
City State Zip Code Lagrange GA 30240	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. James F. McGovern</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 3583 Beverly Glen Ter		<b>Transaction ID: SA11A1.16053</b>	
City State Zip Code Sherman Oaks CA 91423	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Managing Director	Aggregate Year-to-Date ▼ 5000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Herman Merinoff		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 60 E 42nd St 19th Floor		<b>Transaction ID:</b> SA11A1.16155
City State Zip Code New York NY 10165	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Charmer Industries	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. S. Reed Morian		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 300 Jackson Hill St		<b>Transaction ID:</b> SA11A1.16226
City State Zip Code Houston TX 77007	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer DX Service Co., Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Charles A. Morse, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 7101 Bay Front Dr Apt 422		<b>Transaction ID:</b> SA11A1.18706
City State Zip Code Annapolis MD 21403	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jay A. Neal

Mailing Address 6258 Twin Lake Dr

City State Zip Code  
**San Diego CA 92119**

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 13 / 2006**

**Transaction ID: SA11A1.18559**

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter K. Nielsen

Mailing Address 60 Golfview Ln

City State Zip Code  
**Frankfort IL 60423**

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

Name of Employer Occupation  
Paratech, Inc. Manufacturer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 19 / 2006**

**Transaction ID: SA11A1.17772**

Amount of Each Receipt this Period  
375.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ms. Annette G. Noren

Mailing Address 8651 E Via De Viva

City State Zip Code  
**Scottsdale AZ 85258**

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 19 / 2006**

**Transaction ID: SA11A1.18335**

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Phil Osborne

Mailing Address **23 The Prado NE**

City **Atlanta** State **GA** Zip Code **30309**

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

Name of Employer **Bush Homes Africa Safaris** Occupation **Safari Operator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	0	6

**Transaction ID: SA11A1.16119**

Amount of Each Receipt this Period  
**250.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark C. Ouimet

Mailing Address **3502 River Pines Dr**

City **Ann Arbor** State **MI** Zip Code **48103**

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

Name of Employer **Ouimet, LLC** Occupation **Investor**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

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

**Transaction ID: SA11A1.17767**

Amount of Each Receipt this Period  
**1000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Amb. Mark Palmer

Mailing Address **4437 Reservoir Rd NW**

City **Washington** State **DC** Zip Code **20007**

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

Name of Employer **Capital Development Company** Occupation **Investor**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	0	6

**Transaction ID: SA11A1.16128**

Amount of Each Receipt this Period  
**250.00**

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Kevin R. Parke		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 33 Liberty St		<b>Transaction ID:</b> SA11A1.17721
City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer MFS Investment Mgmt.	Occupation Executive VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jeno F. Paulucci		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address PO Box 16225		<b>Transaction ID:</b> SA11A1.17682
City State Zip Code Duluth MN 55816	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Luigino's, Incorporated	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas F. Pearson, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 30612 E Blue Mills Rd		<b>Transaction ID:</b> SA11A1.18526
City State Zip Code Buckner MO 64016	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John M. Percival		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 301 Carpenter Dr		<b>Transaction ID:</b> SA11A1.19212
City State Zip Code Hollister CA 95023	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jack W. Perry		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 2 Elderberry Trce		<b>Transaction ID:</b> SA11A1.18249
City State Zip Code Sugar Land TX 77479	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation Winstead, Sechrist Attorney	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Stefani M. Perry		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 2 Elderberry Trce		<b>Transaction ID:</b> SA11A1.19467
City State Zip Code Sugar Land TX 77479	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Roger L. Pock		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 201 N Meridian Ave		<b>Transaction ID:</b> SA11A1.16161
City State Zip Code Oklahoma City OK 73107	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Cimarro Steak House Restaurant Owner	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. David E. Proffer		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6
Mailing Address PO Box 959		<b>Transaction ID:</b> SA11A1.18224
City State Zip Code South Pasadena CA 91031	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation VCA Antech, Inc. Manager	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 290.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John Rau		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 4 Indian Hill Rd		<b>Transaction ID:</b> SA11A1.17673
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation LaSalle Bank Board Member	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1540.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Dan Rigby		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 5313 E McDonald Dr		Transaction ID: SA11A1.17807
City State Zip Code Paradise Valley AZ 85253	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation Rigby Management, LLC Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Wayne A. Robins		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 1800 Gough St #5		Transaction ID: SA11A1.18875
City State Zip Code San Francisco CA 94109	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. James Rodgers		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 6
Mailing Address 824 Watercress Ct		Transaction ID: SA11A1.16184
City State Zip Code Jacksonville FL 32259	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation COMSYS IT Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Charlene Schaefer

Mailing Address 25 Burger Ln

City State Zip Code  
Buffalo WY 82834

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

Name of Employer Self Occupation  
Self Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2006

Transaction ID: SA11A1.18040

Amount of Each Receipt this Period  
1500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael F. Schaefer

Mailing Address 25 Burger Ln

City State Zip Code  
Buffalo WY 82834

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

Name of Employer Self Occupation  
Self Author

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2006

Transaction ID: SA11A1.18044

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brent W. Sembler

Mailing Address 5858 Central Ave

City State Zip Code  
St. Petersburg FL 33707

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

Name of Employer The Sembler Co. Occupation  
Real Estate Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2006

