

# 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  
ONE AMERICA COMMITTEE

ADDRESS (number and street) 1001 G St. NW  
Suite 400 West  
 Check if different than previously reported. (ACC)  
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00368613  
**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 03 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 Ambassador Jeanette Hyde

Signature of Treasurer Electronically Filed by Ambassador Jeanette Hyde Date 04 15 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ONE AMERICA COMMITTEE

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	3

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		23039.18
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	23039.18									
(c) Total Receipts (from Line 19) .....	286841.71	286841.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	309880.89	309880.89								
7. Total Disbursements (from Line 31) .....	302722.04	302722.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7158.85	7158.85								
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) .....	108278.71									

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  
ONE AMERICA COMMITTEE

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	3

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	215500.00	215500.00
(i) Itemized (use Schedule A) .....	45223.69	45223.69
(ii) Unitemized .....	260723.69	260723.69
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	260723.69	260723.69
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) .....	118.02	118.02
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) .....	26000.00	26000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	26000.00	26000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	286841.71	286841.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	260841.71	260841.71

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	25833.50	25833.50
(ii) Non-Federal Share.....	25833.50	25833.50
(b) Other Federal Operating Expenditures.....	246055.04	246055.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	297722.04	297722.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	5000.00	5000.00
(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)) .....	5000.00	5000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	302722.04	302722.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	276888.54	276888.54

**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) .....	260723.69	260723.69
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	255723.69	255723.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	271888.54	271888.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	118.02	118.02
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	271770.52	271770.52

**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 / 131
	<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	

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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Edward Hart Rice		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 2217 Halcyon Lane		Transaction ID: A171D0B335F47479D978
City State Zip Code Vienna VA 22181	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Information Requested Occupation Consultant	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> Mary Ann Hovis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 2700 Green Holly Springs Ct		Transaction ID: A32AE30D47A1E49A1A52
City State Zip Code Oakton VA 22124-1457	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self Employed Occupation Marketing Consultant	Aggregate Year-to-Date ▼ 4000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert H. Hovis, III		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 2700 Green Holly Springs Ct		Transaction ID: AB8B19CABE53047EE9E7
City State Zip Code Oakton VA 22124-1457	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Robert H. Hovis, III, P.C. Occupation Attorney	Aggregate Year-to-Date ▼ 4000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	13000.00
<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 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ronald J. Bell

Mailing Address 10 Quarry Lake Ct NE

City Atlanta State GA Zip Code 30342-1965

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

Name of Employer Target Marketing, Inc. Occupation Advertising

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 / 0 6 / 2 0 0 6

Transaction ID: A795232A04E8D4D59B10

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
John J.B. Miller

Mailing Address 1300 Barbara Ann St

City Kerrville State TX Zip Code 78028-3413

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

Name of Employer Retired 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 4 / 2 0 0 6

Transaction ID: A91086674F6584C2498C

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Lanny T. Wilson

Mailing Address 1442 Quadrant Circle

City Wilmington State NC Zip Code 28405

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: AE70F163A2AA44571986

Amount of Each Receipt this Period  
5000.00

Check

<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 8 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Carol Folse

Mailing Address 4895 Rose Ave NE

City State Zip Code  
Bainbridge Island WA 98110-2141

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

Name of Employer Information Requested 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: A1DA9C83E8EAA4245995

Amount of Each Receipt this Period  
5000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Parker C. Folse, III

Mailing Address 4895 Rose Ave NE

City State Zip Code  
Bainbridge Island WA 98110-2141

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

Name of Employer Information Requested Occupation  
Susman Godfrey LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: ACE5C36B037184590977

Amount of Each Receipt this Period  
5000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Betsy Malcolm

Mailing Address 300 Central Park W. Apt 7b

City State Zip Code  
New York NY 10024-1591

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

Name of Employer Information Requested 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: A337E7B045810492096B

Amount of Each Receipt this Period  
500.00

Credit Card

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Suzanne McGill

Mailing Address 613 Evergreen Pt Rd

City State Zip Code  
Medina WA 98039-4702

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

Name of Employer Information Requested 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  
0 1 / 2 4 / 2 0 0 6

Transaction ID: AB36C26185E3D44FBB77

Amount of Each Receipt this Period  
5000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Thomas J. McGill

Mailing Address 613 Evergreen Pt Rd

City State Zip Code  
Medina WA 98039-4702

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

Name of Employer NW Capital Occupation  
Principal

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 4 / 2 0 0 6

Transaction ID: A52650DA6A340455ABB6

Amount of Each Receipt this Period  
5000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Leonidas E. Plakas

Mailing Address 2550 Radford St NW

City State Zip Code  
Canton OH 44720-5889

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

Name of Employer Tzangas Plakas et al Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: A6050EAD383914196BA6

Amount of Each Receipt this Period  
500.00

Check

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. James D. Sinegal</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 4245 Hunts Pt Rd		Transaction ID: A14A6918013D443939C1	
City Hunts Point	State WA	Amount of Each Receipt this Period 5000.00	
Zip Code 98004-1107		Check	
FEC ID number of contributing federal political committee. C			
Name of Employer Costco	Occupation President/ceo		
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. John A. Meeks</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 5055 Godown Rd		Transaction ID: AEC590ED882CB4A48989	
City Columbus	State OH	Amount of Each Receipt this Period 1000.00	
Zip Code 43220-7213		Check	
FEC ID number of contributing federal political committee. C			
Name of Employer JM & Associates	Occupation President		
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. Janet Sinegal</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 999 Lake Dr		Transaction ID: A1F55565B06DD41C6868	
City Issaquah	State WA	Amount of Each Receipt this Period 5000.00	
Zip Code 98027-8990		Check	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Civic Leader		
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) ..... ▶	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 11 / 131
	<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)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Steven P. Okey</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address <b>337 3rd St NW</b>		<b>Transaction ID: AB032B629BDD340C494A</b>	
City <b>Canton</b>	State <b>OH</b>	Zip Code <b>44702-1711</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer <b>Okey Law Firm</b>	Occupation <b>Attorney</b>	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. Brian L. Zimmerman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address <b>236 3rd St NW Carnegie Building</b>		<b>Transaction ID: AA3D4395F54D94AEE823</b>	
City <b>Canton</b>	State <b>OH</b>	Zip Code <b>44702-1518</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer <b>Self Employed</b>	Occupation <b>Attorney</b>	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dimitrios Pousoulides</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address <b>931 N. Main Street Suite 201</b>		<b>Transaction ID: A7AADE4733C974080B2A</b>	
City <b>North Canton</b>	State <b>OH</b>	Zip Code <b>44720</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer <b>Information Requested</b>	Occupation <b>Attorney</b>	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) ..... ▶	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 12 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jack De Sario