Transaction ID: SA11A1.18147

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11500.00
<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 40 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Ms. Debbie N. Sembler

Mailing Address 7741 Hunter Ln

City Pinellas Park State FL Zip Code 33782

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

Name of Employer Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
01 / 20 / 2006

Transaction ID: SA11A1.19459

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald M. Shaw

Mailing Address 1525 Beach Walker Rd

City Fernandina State FL Zip Code 32034

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
01 / 30 / 2006

Transaction ID: SA11A1.18618

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas C. Spavins

Mailing Address 500 N Park Dr

City Arlington State VA Zip Code 22203

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

Name of Employer United States Government Occupation Economist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
01 / 13 / 2006

Transaction ID: SA11A1.18193

Amount of Each Receipt this Period  
225.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5725.00
<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 41 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Mary K. Stahl

Mailing Address 4333 N Ocean Blvd  
Apt DN1

City State Zip Code  
Delray Beach FL 33483

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

Name of Employer Occupation  
Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2006

Transaction ID: SA11A1.18968

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Glenn D. Steil

Mailing Address 4710 44th St SE

City State Zip Code  
Kentwood MI 49512

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

Name of Employer Occupation  
Compatico CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2006

Transaction ID: SA11A1.16182

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ms. Becky Curtis Stevens

Mailing Address 6310 E Huntress Dr

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Occupation  
Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2006

Transaction ID: SA11A1.19245

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Gilbert L. Steward, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 137 Larch Row		Transaction ID: SA11A1.18641	
City State Zip Code Wenham MA 01984	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Carl T. Stude		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 706 Perry Ridge Rd		Transaction ID: SA11A1.17893	
City State Zip Code Carbondale CO 81623	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Investment Advisor	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Charles Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address PO Box 1627		Transaction ID: SA11A1.18917	
City State Zip Code Telluride CO 81435	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	775.00
<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 43 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Albert Sweet

Mailing Address 24824 Pacific Coast Hwy

City Malibu State CA Zip Code 90265

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

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: SA11A1.17897

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles W. Tate

Mailing Address 4646 Highway 6 # 345

City Sugar Land State TX Zip Code 77478

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

Name of Employer Capital Royalty, LLC Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: SA11A1.16129

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. John A. Taylor

Mailing Address 611 Lankashire Rd

City Winston Salem State NC Zip Code 27106

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

Name of Employer Taylor Oil Co. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

Transaction ID: SA11A1.18128

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6250.00
<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 44 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mr. John M. P. Thatcher, Jr.

Mailing Address 146 Cody Rd

City Londonderry State VT Zip Code 05148

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.17949

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. James C. Van Loon, Jr.

Mailing Address 11 N Brook Ave

City Basking Ridge State NJ Zip Code 07920

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

Name of Employer Starlin Net & Twine Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.18095

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. James D. Von Suskil

Mailing Address 13453 Lakeshore Dr

City Plainfield State IL Zip Code 60585

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

Name of Employer PECO Energy Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.17780

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mr. Samuel W. Wakeman

Mailing Address 225 Atlantic Ave

City State Zip Code  
Cohasset MA 02025

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

Name of Employer Occupation  
Duxbury Hardware Corp. Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2006

Transaction ID: SA11A1.16224

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Washington 2 Advocates, LLC

Mailing Address PO Box 1462

City State Zip Code  
Bellevue WA 98009

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2006

Transaction ID: SA11A1.19471

Amount of Each Receipt this Period  
1000.00

See Attribution Below

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

Mailing Address PO Box 867

City State Zip Code  
Chehalis WA 98532

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

Name of Employer Occupation  
Washington 2 Advocates Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.33

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2006

Transaction ID: SA11A1.19471.0

Amount of Each Receipt this Period  
333.33

Contribution

[MEMO ITEM]

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Nina Collier		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address PO Box 1462		<b>Transaction ID:</b> SA11A1.19471.1	
City Bellevue	State WA	Zip Code 98009	Amount of Each Receipt this Period 333.33
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <b>[MEMO ITEM]</b>	
Name of Employer Washington 2 Advocates	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.33		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Tony Williams		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 701 Pennsylvania Ave NW Suite 675		<b>Transaction ID:</b> SA11A1.19471.2	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 333.34
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <b>[MEMO ITEM]</b>	
Name of Employer Washington 2 Advocates		Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Eileen Weiser		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6	
Mailing Address 855 Colliston Rd		<b>Transaction ID:</b> SA11A1.18097	
City Ann Arbor	State MI	Zip Code 48105	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution 5000.00	
Name of Employer State Board of Education		Occupation Elected Official	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Amb. Ron Weiser</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6	
Mailing Address 320 N Main St Ste 200		<b>Transaction ID: SA11A1.17703</b>	
City Ann Arbor	State MI	Zip Code 48104	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer McKinley	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Paul F. Welday</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 27780 Novi Rd Ste 200		<b>Transaction ID: SA11A1.18050</b>	
City Novi	State MI	Zip Code 48377	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark Wenham</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address PO Box 1717		<b>Transaction ID: SA11A1.17875</b>	
City Duxbury	State MA	Zip Code 02331	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Thomas C. Werner		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 4024 Radford Ave		Transaction ID: SA11A1.16141	
City State Zip Code Studio City CA 91604	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Carsey Werner	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Helen H. West		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 114 Yankee Point Dr		Transaction ID: SA11A1.17945	
City State Zip Code Carmel CA 93923	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self	Occupation Rancher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gregory W. Whalen		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 380 Ocean Rd Unit 34		Transaction ID: SA11A1.17839	
City State Zip Code Portsmouth NH 03801	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Seaboard-Whalen	Occupation Realtor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Nancy L. Wilson