Mailing Address 467 Dillon Cir NE

City Canton State OH Zip Code 44720-7864

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

Name of Employer D and R Consulting 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  
0 2 / 0 1 / 2 0 0 6

Transaction ID: AB22C57F5463F4423B56

Amount of Each Receipt this Period  
1000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
William Zavarello

Mailing Address 313 S. High St

City Akron State OH Zip Code 44308-1532

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: A26F5E4D706FE4FA1B8F

Amount of Each Receipt this Period  
500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mark D. Okey

Mailing Address 337 3rd St NW

City Canton State OH Zip Code 44702-1711

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

Name of Employer Okey Law Firm Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: A63574DA622674EB5801

Amount of Each Receipt this Period  
500.00

Check

<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 13 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Bradley H. Mindlin

Mailing Address 1640 S. Sepulveda Blvd Suite 218

City State Zip Code  
Los Angeles CA 90025-7535

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

Name of Employer Occupation  
Minslin Companies President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

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

Transaction ID: AEA433BE3A939442281C

Amount of Each Receipt this Period  
1000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Stephen D. Moses

Mailing Address 1007 N. Beverly Glen Blvd

City State Zip Code  
Los Angeles CA 90077-3119

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

Name of Employer Occupation  
Stephen Moses Interests Chairman/president

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

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

Transaction ID: A0090A85AAC9E43B3B76

Amount of Each Receipt this Period  
500.00

Check

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

Mailing Address 153 Ashdale Ave

City State Zip Code  
Los Angeles CA 90049-2402

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

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

Transaction ID: A674FC4E453A34B649E8

Amount of Each Receipt this Period  
1000.00

Check

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 131
	<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)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Bain J. Farris		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 1897 Granger Ave		<b>Transaction ID:</b> A9095E3D9E2674CE8980	
City State Zip Code Los Altos CA 94024-6716	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Daughters of Charity Health Sy	Occupation President/ceo		
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) R. Browne Greene		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 100 Wilshire Blvd Suite 2100		<b>Transaction ID:</b> A1567945C88244AE4BB2	
City State Zip Code Santa Monica CA 90401-1162	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Greene Broillet Wheeler LLP	Occupation Attorney		
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) Jane Petty		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 21650 Oxnard St Suite 1925		<b>Transaction ID:</b> A3FA985010845495B91F	
City State Zip Code Woodland Hills CA 91367-7888	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Boulevard Management	Occupation Management Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	12500.00
<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 15 / 131
	<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)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Gerald T. Kozai		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 4160 Regal Oak Dr		<b>Transaction ID:</b> AE13954D99B254A8D9D6
City State Zip Code Encino CA 91436-3433	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check
Name of Employer St. Francis Medical Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) James C. Gross		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 1312 Torrey St		<b>Transaction ID:</b> A8012B3F887404B4FA6E
City State Zip Code Davis CA 95616-5062	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check
Name of Employer Information Requested	Occupation Unknown	
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) Jeffrey S. Burum		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 10621 Civic Center Dr		<b>Transaction ID:</b> A23BB6ADFADC249699F0
City State Zip Code Rancho Cucamonga CA 91730-3804	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check
Name of Employer Jeffrey S. Burum Enterprises	Occupation Owner	
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) ..... ▶	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 16 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Woodrow A. Myers, Jr.		Date of Receipt MM / DD / YYYY 02 / 04 / 2006
Mailing Address 4881 Via Andrea		Transaction ID: A557852F8E0DB4AEEADA
City Newbury Park	State Zip Code CA 91320-6810	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Self Employed	Occupation Physician	Check
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> Bruce A. Broillet		Date of Receipt MM / DD / YYYY 02 / 08 / 2006
Mailing Address 773 Stradella Rd		Transaction ID: AF2D69720367C4AC5A05
City Los Angeles	State Zip Code CA 90077-3307	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self Employed	Occupation Attorney	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Sallie Shuping Russell		Date of Receipt MM / DD / YYYY 02 / 08 / 2006
Mailing Address 507 E. Rosemary St		Transaction ID: A89E9703A7F90410F8E8
City Chapel Hill	State Zip Code NC 27514-3714	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Quellos Private Capital	Occupation Investment Banker	Check
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) .....	▶	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 17 / 131
	<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)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Christine Spagnoli

Mailing Address 1303 Hill St

City State Zip Code  
**Santa Monica CA 90405-4723**

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

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

**Transaction ID: AB0A669C4442341CFB69**

Amount of Each Receipt this Period  
1500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Robert H. Curry

Mailing Address 1474 Valcartier St

City State Zip Code  
**Sunnyvale CA 94087-4448**

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

Name of Employer Occupation  
OConner Hospital President/ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

**Transaction ID: A594246F1981A45C49EB**

Amount of Each Receipt this Period  
2500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Glenn W. Sturm

Mailing Address 4549 Harris Trl NW

City State Zip Code  
**Atlanta GA 30327-3823**

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

Name of Employer Occupation  
Nelson Mullins Riley et al Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID: A4E32080B23C744E1A21**

Amount of Each Receipt this Period  
5000.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 131
	<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Brittney L. Tribble		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 3262 Westheimer Rd Apt 412		<b>Transaction ID:</b> AE12C6201E0B94F49A2A
City State Zip Code Houston TX 77098-1002	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Maxbowl Centers Occupation Owner	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) A.S. Moosa		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 5067 Los Feliz Blvd		<b>Transaction ID:</b> A8C11B73DD8724BC2B35
City State Zip Code Los Angeles CA 90027-1766	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self Employed Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Adam Venit		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 2505 Summitridge Dr		<b>Transaction ID:</b> A7EAB54C7C42F4C1FBDC
City State Zip Code Beverly Hills CA 90210-1531	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Endeavor Agency, LLC Occupation Literary Agent	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 19 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) A. Trina Venit		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 2505 Summitridge Dr		Transaction ID: A8050F58732DF45068AE
City Beverly Hills	State CA	Zip Code 90210-1531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested	Occupation Homemaker	Check
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. Max L. Tribble		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 3262 Westheimer Rd Apt 412		Transaction ID: ACF431C8678D240FE999
City Houston	State TX	Zip Code 77098-1002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested Susman Godfrey LLP	Occupation Attorney	Check
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) C. Bruce Petersen		Date of Receipt MM / DD / YYYY 02 / 15 / 2006
Mailing Address Rt 3, Box 781		Transaction ID: A5263010D175A45F98BE
City Fayetteville	State WV	Zip Code 25840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Credit Card
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) .....	▶	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 20 / 131
	<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)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Claire Silberman

Mailing Address 28 old fulton st 1J

City State Zip Code  
brooklyn NY 11201

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

Name of Employer nonpracticing lawyer; mom Occupation law

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID: A514B6C33D04C4F98A6C**

Amount of Each Receipt this Period  
1000.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Christine J. Schulman

Mailing Address 3519 Culver Drive, NW

City State Zip Code  
Canton OH 44709-2752

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

Name of Employer ACS, Ltd. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID: A27760026C7E34B46A72**

Amount of Each Receipt this Period  
5000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Allen Schulman, Jr.

Mailing Address 3519 Culver Drive, NW

City State Zip Code  
Canton OH 44709-2752

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

Name of Employer Allen Schulman & Associates Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID: AAA7C13BD478748F1B26**

Amount of Each Receipt this Period  
5000.00

Check

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Alan Hoffman

Mailing Address 6324 Waggoner Dr

City State Zip Code  
Dallas TX 75230-4016

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

Name of Employer Self Employed Occupation  
Self Employed Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: A45FBA4904A2C4ADCAED

Amount of Each Receipt this Period  
5000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Jaime E. Fraser

Mailing Address 6324 Waggoner Dr

City State Zip Code  
Dallas TX 75230-4016

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

Name of Employer Self Employed Occupation  
Self Employed Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: AC608B1D194F341EDB69

Amount of Each Receipt this Period  
5000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Charles S. Paul

Mailing Address 1003 Wallace Ridge

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer IFilm Occupation  
IFilm CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: A3D980D42148848B8AB0

Amount of Each Receipt this Period  
5000.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 131
	<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)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Gary Steelman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 105 Lyndhurst Ave		<b>Transaction ID: ABDB5FB5B7A124011983</b>	
City <b>Wilmington</b>	State <b>DE</b>	Zip Code <b>19803-2343</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Information Requested Receipt For:	Occupation <b>Retired</b>	Aggregate Year-to-Date ▼ 300.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Anthony Gair</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 80 Pine St		<b>Transaction ID: A22D8F7B5739C4A3B916</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10005-1701</b>	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Gair, Gair, Conason, Steigman et	Occupation <b>Attorney</b>	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Philip Lasher</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address CMR 421 Box 688		<b>Transaction ID: AC7345A475D3B4FFC88F</b>	
City <b>APO, AE</b>	State <b>NY</b>	Zip Code <b>09075</b>	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Viacore, Inc.	Occupation <b>Attorney / executive</b>	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5400.00
<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 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Philip Lasher

Mailing Address CMR 421 Box 688

City State Zip Code  
APO, AE NY 09075

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

Name of Employer Occupation  
Viacore, Inc. Attorney / executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

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

Transaction ID: A34B85EF7AF0048F9ACC

Amount of Each Receipt this Period  
100.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
John Davis Lee

Mailing Address 422 South Gay St Suite 301

City State Zip Code  
Knoxville TN 37902

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

Name of Employer Occupation  
Lee, Lee & Lee Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: A22310E1C08A34413978

Amount of Each Receipt this Period  
1000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Brodkey Kaufman

Mailing Address 1820 Bidwell Way

City State Zip Code  
Sacramento CA 95818

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: A4F1A5C9B9DA24C59854

Amount of Each Receipt this Period  
500.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<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 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Tashery Otway-Smithers

Mailing Address 1031 Albee Farm Rd

City State Zip Code  
Venice FL 34285-6283

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

Name of Employer Self Employed Occupation  
Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2006

Transaction ID: A7D1E0DD1783441EDB9D

Amount of Each Receipt this Period  
250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
David R. Leeds

Mailing Address 69 Putnam Rd

City State Zip Code  
Chilmark MA 02535-1954

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

Name of Employer Self Employed Occupation  
Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2006

Transaction ID: A95D56CDDE4F14081B6D

Amount of Each Receipt this Period  
5000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Robert Grayson

Mailing Address 9045 Bay Dr

City State Zip Code  
Surfside FL 33154

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

Name of Employer Information Requested Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: A48856D101D5D40A48A4