Mailing Address 6440 Elmdale Rd

City State Zip Code  
**Alexandria VA 22312**

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

Name of Employer AAR Occupation Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**01 / 19 / 2006**

**Transaction ID: SA11A1.16043**

Amount of Each Receipt this Period  
**250.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard Wilson

Mailing Address PO Box 81

City State Zip Code  
**Ojai CA 93024**

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

Name of Employer Self Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**01 / 19 / 2006**

**Transaction ID: SA11A1.18005**

Amount of Each Receipt this Period  
**500.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn Wior

Mailing Address 2177 Century Woods Way

City State Zip Code  
**Los Angeles CA 90067**

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

Name of Employer Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**01 / 30 / 2006**

**Transaction ID: SA11A1.19132**

Amount of Each Receipt this Period  
**250.00**

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Young

Mailing Address 555 4th St

City State Zip Code  
Hermosa Beach CA 90254

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

Name of Employer Occupation  
Dunhill Tech VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2006

Transaction ID: SA11A1.16222

Amount of Each Receipt this Period  
2000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael Zak

Mailing Address 74 Musterfield Rd

City State Zip Code  
Concord MA 01742

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

Name of Employer Occupation  
Self Tennis Professional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2006

Transaction ID: SA11A1.17979

Amount of Each Receipt this Period  
2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Fred Zeidman

Mailing Address 109 N Post Oak Ln Ste 422

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
Corporate Strategies Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2006

Transaction ID: SA11A1.16193

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9500.00
<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 51 / 92	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
Ms. Harriet Zelencik

Mailing Address 155 Crest Rd

City State Zip Code  
Woodside CA 94062

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

Name of Employer Occupation  
Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	0	6

Transaction ID: SA11A1.19451

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	203265.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 92
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Cendant Corporation PAC

Mailing Address 101 Constitution Ave NW  
Ste 800

City State Zip Code  
**Washington DC 20001**

FEC ID number of contributing federal political committee. **C C00335026**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**01 / 20 / 2006**

**Transaction ID: SA11C.19465**

Amount of Each Receipt this Period  
**1000.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
CITIZEN BEZTAK

Mailing Address 31731 NORTHWESTERN HWY  
SUITE 250W

City State Zip Code  
**FARMINGTON HILLS MI 48334**

FEC ID number of contributing federal political committee. **C C00349761**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**01 / 20 / 2006**

**Transaction ID: SA11C.19457**

Amount of Each Receipt this Period  
**4000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
MCKENNA LONG AND ALDRIDGE LLP POLITICAL ACTION COMMITTEE

Mailing Address 1900 K St NW

City State Zip Code  
**Washington DC 20006**

FEC ID number of contributing federal political committee. **C C00391383**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**01 / 20 / 2006**

**Transaction ID: SA11C.19463**

Amount of Each Receipt this Period  
**1000.00**

Contribution

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: SB21B.19567 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 21919.36
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement See memo items Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB21B.19567.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 16.66
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement Credit Card Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Amazon.com</b>		Transaction ID: SB21B.19567.1 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 738.69
City Seattle State WA Zip Code 98108	Purpose of Disbursement Book Purchase Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

[MEMO ITEM]

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

21919.36

**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 54 / 92

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Bay Limo and Livery</b>		Transaction ID: SB21B.19567.2 Date of Disbursement 01 / 13 / 2006
Mailing Address 161 Virginia Street		Amount of Each Disbursement this Period 325.00
City Portland State ME Zip Code 04103	Purpose of Disbursement Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type: 002		

Full Name (Last, First, Middle Initial) <b>B. Carey International</b>		Transaction ID: SB21B.19567.4 Date of Disbursement 01 / 13 / 2006
Mailing Address 520 North Capitol Street		Amount of Each Disbursement this Period 8086.13
City Washington State DC Zip Code 20001	Purpose of Disbursement Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type: 002		

Full Name (Last, First, Middle Initial) <b>C. Copley Square Hotel</b>		Transaction ID: SB21B.19567.5 Date of Disbursement 01 / 13 / 2006
Mailing Address 47 Huntington Drive		Amount of Each Disbursement this Period 570.12
City Boston State MA Zip Code 02116	Purpose of Disbursement Lodging Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type: 002		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Fort Sam Houston Exchange</b>		Transaction ID: SB21B.19567.6 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 4821 Stanley Road		Amount of Each Disbursement this Period 359.20
City Fort Sam Houston State TX Zip Code 78234	Purpose of Disbursement Book Purchase Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Four Seasons Hotel Austin</b>		Transaction ID: SB21B.19567.7 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 98 San Jacinto Blvd		Amount of Each Disbursement this Period 366.55
City Austin State TX Zip Code 78701	Purpose of Disbursement Lodging Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 002		

Full Name (Last, First, Middle Initial) <b>C. Hotel Contessa</b>		Transaction ID: SB21B.19567.8 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 306 W. Market St		Amount of Each Disbursement this Period 344.41
City San Antonio State TX Zip Code 78205	Purpose of Disbursement Lodging Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 002		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Hyatt Hotels Chicago</b>		<b>Transaction ID:</b> SB21B.19567.9 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 800 N. Michigan Ave		Amount of Each Disbursement this Period 1145.13
City Chicago State IL Zip Code 60611	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lenox Hotel</b>		<b>Transaction ID:</b> SB21B.19567.10 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 710 Boylston Street		Amount of Each Disbursement this Period 570.12
City Boston State MA Zip Code 02116	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lowell Hotel</b>		<b>Transaction ID:</b> SB21B.19567.11 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 28 E. 63rd Street		Amount of Each Disbursement this Period 600.72
City New York State NY Zip Code 10021	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Hyatt Hotels Chicago</b>		Transaction ID: SB21B.19567.12 Date of Disbursement 01 / 13 / 2006
Mailing Address 800 N. Michigan Ave		Amount of Each Disbursement this Period 5949.10
City Chicago State IL Zip Code 60611	[MEMO ITEM]	
Purpose of Disbursement Fundraising Event - Catering Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Hyatt Hotels Chicago</b>		Transaction ID: SB21B.19567.13 Date of Disbursement 01 / 13 / 2006
Mailing Address 800 N. Michigan Ave		Amount of Each Disbursement this Period -212.82
City Chicago State IL Zip Code 60611	[MEMO ITEM]	
Purpose of Disbursement Credit - Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Royal River Grillhouse</b>		Transaction ID: SB21B.19567.14 Date of Disbursement 01 / 13 / 2006
Mailing Address Lower Falls Landing		Amount of Each Disbursement this Period 209.60
City Yarmouth State ME Zip Code 04096	[MEMO ITEM]	
Purpose of Disbursement Meeting Expense - Meals Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. St. Regis Hotel</b>		Transaction ID: SB21B.19567.15 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 2 East 52nd Street		Amount of Each Disbursement this Period 362.70
City New York State NY Zip Code 10022	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: SB21B.19567.20 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 9864 Main Street		Amount of Each Disbursement this Period 707.80
City Fairfax State VA Zip Code 22031	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: SB21B.19567.21 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 2501		Amount of Each Disbursement this Period 513.80
City Washington State DC Zip Code 27102	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		<b>Transaction ID:</b> SB21B.19567.22 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1510 Prospect Avenue		Amount of Each Disbursement this Period 778.65
City Kansas City State MO Zip Code 64127	[MEMO ITEM]	
Purpose of Disbursement Postage Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		<b>Transaction ID:</b> SB21B.19566 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 204.01
City Louisville State KY Zip Code 40290-1309	[MEMO ITEM]	
Purpose of Disbursement Telephone Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Blythe Haaga</b>		<b>Transaction ID:</b> SB21B.19546 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1099 22nd Street, NW Apt. 404		Amount of Each Disbursement this Period 510.20
City Washington State DC Zip Code 20037	[MEMO ITEM]	
Purpose of Disbursement Salaries Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	714.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Blythe Haaga</b>		<b>Transaction ID:</b> SB21B.19547 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1099 22nd Street, NW Apt. 404		Amount of Each Disbursement this Period 1006.66
City Washington State DC Zip Code 20037	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Campaign Solutions</b>		<b>Transaction ID:</b> SB21B.19573 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 118 North Saint Asaph St.		Amount of Each Disbursement this Period 10100.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Website Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Care First Blue Cross Blue Shield</b>		<b>Transaction ID:</b> SB21B.19523 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 1654.00
City Baltimore State MD Zip Code 21279	Purpose of Disbursement Health Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12760.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Chantilly Printing &amp; Graphics, Inc.</b>		<b>Transaction ID: SB21B.19538</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 13808 Redskin Drive		Amount of Each Disbursement this Period 3878.52
City Herndon State VA Zip Code 20171	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular</b>		<b>Transaction ID: SB21B.19561</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 110.16
City Baltimore State MD Zip Code 21297-1356	Purpose of Disbursement Telephone-Cellular Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Courtney Nahigian</b>		<b>Transaction ID: SB21B.19549</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 331 Cameron Station Blvd.		Amount of Each Disbursement this Period 3819.16
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7807.84
<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:  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Craig A. Goldman</b>		<b>Transaction ID: SB21B.19543</b> Date of Disbursement 01 / 13 / 2006
Mailing Address 5747 Sherier Place NW Washington, DC 20016		Amount of Each Disbursement this Period 4356.64
City Washington State DC Zip Code 20016	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Craig A. Goldman</b>		<b>Transaction ID: SB21B.19544</b> Date of Disbursement 01 / 31 / 2006
Mailing Address 5747 Sherier Place NW Washington, DC 20016		Amount of Each Disbursement this Period 4356.64
City Washington State DC Zip Code 20016	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Derby H. Watkins</b>		<b>Transaction ID: SB21B.19508</b> Date of Disbursement 01 / 30 / 2006
Mailing Address 3232 Wellington Road		Amount of Each Disbursement this Period 3500.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Direct Mail Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12213.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. DGM &amp; Associates</b>		<b>Transaction ID:</b> SB21B.19521 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 509		Amount of Each Disbursement this Period 2637.00
City Novi State MI Zip Code 48376	001 Category/ Type	
Purpose of Disbursement Financial Consultant		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DGM &amp; Associates</b>		<b>Transaction ID:</b> SB21B.19522 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 509		Amount of Each Disbursement this Period 5000.00
City Novi State MI Zip Code 48376	001 Category/ Type	
Purpose of Disbursement Financial Consultant		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. EDonation</b>		<b>Transaction ID:</b> SB21B.19530 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 118 N. St. Asaph Street		Amount of Each Disbursement this Period 1701.87
City Alexandria State VA Zip Code 22314	001 Category/ Type	
Purpose of Disbursement Merchant Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9338.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID:</b> SB21B.19550 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 1252.28
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> SB21B.19551 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 506.62
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Flight Options</b>		<b>Transaction ID:</b> SB21B.19570 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 26180 Curtiss-Wright Parkway Cuyahoga County Airport		Amount of Each Disbursement this Period 9091.64
City Cleveland State OH Zip Code 44143	Purpose of Disbursement Travel-Charter Air Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10850.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Focus Data Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B.19572 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 101 N. Alfred Street, Ste. 201		Amount of Each Disbursement this Period 500.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Website Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOHN MCCAIN</b>		<b>Transaction ID:</b> SB21B.19482 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 211 NORTH UNION STREET SUITE 200		Amount of Each Disbursement this Period 2568.20
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement Direct Mail List Expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Fundraising Partners Northwest</b>		<b>Transaction ID:</b> SB21B.19518 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address 1411 Fourth Avenue, Suite 1210		Amount of Each Disbursement this Period 2500.00
City Seattle State WA Zip Code 98101	Purpose of Disbursement Financial Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5568.20
<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 66 / 92