Amount of Each Receipt this Period  
250.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 131
	<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)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Luann Cooley		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 144 Southern Magnolia Ln		<b>Transaction ID:</b> AA2AFC04C670249F2A0B	
City Rex State GA Zip Code 30273-1926	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card		
Name of Employer Georgia Perimeter College Occupation Instructor	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Janet Gari		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 205 W. 54th St		<b>Transaction ID:</b> A700B99F2342040C391A	
City New York State NY Zip Code 10019-5500	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card		
Name of Employer Information Requested Occupation Unknown	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Seta Albrecht		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 582 Haworth Avenue		<b>Transaction ID:</b> AE3BC32C539CC4883924	
City Haworth State NJ Zip Code 07641	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card		
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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 26 / 131
	<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Kathleen Washienko Mailing Address 3610 NE 42nd St City State Zip Code Seattle WA 98105 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID:</b> A3B208C90F1E94EDDB08 Amount of Each Receipt this Period 400.00 Credit Card
Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Joanne Love Mailing Address 1050 Balmoral Rd City State Zip Code Atlanta GA 30319 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID:</b> AA66442E7A9F14807ADD Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Roger Pardieck Mailing Address 4181 so. summit lane City State Zip Code columbus IN 47274 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID:</b> AE11D1ED7BA404F7C8D1 Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 / 131
	<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)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Clyde Christofferson Mailing Address 11291 Spyglass Cove Lane City Reston State VA Zip Code 20191-4518 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID: A22AFA837186C41ADA45</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Donna Wendt Mailing Address 2820 River Walk Pl. City E. Wenatchee State WA Zip Code 98802 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID: AAD238CC2E55748D0ACC</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Phyllis Stevens Mailing Address 4601 Pleasant St #353 City W Des Moines State IA Zip Code 50266 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID: AF0577881FC224AE4B26</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 131
	<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)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Judi Jacobs Mailing Address 356 North Cliffwood Ave City State Zip Code Los Angeles CA 90049 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID:</b> AC204F74F62C64E2CA51 Amount of Each Receipt this Period 500.00 Credit Card
Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Margaret Mathews Mailing Address 1 Irving Place, #U-24B City State Zip Code New York NY 10003 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID:</b> A52F8658061F347BE8C4 Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Larry Magee Mailing Address 728 Chenery Street Chenery Street City State Zip Code San Francisco CA 94131 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID:</b> A53BDD814A43D492D973 Amount of Each Receipt this Period 500.00 Credit Card
Name of Employer Information Requested Occupation Information Requested 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) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 131
	<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)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Jean Palmer</b>		Date of Receipt MM / DD / YYYY <b>03 / 03 / 2006</b>
Mailing Address <b>PO Box 218</b>		<b>Transaction ID: ABDCE3DE5FB0446EE823</b>
City <b>Lincoln</b>	State <b>MA</b>	Zip Code <b>01773-0218</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer Self Employed	Occupation <b>Editor</b>	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mary Jan Greene</b>		Date of Receipt MM / DD / YYYY <b>03 / 03 / 2006</b>
Mailing Address <b>304 Robert Road</b>		<b>Transaction ID: AD43245DEEA394DE3AF3</b>
City <b>Marlborough</b>	State <b>MA</b>	Zip Code <b>01752</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Information Requested	Occupation Information Requested	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Kate C. Nichols</b>		Date of Receipt MM / DD / YYYY <b>03 / 03 / 2006</b>
Mailing Address <b>1682 Oceanview Dr.</b>		<b>Transaction ID: A7B76FB54E00A43B0BDE</b>
City <b>Tierra Verde</b>	State <b>FL</b>	Zip Code <b>33715-1500</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer Information Requested	Occupation Information Requested	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1550.00</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 30 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Marylou Domino</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 143 Oakwood Road		<b>Transaction ID: AD1913230C4A449BE83D</b>
City Hopkins	State MN Zip Code 55343-8530	
Amount of Each Receipt this Period 300.00		Credit Card
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. William Hunt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 84 Judson St.		<b>Transaction ID: AB932AD7349914F00AB2</b>
City Canton	State NY Zip Code 13617	
Amount of Each Receipt this Period 300.00		Credit Card
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Huib Vriesendorp</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 6410 jeremy lane		<b>Transaction ID: AA4F8D3F1D4994A5CA30</b>
City Jamesville	State NY Zip Code 13078	
Amount of Each Receipt this Period 500.00		Credit Card
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Information Requested	Occupation Information Requested	
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) .....	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 131
	(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)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Tonya Urbatsch</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 3345 Pleasant Drive		<b>Transaction ID: A9BC1756AB34441EF990</b>	
City State Zip Code Bettendorf IA 52722	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Margo Lesser</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1044 N. Glenhurst Dr		<b>Transaction ID: AD292B38B795E44B296E</b>	
City State Zip Code Birmingham MI 48009-1111	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Unknown Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Ann Zinn</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 11451 Fairlane Dr.		<b>Transaction ID: A6F4057769C5C4038905</b>	
City State Zip Code South Lyon MI 48178-2993	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Information Requested Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<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 / 131
	<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)  
ONE AMERICA COMMITTEE

A. Full Name (Last, First, Middle Initial) Laura Helmer		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 8596 Drake Ct		Transaction ID: AE50353A33708468FAD4	
City Chanhassen	State MN	Amount of Each Receipt this Period 300.00	
Zip Code 55317		Credit Card	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Sandra Ogburn		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 9 Pinyon Place		Transaction ID: A90651E7430534DA4B20	
City Durham	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 27707		Credit Card	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Jitka West		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1622 S. Shore Dr.		Transaction ID: ABF6569DE46C346E1AFF	
City Park City	State UT	Amount of Each Receipt this Period 500.00	
Zip Code 84098		Credit Card	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) .....	1050.00
TOTAL This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Dana Shires</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 1029 Royal Pass Rd		<b>Transaction ID: A6A6EC45D1E4B4733951</b>
City Tampa	State FL	Zip Code 22602
Amount of Each Receipt this Period 1000.00		Credit Card
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Information Requested	Occupation Information Requested	
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. Brian Eisenstadt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 511 161st Ave E		<b>Transaction ID: A01E5B2CB8428426D843</b>
City Redington Beach	State FL	Zip Code 33708
Amount of Each Receipt this Period 1000.00		Credit Card
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Information Requested	Occupation Information Requested	
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. Russ Fincher</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 29 E. 6th St. #301		<b>Transaction ID: AE64615ACC9044D8D8C3</b>
City Holland	State MI	Zip Code 49423
Amount of Each Receipt this Period 300.00		Credit Card
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 131
	<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)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Katherine Ammon Mailing Address 1407 Richards Ave City <b>Watertown</b> State <b>WI</b> Zip Code <b>53094</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID: A74CAD926F95F49EBA16</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Cora Biernat Mailing Address 3839 Hart Blvd Apt. 313 City <b>columbia Heights</b> State <b>MN</b> Zip Code <b>55421-4141</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID: A42C556E6E51C4B398E7</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Sandra Parks-Trusz Mailing Address 619 Carolyn Rd City <b>Glen Burnie</b> State <b>MD</b> Zip Code <b>21061-4507</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID: AB9BF5AC6BDB645DBBD3</b> Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