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Blair Wittmer Giannini</b>		<b>Transaction ID: SB21B.19488</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 5104 Rockwood Parkway, NW		Amount of Each Disbursement this Period 3750.00
City Washington State DC Zip Code 20016	Purpose of Disbursement Direct Mail Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Holloway Consulting</b>		<b>Transaction ID: SB21B.19519</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 550004		Amount of Each Disbursement this Period 7000.00
City Atlanta State GA Zip Code 30355	Purpose of Disbursement Financial Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hoon Designs</b>		<b>Transaction ID: SB21B.19511</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 2800 Shirlington Road, Ste. 920		Amount of Each Disbursement this Period 800.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement Direct Mail Production Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Huckaby Davis Lisker</b>		<b>Transaction ID:</b> SB21B.19502 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 228 S. Washington St., Suite 115		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Compliance Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Huckaby Davis Lisker</b>		<b>Transaction ID:</b> SB21B.19532 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 228 S. Washington St., Suite 115		Amount of Each Disbursement this Period 24.77
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. IDMI</b>		<b>Transaction ID:</b> SB21B.19506 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 490 White Pond Drive		Amount of Each Disbursement this Period 2237.58
City Akron State OH Zip Code 44320	Purpose of Disbursement Database File Maintenance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4762.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Integrated Web Strategy, LLC</b>		<b>Transaction ID:</b> SB21B.19571 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address 4715 N. 32nd Street, Ste. 107		Amount of Each Disbursement this Period 1550.00
City Phoenix State AZ Zip Code 85018	Purpose of Disbursement Website Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Amber L. Johnson</b>		<b>Transaction ID:</b> SB21B.19498 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1040 Hyde Park Drive		Amount of Each Disbursement this Period 1831.71
City Annapolis State MD Zip Code 21403	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Amber L. Johnson</b>		<b>Transaction ID:</b> SB21B.19499 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1040 Hyde Park Drive		Amount of Each Disbursement this Period 2066.93
City Annapolis State MD Zip Code 21403	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5448.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. King Strategic Communications, Inc.</b>		<b>Transaction ID: SB21B.19539</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 4605 Morse Road, Ste. 201		Amount of Each Disbursement this Period 9199.82
City Gahanna State OH Zip Code 43230	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Greg C. Langston</b>		<b>Transaction ID: SB21B.19491</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address CRESA Partners 8117 Preston Road, Ste. 200W LB3		Amount of Each Disbursement this Period 736.10
City Dallas State TX Zip Code 75225	Purpose of Disbursement Event Expense Photography Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hon. Thomas G. Loeffler</b>		<b>Transaction ID: SB21B.19489</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 150 Thelma Dr		Amount of Each Disbursement this Period 4680.35
City San Antonio State TX Zip Code 78212	Purpose of Disbursement Event Expense Catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14616.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Hon. Thomas G. Loeffler</b>		<b>Transaction ID: SB21B.19496</b> Date of Disbursement 01 / 30 / 2006	
Mailing Address 150 Thelma Dr		Amount of Each Disbursement this Period 160.69	
City San Antonio State TX Zip Code 78212	Purpose of Disbursement Office Supplies Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Hon. Thomas G. Loeffler</b>		<b>Transaction ID: SB21B.19500</b> Date of Disbursement 01 / 30 / 2006	
Mailing Address 150 Thelma Dr		Amount of Each Disbursement this Period 428.70	
City San Antonio State TX Zip Code 78212	Purpose of Disbursement Travel reimbursement Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Pamela Kinsey Lungmus</b>		<b>Transaction ID: SB21B.19493</b> Date of Disbursement 01 / 13 / 2006	
Mailing Address 621 Thornwood Lane		Amount of Each Disbursement this Period 16632.06	
City Northfield State IL Zip Code 60093	Purpose of Disbursement Financial Consultant Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17221.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Becca McMullen</b>		Transaction ID: SB21B.19494 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6	
Mailing Address 815 A Brazos, #254		Amount of Each Disbursement this Period 3000.00	
City Austin State TX Zip Code 78701	Purpose of Disbursement Financial Consultant	001 Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Becca McMullen</b>		Transaction ID: SB21B.19495 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 815 A Brazos, #254		Amount of Each Disbursement this Period 4173.08	
City Austin State TX Zip Code 78701	Purpose of Disbursement Financial Consultant	001 Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Nahigian Strategies, LLC</b>		Transaction ID: SB21B.19503 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6	
Mailing Address 331 Cameron Station Blvd.		Amount of Each Disbursement this Period 3500.00	
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Compliance Consultant	001 Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10673.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. National City Bank</b>		<b>Transaction ID:</b> SB21B.19501 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address PO Box 5756		Amount of Each Disbursement this Period 308.33
City Akron State OH Zip Code 44101	Purpose of Disbursement Bank Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Carolanne O'Neil</b>		<b>Transaction ID:</b> SB21B.19486 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 10415 Samaga Drive		Amount of Each Disbursement this Period 10500.00
City Oakton State VA Zip Code 22124	Purpose of Disbursement Direct Mail Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		<b>Transaction ID:</b> SB21B.19512 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 7450 Tilghman St., Ste. 107		Amount of Each Disbursement this Period 3898.96
City Allentown State PA Zip Code 18106-9037	Purpose of Disbursement Employer Contribution Payroll Tax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14707.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID:</b> SB21B.19513 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 7450 Tilghman St., Ste. 107		Amount of Each Disbursement this Period 5488.13
City Allentown State PA Zip Code 18106-9037	Purpose of Disbursement Employer Contribution Payroll Tax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Pinnacle List Company</b>		<b>Transaction ID:</b> SB21B.19509 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 2800 Shirlington Road, Ste. 970		Amount of Each Disbursement this Period 990.07
City Arlington State VA Zip Code 22206	Purpose of Disbursement Direct Mail List Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>C. Richard Quinn &amp; Associates</b>		<b>Transaction ID:</b> SB21B.19529 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 1600 Gervais Street		Amount of Each Disbursement this Period 629.88
City Columbia State SC Zip Code 29201	Purpose of Disbursement Meeting Expense-Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7108.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

<b>A. Richard Quinn &amp; Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 1600 Gervais Street City Columbia State SC Zip Code 29201 Purpose of Disbursement Travel reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.19568</b> Date of Disbursement 01 / 30 / 2006 Amount of Each Disbursement this Period 1972.46 002 Category/ Type
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<b>B. Southwest Publishing</b> Full Name (Last, First, Middle Initial) Mailing Address 2600 NW Topeka Blvd City Topeka State KS Zip Code 66617 Purpose of Disbursement Direct Mail Postage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.19510</b> Date of Disbursement 01 / 30 / 2006 Amount of Each Disbursement this Period 13000.00 003 Category/ Type
--	--	---

<b>C. St. Paul Travelers</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 96359 City Chicago State IL Zip Code 60693-6359 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.19525</b> Date of Disbursement 01 / 30 / 2006 Amount of Each Disbursement this Period 1523.00 001 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16495.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Strategic Consulting and Design, LLC</b>		<b>Transaction ID:</b> SB21B.19536 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 2052 College		Amount of Each Disbursement this Period 7500.00
City Grand Rapids	State MI Zip Code 49507	
Purpose of Disbursement Political Consultant		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. T-Mobile</b>		<b>Transaction ID:</b> SB21B.19563 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 294.36
City Cincinnati	State OH Zip Code 45274-2596	
Purpose of Disbursement Telephone-Cellular		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. T-Mobile</b>		<b>Transaction ID:</b> SB21B.19564 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 276.71
City Cincinnati	State OH Zip Code 45274-2596	
Purpose of Disbursement Telephone-Cellular		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8071.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. The Computer Workshop</b>		<b>Transaction ID:</b> SB21B.19504 Date of Disbursement
Mailing Address 3223 Brookings Court		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Farifax	State VA	Zip Code 22031
Purpose of Disbursement Computer Hardware	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="603.75"/>

Full Name (Last, First, Middle Initial) <b>B. The Computer Workshop</b>		<b>Transaction ID:</b> SB21B.19505 Date of Disbursement
Mailing Address 3223 Brookings Court		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Farifax	State VA	Zip Code 22031
Purpose of Disbursement Computer Services	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2329.45"/>