<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 35 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Cheryl Berklich		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 13440 N. 44th Street # 1152		<b>Transaction ID:</b> A864666418FB74E5EA3D
City State Zip Code Phoenix AZ 85032	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Information Requested Occupation Information Requested	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jeanie Kilgour		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 6727 Woods Creek Dr.		<b>Transaction ID:</b> AED26324F40CF454C947
City State Zip Code Charlevoix MI 49727	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Information Requested Occupation Information Requested	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Teresa Weiner		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 235 Kennedy Pkwy		<b>Transaction ID:</b> ADB799782763048A8B30
City State Zip Code Iowa City IA 52246	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Information Requested Occupation Information Requested	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	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:	PAGE 36 / 131						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Nicholas Baldick</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 3207 Flushing Meadow Terrace		<b>Transaction ID: AF85E16682CBD4F0297A</b>	
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Information Requested Occupation Consultant	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. William Grolle</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1711 17th Court		<b>Transaction ID: A614C3C35D38F499A846</b>	
City State Zip Code Jupiter FL 33477-9023	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ann Scoffier</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 3111 Idaho Ave., NW		<b>Transaction ID: AA98DDED293744A6397A</b>	
City State Zip Code Washignton DC 20016	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Steven Copes</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1060 S. Howell St.		<b>Transaction ID: A39B87FD404B14058ACD</b>	
City State Zip Code Saint Paul MN 55116-2581	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Disabled Occupation Retired	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Todd Kummer</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 5319 Broadway		<b>Transaction ID: A062A3820613D4B1FB33</b>	
City State Zip Code Oakland CA 94618	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mary Brown</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 57 Arbor Ln		<b>Transaction ID: A2DCD817653574DDDD93A</b>	
City State Zip Code Hollis NH 03049-6277	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer DSQLC Occupation Retired	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 131
	<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)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Gina Defrank Mailing Address 200 WOODBURN RD City RALEIGH State NC Zip Code 27605 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID: A881E227A6CC342E8B5D</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Brenda Willett Mailing Address 117 Pine St City Nacogdoches State TX Zip Code 75965-2819 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID: ACFDC5FA414814C6DACB</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Unknown Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Eadie Churchill Mailing Address 2038 Wildwood Dr City Wilmington State DE Zip Code 19805-1061 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID: A6D12897EBA82444A80</b> Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Unknown Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 131
	<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)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Sharon Lawrence</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address <b>P.O. Box 74914</b>		<b>Transaction ID: A19D4D9866BCE4CB3B7B</b>
City <b>Los ANgeles</b>	State <b>CA</b>	Zip Code <b>90004</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested	Occupation Information Requested	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Naomi Schleper</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address <b>221 26th Ave</b>		<b>Transaction ID: A87441864CC824F61857</b>
City <b>Racine</b>	State <b>WI</b>	Zip Code <b>53403-9628</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested Unknown	Credit Card
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>C. Victoria Van Son</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address <b>115 D Street SE Apt 108</b>		<b>Transaction ID: AB77667E910564F9FBC5</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Credit Card
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) ..... ▶	800.00
<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 / 131
	<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)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Andrea Friedell</b>		Date of Receipt MM / DD / YYYY <b>03 / 03 / 2006</b>
Mailing Address <b>7911 Braesdale Lane</b>		<b>Transaction ID: A69F82155D23D48ADB34</b>
City <b>Houston</b>	State <b>TX</b>	Zip Code <b>77071</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Information Requested	Occupation Information Requested	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Ken Howell</b>		Date of Receipt MM / DD / YYYY <b>03 / 03 / 2006</b>
Mailing Address <b>276 Boothe Hill Rd</b>		<b>Transaction ID: A8A3ED839C89147F5910</b>
City <b>Chaple Hill</b>	State <b>NC</b>	Zip Code <b>27517</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Information Requested	Occupation Information Requested	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Marsha Guggenheim</b>		Date of Receipt MM / DD / YYYY <b>03 / 04 / 2006</b>
Mailing Address <b>141 alton avenue</b>		<b>Transaction ID: A83A6D351F2224305939</b>
City <b>san francisco</b>	State <b>CA</b>	Zip Code <b>94116-9411</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Information Requested	Occupation Information Requested	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</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 41 / 131
	<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)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Sloan Mailing Address 18620 N. Lowrie Lp. City State Zip Code <b>Eagle River AK 99577-9957</b>		Date of Receipt M M / D D / Y Y Y Y <b>03 04 2006</b> <b>Transaction ID: A98C9B5921D2340F8AE5</b> Amount of Each Receipt this Period <b>300.00</b> Credit Card
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ <b>300.00</b>	

<b>B.</b> Full Name (Last, First, Middle Initial) Kaola Phoenix Mailing Address 103 Longwood Dr. City State Zip Code <b>Chapel Hill NC 27514</b>		Date of Receipt M M / D D / Y Y Y Y <b>03 04 2006</b> <b>Transaction ID: A0CCC59155A4C457590E</b> Amount of Each Receipt this Period <b>250.00</b> Credit Card
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Bonhag Mailing Address 406 Monmouth Avenue City State Zip Code <b>Spring Lake NJ 07762-1131</b>		Date of Receipt M M / D D / Y Y Y Y <b>03 04 2006</b> <b>Transaction ID: A4FE64D3FEC0649F183B</b> Amount of Each Receipt this Period <b>300.00</b> Credit Card
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Financial Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Financial Advisor Aggregate Year-to-Date ▼ <b>300.00</b>	

<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:	PAGE 42 / 131
	(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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Phyllis Hutchins Mailing Address 1165 Lake Marie Road City State Zip Code Gallatin TN 37066 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006 <b>Transaction ID:</b> A1C78EC695D1843C4932 Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Jane Hanson Mailing Address 249 W. 29th St Apt 8s City State Zip Code New York NY 10001-5233 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006 <b>Transaction ID:</b> A58D2F8B767D041229FB Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Anne E. Swenson Mailing Address 6629 York St City State Zip Code Fort Worth TX 76132-3586 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006 <b>Transaction ID:</b> A71779F38E4E04CD3AFC Amount of Each Receipt this Period 600.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<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 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Eva Clayton

Mailing Address 177 Northside Drive

City littleton State NC Zip Code 27850

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

Name of Employer: FAO / UN Occupation: United Nations Professio

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 04 / 2006

Transaction ID: A8F8CDF0D3D224F77B9E

Amount of Each Receipt this Period: 300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Stuart Smits

Mailing Address 166 Mills Road

City Sacramento State CA Zip Code 95864

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

Name of Employer: Kaiser Permanente Occupation: Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 05 / 2006

Transaction ID: AD853419035614B02B29

Amount of Each Receipt this Period: 300.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Suzanne M. Horton

Mailing Address 26 Woodworth Dr

City Palm Coast State FL Zip Code 32164

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

Name of Employer: Information Requested Occupation: Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 05 / 2006

Transaction ID: A7B4EBA19F16A42C78B1

Amount of Each Receipt this Period: 500.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**TOTAL** 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 / 131
	<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)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Gerald Shuck Mailing Address PO Box 1051 City Londonderry State NH Zip Code 03053 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2006 <b>Transaction ID:</b> A1144D9F8AD9E41678C3 Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Margaret Taylor Kane Mailing Address 54 Lincoln st. City new haven State CT Zip Code 06511 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2006 <b>Transaction ID:</b> A2653C653FDE14181A1B Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mary Claire Kennedy Mailing Address 3227 Old French Road City Erie State PA Zip Code 16504-1166 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 <b>Transaction ID:</b> AD5FC2186CD2541BEA70 Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Karen Bohlander</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 27005 310th Place SE Po Box 507		<b>Transaction ID: A2C3A305C82BB4D81BCA</b>
City Ravensdale State WA Zip Code 98051	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Information Requested	Occupation Unknown	
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. Deborah Pfaff</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 409 Three Lakes Rd		<b>Transaction ID: A3D1EE84400874474B93</b>
City Barrington Hills State IL Zip Code 60010-4001	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Deborah Pfaff</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 409 Three Lakes Rd		<b>Transaction ID: A856AB4CBC64643D8937</b>
City Barrington Hills State IL Zip Code 60010-4001	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1450.00
<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 46 / 131
	<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Joslin		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 2431 West Lake Drive 27609		<b>Transaction ID:</b> A80A2E4CFBE21413E984
City Raleigh State NC Zip Code 27609-7656	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Not employed	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mary Joslin		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 2431 West Lake Drive 27609		<b>Transaction ID:</b> A4BFC84B965994D56B82
City Raleigh State NC Zip Code 27609-7656	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Not employed	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Rob Tully		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 4315 Greenwood Dr.		<b>Transaction ID:</b> A86EB5871AA3C412AA31
City Des Moines State IA Zip Code 50312	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<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 47 / 131
	<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Rob Tully Mailing Address 4315 Greenwood Dr. City State Zip Code Des Moines IA 50312 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 <b>Transaction ID:</b> A798F6954EB3640BC99C Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 600.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mclaire Kennedy Mailing Address 3227 Old French Road City State Zip Code Erie PA 16504-1166 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 <b>Transaction ID:</b> AD2AE6CA66E834440B47 Amount of Each Receipt this Period 300.00 Credit Card
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) James C. Barrett Mailing Address 231 Forbush Mtn Dr 2 City State Zip Code Chapel Hill NC 27514 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 <b>Transaction ID:</b> A4E8F47A4B4454114A09 Amount of Each Receipt this Period 300.00 Check
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<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 48 / 131
	<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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Judith Barnet

Mailing Address 45 West Woods

City Yarmouth Porft State MA Zip Code 02675

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2006

Transaction ID: AE3EBD448F3A247DD831

Amount of Each Receipt this Period  
300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Judith Barnet

Mailing Address 45 West Woods

City Yarmouth Porft State MA Zip Code 02675

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2006

Transaction ID: AAB2C0226267E4044898

Amount of Each Receipt this Period  
300.00

Credit Card

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

Mailing Address 16146 Bristol Pointe Drive

City Delray Beach State FL Zip Code 33446

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

Name of Employer Information Requested Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2006

Transaction ID: A87B5B9F2120D468288B

Amount of Each Receipt this Period  
1000.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**TOTAL** 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 49 / 131
	<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)  
**ONE AMERICA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Russell Cook		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 4112 Sinclair Ave.		<b>Transaction ID:</b> A9A2E142389AB4A60815
City Austin	State TX	
Zip Code 78756	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John Dains		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 1209 Green Street #1		<b>Transaction ID:</b> A4F42FAF963F8402BB21
City San Francisco	State CA	
Zip Code 94109-1924	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Information Requested	Occupation Information Requested	
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) Bart Halloran		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 791 Prospect Ave, PHS		<b>Transaction ID:</b> A117386FC4702448089E
City West Hartford	State CT	
Zip Code 06105	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Information Requested	Occupation Information Requested	
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) .....	1000.00
<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 50 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Nancy Noyes		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 1625 Larimer St. 1401		<b>Transaction ID:</b> AEE3430A207C2460A8C3
City denver	State CO	Zip Code 80202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Consult	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Richard L. Klinkner		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 9504 Emory Grove Road		<b>Transaction ID:</b> AB9A35E0DCBCA49E0ACE
City Gaithersburg	State MD	Zip Code 20877
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Information Requested	Occupation Retired	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Eileen Heaser		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 449 San Miguel Way		<b>Transaction ID:</b> A0DDE06137EA44F0BAA2
City Sacramento	State CA	Zip Code 95819-2717
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Credit Card
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) ..... ▶	1150.00
<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 51 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Debbie Branscum</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 1301 Donna Lane		<b>Transaction ID: AA519A144A5D5498F9B8</b>	
City State Zip Code Bedford TX 76022-6713	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Heidi Salter</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 7655 S. Huron River Dr. FERRIS & SALTER PC		<b>Transaction ID: AE0BB8F11E9484C15B1B</b>	
City State Zip Code Ypsilanti MI 48197	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Ferris & Salter Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Janice Pennington</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 1199 Pacific Hwy Unit 1606		<b>Transaction ID: AF64AE2FBEA304640863</b>	
City State Zip Code San Diego CA 92101-8419	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Kaeske Law Firm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 300.00		

<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 52 / 131
	<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)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Donna Ellis</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 17661 Peak Ave.		<b>Transaction ID: A6DB4107E60444B60AFF</b>
City State Zip Code <b>Morgan Hill CA 95037-4126</b>	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Pincus</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 3149 Newark Street, NW		<b>Transaction ID: A48AE352631E04CCBA59</b>
City State Zip Code <b>Washington DC 20008</b>	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Saundra Daddio</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 150 Dogwood Dr		<b>Transaction ID: ADBF1C8E07D4B4A49937</b>
City State Zip Code <b>Weaverville NC 28787</b>	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1900.00
<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 53 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Bruce Petersen		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address Rt 3, Box 781		<b>Transaction ID:</b> AD7D5A5DCA17B4F68A0D
City Fayetteville	State Zip Code WV 25840	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested	Occupation Information Requested	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jean Bromert		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 2036 352nd Place		<b>Transaction ID:</b> A27EE1992EC114080A97
City Earlham	State Zip Code IA 50072-8011	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested	Occupation Information Requested	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Barbara Micheletti		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 2954 Carambola Cir S		<b>Transaction ID:</b> ABA56C81B24294DEC92E
City Coconut Creek	State Zip Code FL 33066	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested	Occupation Information Requested	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	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 54 / 131
	<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)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Cynthia Hoffman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address <b>1014 S. Lincoln Street</b>		<b>Transaction ID: A53D1BBA2B471478D9BD</b>	
City <b>Bloomington</b>	State <b>IN</b>	Zip Code <b>47401</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Information Requested	Occupation Information Requested	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) <b>B. Philip Lasher</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address <b>CMR 421 Box 688</b>		<b>Transaction ID: AD0BB0475A3BE4DC6B72</b>	
City <b>APO, AE</b>	State <b>NY</b>	Zip Code <b>09075</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Information Requested <b>Viacore, Inc.</b>	Occupation Information Requested <b>Attorney / executive</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 700.00			