Full Name (Last, First, Middle Initial) <b>C. The Crescent Club</b>		<b>Transaction ID:</b> SB21B.19516 Date of Disbursement
Mailing Address 200 Crescent Court 17th Floor		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Dallas	State TX	Zip Code 75201
Purpose of Disbursement Event Expense Catering	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="901.43"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3834.63"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. The Dennehy Group</b>		<b>Transaction ID:</b> SB21B.19537 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address 11 Depot Street, Ste. 2		Amount of Each Disbursement this Period 10000.00
City Concord State NH Zip Code 03301	Purpose of Disbursement Political Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. The Eudy Company</b>		<b>Transaction ID:</b> SB21B.19517 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 211 N. Union St., Ste. 200		Amount of Each Disbursement this Period 21000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Financial Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. The Eudy Company</b>		<b>Transaction ID:</b> SB21B.19533 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 211 N. Union St., Ste. 200		Amount of Each Disbursement this Period 569.71
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	31569.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. The Eudy Company</b>		<b>Transaction ID:</b> SB21B.19569 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 211 N. Union St., Ste. 200		Amount of Each Disbursement this Period 293.45
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Travel reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 002

Full Name (Last, First, Middle Initial) <b>B. Vandenberg and Associates</b>		<b>Transaction ID:</b> SB21B.19520 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 3927 Elm Avenue		Amount of Each Disbursement this Period 4540.00
City Long Beach State CA Zip Code 90807	Purpose of Disbursement Financial Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. John Weaver</b>		<b>Transaction ID:</b> SB21B.19497 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address 337 West 12th Street		Amount of Each Disbursement this Period 15000.00
City New York State NY Zip Code 10014	Purpose of Disbursement Political Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	19833.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	247064.44

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. ALABAMA REPUBLICAN PARTY</b>		<b>Transaction ID:</b> SB23.19557
Mailing Address PO Box 55628		Date of Disbursement MM / DD / YYYY 01 / 17 / 2006
City Birmingham	State AL	Amount of Each Disbursement this Period 5000.00
Zip Code 35255		
Purpose of Disbursement State Party Contribution	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CONNECTICUT REPUBLICAN FEDERAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID:</b> SB23.19578
Mailing Address 97 ELM ST REAR		Date of Disbursement MM / DD / YYYY 01 / 17 / 2006
City HARTFORD	State CT	Amount of Each Disbursement this Period 5000.00
Zip Code 06106		
Purpose of Disbursement State Party Contribution	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GEORGIA REPUBLICAN PARTY</b>		<b>Transaction ID:</b> SB23.19580
Mailing Address PO Box 550008		Date of Disbursement MM / DD / YYYY 01 / 17 / 2006
City Atlanta	State GA	Amount of Each Disbursement this Period 5000.00
Zip Code 30355		
Purpose of Disbursement State Party Contribution	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. HAWAII REPUBLICAN PARTY</b>		<b>Transaction ID:</b> SB23.19584 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 725 Kapiolani Blvd., #C-105		Amount of Each Disbursement this Period 5000.00
City Honolulu State HI Zip Code 96813	011 Category/Type	
Purpose of Disbursement State Party Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MAINE REPUBLICAN PARTY</b>		<b>Transaction ID:</b> SB23.19586 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 9 Higgins Street		Amount of Each Disbursement this Period 5000.00
City Augusta State ME Zip Code 04330	011 Category/Type	
Purpose of Disbursement State Party Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE</b>		<b>Transaction ID:</b> SB23.19588 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 15 West Street		Amount of Each Disbursement this Period 5000.00
City Annapolis State MD Zip Code 21401	011 Category/Type	
Purpose of Disbursement State Party Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. MICHIGAN REPUBLICAN PARTY</b>		<b>Transaction ID:</b> SB23.19590 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 2121 E. Grand River Ave.		Amount of Each Disbursement this Period 5000.00
City Lansing State MI Zip Code 48912	Purpose of Disbursement State Party Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. MISSISSIPPI REPUBLICAN PARTY</b>		<b>Transaction ID:</b> SB23.19592 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 415 Yazoo Street		Amount of Each Disbursement this Period 5000.00
City Jackson State MS Zip Code 39201	Purpose of Disbursement State Party Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. OHIO REPUBLICAN PARTY STATE CENTRAL &amp; EXECUTIVE COMMITTEE</b>		<b>Transaction ID:</b> SB23.19594 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 211 S. Fifth Street		Amount of Each Disbursement this Period 5000.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement State Party Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. OREGON REPUBLICAN PARTY</b>		<b>Transaction ID:</b> SB23.19596 Date of Disbursement
Mailing Address 2720 Commercial Street, SE		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Salem	State OR	Zip Code 97302
Purpose of Disbursement State Party Contribution	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN PARTY OF FLORIDA</b>		<b>Transaction ID:</b> SB23.19598 Date of Disbursement
Mailing Address 420 E. Jefferson Street PO Box 311		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Tallahassee	State FL	Zip Code 32301
Purpose of Disbursement State Party Contribution	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>C. REPUBLICAN PARTY OF IOWA</b>		<b>Transaction ID:</b> SB23.19600 Date of Disbursement
Mailing Address 621 E. Ninth Street		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Des Moines	State IA	Zip Code 50309
Purpose of Disbursement State Party Contribution	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN PARTY OF LOUISIANA</b>		<b>Transaction ID:</b> SB23.19602 Date of Disbursement
Mailing Address 11440 N. Lake Sherwood, Ste. A		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Baton Rouge	State LA	Zip Code 70816
Purpose of Disbursement State Party Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN PARTY OF MINNESOTA</b>		<b>Transaction ID:</b> SB23.19553 Date of Disbursement
Mailing Address 525 Park Street, Ste. 250		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City St. Paul	State MN	Zip Code 55103
Purpose of Disbursement State Party Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. Republican Party of New Mexico</b>		<b>Transaction ID:</b> SB23.19604 Date of Disbursement
Mailing Address 5150-A San Francisco, NE		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Albuquerque	State NM	Zip Code 87109
Purpose of Disbursement State Party Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN STATE COMMITTEE OF DELAWARE</b>		<b>Transaction ID:</b> SB23.19606 Date of Disbursement
Mailing Address 3301 Lancaster Ave., Suite 4B		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Wilmington	State DE	Zip Code 19805
Purpose of Disbursement State Party Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. Republican State Committee of PA</b>		<b>Transaction ID:</b> SB23.19608 Date of Disbursement
Mailing Address 301 Market Street, Ste. 900		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Harrisburg	State PA	Zip Code 17101
Purpose of Disbursement State Party Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE</b>		<b>Transaction ID:</b> SB23.19610 Date of Disbursement
Mailing Address 413 Knight Street		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement State Party Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. SOUTH CAROLINA REPUBLICAN PARTY</b>		<b>Transaction ID:</b> SB23.19612 Date of Disbursement
Mailing Address PO Box 12373		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Columbia	State SC	Zip Code 29211
Purpose of Disbursement State Party Contribution		<input type="text" value="0"/> <input type="text" value="1"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNT</b>		<b>Transaction ID:</b> SB23.19555 Date of Disbursement
Mailing Address 2424 21st Avenue, Ste. 200		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Nashville	State TN	Zip Code 37212
Purpose of Disbursement State Party Contribution		<input type="text" value="0"/> <input type="text" value="1"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERMONT REPUBLICAN FEDERAL ELECTIONS COMMITTEE</b>		<b>Transaction ID:</b> SB23.19616 Date of Disbursement
Mailing Address PO Box 70		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Montpelier	State VT	Zip Code 05602
Purpose of Disbursement State Party Contribution		<input type="text" value="0"/> <input type="text" value="1"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
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) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 92

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)

**A.** WASHINGTON STATE REPUBLICAN PARTY

Mailing Address 16400 Southcenter Parkway, Ste. 20

City State Zip Code  
Seattle WA 98188

Purpose of Disbursement  
State Party Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.19618

Date of Disbursement

01 / 17 / 2006

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

110000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 92

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

**A.** Full Name (Last, First, Middle Initial)  
David Knott

Mailing Address 232 Cleft Road, Ste. 205

City Mill Neck State NY Zip Code 11765

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB28A.19484

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 1	/	<sup>D</sup> 2	<sup>D</sup> 0	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 6
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Amount of Each Disbursement this Period

1000.00
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010
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Category/  
Type

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 92

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Greenville County Republican Party</b>		<b>Transaction ID: SB29.19582</b> Date of Disbursement
Mailing Address 402 N. Pleasantburg Drive		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Greenville	State SC	Zip Code 29915
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="3500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text" value="011"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE</b>		<b>Transaction ID: SB29.19576</b> Date of Disbursement
Mailing Address 134 North Main Street		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text" value="011"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Spartanburg County Republican Party</b>		<b>Transaction ID: SB29.19614</b> Date of Disbursement
Mailing Address PO Box 5475		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Spartanburg	State SC	Zip Code 29304
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="3500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text" value="011"/>
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) .....	<input type="text" value="12000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 92

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

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial)  
**A. Wallace for Lieutenant Governor**

Mailing Address 3072 Sunview Drive

City Birmingham State AL Zip Code 35242

Purpose of Disbursement  
Candidate Contribution - Non Federal

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.19480

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

17000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

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

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

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

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

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	15835.15
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	3456.47
2) <b>TOTALS</b> This Period (last page this line number only).....	19291.62
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

Form/Schedule: **F3XA**

Transaction ID:

The Committee is submitting this amendment to the February monthly report originally filed on February 20, 2006 to address the following: 1) Schedule D, Line 9 transaction ID SD9.19619 p. 90 - Random House Travel Reimbursement Balance Due \$8,205.82. This entry was made in error and has been corrected by deleting it from the report. 2) No expenditures disclosed on Schedule B, Line 21b were made on behalf of any specifically identified federal candidate. All expenditures made on behalf of a specifically identified federal candidate have been disclosed on Schedule B, Line 23. 11 CFR " 104.3 (b) and 106.1 3) No expenditures disclosed on Schedule B, Line 21b were made for public communications (as defined by 11 CFR ' 100.26) or voter drive activity (under 11 CFR ' 106.6(b)(2)(i)) containing express advocacy as defined under 11 CFR '100.22 and thus did not constitute in-kind contributions or independent expenditures.

Form/Schedule: **SB28A**

Refund of excessive contribution

Transaction ID: **SB28A.19484**