Full Name (Last, First, Middle Initial) <b>C. Neil Duncliff</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address <b>107 North hamilton</b>		<b>Transaction ID: A927FE15FF04B449FB5F</b>	
City <b>georgetown,</b>	State <b>KY</b>	Zip Code <b>40324</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Information Requested	Occupation Information Requested	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	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 55 / 131
	<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)  
**ONE AMERICA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Tashery Otway-Smithers</b>		Date of Receipt M M / D D / Y Y Y Y <b>03 / 08 / 2006</b>
Mailing Address <b>1031 Albee Farm Rd</b>		<b>Transaction ID: AD2E99090F17949CE9D2</b>
City <b>Venice</b>	State <b>FL</b>	Zip Code <b>34285-6283</b>
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>300.00</b>
Name of Employer Self Employed	Occupation <b>Farmer</b>	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>550.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Adam Broome</b>		Date of Receipt M M / D D / Y Y Y Y <b>03 / 08 / 2006</b>
Mailing Address <b>117 Chimeneas Place</b>		<b>Transaction ID: AE5E3FFAE7F684923B20</b>
City <b>Chapel Hill</b>	State <b>NC</b>	Zip Code <b>27517</b>
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>500.00</b>
Name of Employer Information Requested	Occupation <b>Information Requested</b>	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Elinore Peters</b>		Date of Receipt M M / D D / Y Y Y Y <b>03 / 09 / 2006</b>
Mailing Address <b>1731 Homestead Rd.</b>		<b>Transaction ID: A8836E56018DB41058DB</b>
City <b>Santa Clara</b>	State <b>CA</b>	Zip Code <b>95050</b>
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>300.00</b>
Name of Employer Information Requested	Occupation <b>Information Requested</b>	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</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 56 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Vicki Ross</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 617 bowden road		<b>Transaction ID: A755838F018194A71837</b>	
City State Zip Code chapel hill NC 27516	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Sheila A. Smith</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006	
Mailing Address 2800 N. Lake Shore Dr Apt 4107		<b>Transaction ID: A1AAF7784A2C24BC2A73</b>	
City State Zip Code Chicago IL 60657-6256	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Information Requested Occupation Information Requested ARC Global Technologies Inc   Unknown	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Philip Lasher</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address CMR 421 Box 688		<b>Transaction ID: ADEEBDCE432FA4257984</b>	
City State Zip Code APO, AE NY 09075	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Information Requested Occupation Information Requested Viacore, Inc.   Attorney / executive	Aggregate Year-to-Date ▼ 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<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: <span style="float: right;">PAGE 57 / 131</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Cameron McCrady

Mailing Address 128 Noriega St.

City State Zip Code  
**San Francisco CA 94122-4717**

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 16 / 2006**

**Transaction ID: A245A48D0F66540A4A98**

Amount of Each Receipt this Period  
**500.00**

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Cori Glaser

Mailing Address 2033 1st Avenue #1

City State Zip Code  
**Seattle WA 98121**

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 16 / 2006**

**Transaction ID: A5AE8ED3801D1459D951**

Amount of Each Receipt this Period  
**5000.00**

Check

**C.** Full Name (Last, First, Middle Initial)  
Robert D. Glaser

Mailing Address 2033 First Avenue #1

City State Zip Code  
**Seattle WA 98121**

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

Name of Employer Information Requested Occupation Information Requested  
**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  
**03 / 16 / 2006**

**Transaction ID: A885B52131EF14222806**

Amount of Each Receipt this Period  
**5000.00**

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10500.00</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 58 / 131
	<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)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Richard L. Klinkner

Mailing Address 9504 Emory Grove Road

City Gaithersburg State MD Zip Code 20877

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

Name of Employer Information Requested Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

Transaction ID: A389A3BFF6E5545BD906

Amount of Each Receipt this Period  
600.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Caroline Buerkle

Mailing Address 6701 Los Trechos Court, NE

City Albuquerque State NM Zip Code 87109-2768

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

Transaction ID: A16A0E17A62F44E42ACF

Amount of Each Receipt this Period  
300.00

Check

**C.** Full Name (Last, First, Middle Initial)  
John J.B. Miller

Mailing Address 1300 Barbara Ann St

City Kerrville State TX Zip Code 78028-3413

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

Transaction ID: A760CEF7DA3FB4B9BAF7

Amount of Each Receipt this Period  
150.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</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 59 / 131
	<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)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Tashery Otway-Smithers

Mailing Address 1031 Albee Farm Rd

City State Zip Code  
Venice FL 34285-6283

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1550.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

**Transaction ID:** AAE6967ED9F9B4D92A0E

Amount of Each Receipt this Period  
1000.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Kathryn S. Peck-Leeds

Mailing Address 69 Putnam Road

City State Zip Code  
Chilmark MA 02535

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

Name of Employer Occupation  
Information Requested Artist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

**Transaction ID:** A0785F476EED44C31873

Amount of Each Receipt this Period  
2500.00

Check

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

Mailing Address 105 Lyndhurst Ave

City State Zip Code  
Wilmington DE 19803-2343

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

Name of Employer Occupation  
Information Requested Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2006

**Transaction ID:** A7689E1BB30834FE2896

Amount of Each Receipt this Period  
300.00

Credit Card

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 131
	<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Stephen Courtney		Date of Receipt MM / DD / YYYY 03 / 21 / 2006
Mailing Address 25838 Sarah Springs Ct		Transaction ID: A4E58A9F16A06413493E
City Spring	State TX	
Zip Code 77373	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Credit Card
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.</b> Tony Duncan		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 308 Normandy Circle		Transaction ID: A5995AA9DDC28474389D
City Nashville	State TN	
Zip Code 37209	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Attorney	Credit Card
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.</b> Justin Nelson		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 6015 Phinney Avenue #424		Transaction ID: A8F0BAA8F38C04B3F9A5
City Seattle	State WA	
Zip Code 98103	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2000.00
Name of Employer Information Requested	Occupation Attorney	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<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 61 / 131
	(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)  
**ONE AMERICA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Gary Steelman

Mailing Address 105 Lyndhurst Ave

City State Zip Code  
Wilmington DE 19803-2343

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

Name of Employer Information Requested Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2006

**Transaction ID:** AFB5BF7362A1D489AB62

Amount of Each Receipt this Period  
300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
J. Chase Cole

Mailing Address 511 Union Street Suite 2100

City State Zip Code  
Nashville TN 37219

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2006

**Transaction ID:** A5AE12AFF99484A4E834

Amount of Each Receipt this Period  
1000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Tom Lee

Mailing Address 2532 Blair Blvd

City State Zip Code  
Nashville TN 37212-4808

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

Name of Employer Waller Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2006

**Transaction ID:** A8E2C088CE34F41A08BD

Amount of Each Receipt this Period  
4000.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5300.00</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 62 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jonathan Cohen

Mailing Address 6020 California Cir Apt 215

City State Zip Code  
Rockville MD 20852-4843

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

Name of Employer Self Employed Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2006

**Transaction ID:** A51ACD3B673AC45DBBA2

Amount of Each Receipt this Period  
50.00

Check

**B.** Full Name (Last, First, Middle Initial)  
James Katz

Mailing Address 16 Shepard Street, Apt 3

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

**Transaction ID:** A1B64F33F42FA40EC89C

Amount of Each Receipt this Period  
500.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	21550.00

# 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 63 / 131

<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)  
ONE AMERICA COMMITTEE

<b>A. Keller and Heckman, LLP</b> Full Name (Last, First, Middle Initial) Mailing Address 1001 G St NW City Washington State DC Zip Code 20001-4545 Purpose of Disbursement 001 Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> BBC97B11ACC8742CCB4A <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 3907.75 Category/Type
--	--	--

<b>B. Linemark Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 1220 Caraway Ct Ste 1040 City Upper Marlboro State MD Zip Code 20774-5338 Purpose of Disbursement 001 Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B0CC9D499B21E4988877 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 2821.00 Category/Type
---	--	--

<b>C. CareFirst BlueCross BlueShield</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 79749 City Baltimore State MD Zip Code 21279-0749 Purpose of Disbursement 001 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:</b> BE1744F0B3700410EB0C <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 2511.00 Category/Type
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9239.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 64 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kathleen McGlynn</b>		Transaction ID: B23B047D34599448AAAA Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1301 U St NW # 704		Amount of Each Disbursement this Period 1163.03
City Washington State DC Zip Code 20009-4444	Purpose of Disbursement 001 Salary	
Candidate Name		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. Jennifer A. Lee</b>		Transaction ID: BFBF50EB23BA7470EA7C Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 728.58
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement 001 Salary	
Candidate Name		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. Layth S. Elhassani</b>		Transaction ID: BB9611C36244D4EA7900 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 4451 Greenwich Pkwy NW		Amount of Each Disbursement this Period 747.71
City Washington State DC Zip Code 20007-2010	Purpose of Disbursement 001 Salary	
Candidate Name		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) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2639.32**

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



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		<b>Transaction ID:</b> B8BDA735AC3DF4E8EBDB <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 7037.06
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Taxes 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. John K. Davis</b>		<b>Transaction ID:</b> B8149F8A7D6B0432AAA4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 1351.91
City Washington State DC Zip Code 20002-8618	Purpose of Disbursement 001 Salary 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>C. David S. Medina</b>		<b>Transaction ID:</b> B6AC806D3E687436098B <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1440 Church St NW Apt 104		Amount of Each Disbursement this Period 2573.59
City Washington State DC Zip Code 20005-1912	Purpose of Disbursement 001 Salary 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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **10962.56**

**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 66 / 131

<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Kenisha A. Smith		<b>Transaction ID:</b> BCD3035E2C76941A48FA <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 5323 Connecticut Ave NW Apt 405		Amount of Each Disbursement this Period 1097.92
City Washington State DC Zip Code 20015-1823		
Purpose of Disbursement 001 Salary	Candidate Name	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>B.</b> Full Name (Last, First, Middle Initial) American Express		<b>Transaction ID:</b> BE30731FDE8014E48B68 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 400.97
City Phoenix State AZ Zip Code 85072-3852		
Purpose of Disbursement Merchant Bank Fees	Candidate Name	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>C.</b> Full Name (Last, First, Middle Initial) Giancarlo A. Messina		<b>Transaction ID:</b> B1FDFF69418704172AD6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 278.47
City Washington State DC Zip Code 20001-4214		
Purpose of Disbursement 001 Salary	Candidate Name	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) ▼	

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

1777.36

**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 67 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kimberly A. Rubey</b>		<b>Transaction ID:</b> B2F0C33E4191547D2941 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 2336.83
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 001 Salary Candidate Name 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. Angela L. Siecker</b>		<b>Transaction ID:</b> B394E76F41E364BCBAC3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.40
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement 001 Salary Candidate Name 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. Alicia J. Brown</b>		<b>Transaction ID:</b> B0EF588E4A3C246F6A43 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 835.64
City Washington State DC Zip Code 20009	Purpose of Disbursement 001 Salary Candidate Name 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) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4950.87**

**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 68 / 131

<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Katherine M. Buchanan		<b>Transaction ID:</b> B0854CDA683B2403885C <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 102 Lake Cook Drive		<b>Amount of Each Disbursement this Period</b> 2000.00
City Alexandria State VA Zip Code 22304	Purpose of Disbursement 001 Salary Candidate Name 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>B.</b> Full Name (Last, First, Middle Initial) ADP		<b>Transaction ID:</b> B7D304BE557424E68AF8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 1125 Virginia Drive		<b>Amount of Each Disbursement this Period</b> 57.00
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Service Charge Candidate Name 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>C.</b> Full Name (Last, First, Middle Initial) Verizon		<b>Transaction ID:</b> B69EF742E345F4A30931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 3011 Hungary Spring Road 4th Floor		<b>Amount of Each Disbursement this Period</b> 111.95
City Richmond State VA Zip Code 23228	Purpose of Disbursement 001 Telephone Candidate Name 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) ▼	

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

2168.95

**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 69 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Matthew Lawrence Nelson</b>		<b>Transaction ID:</b> B5D823F34819D4882ABF Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 6006 Stoddard Ct Apt P1 Apartment P-1		Amount of Each Disbursement this Period 268.67
City Alexandria State VA Zip Code 22315-5603		
Purpose of Disbursement 001 Computer Supplies Reimb.		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		<b>Transaction ID:</b> B6CD63126985D4E41AD0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 64.30
City Fort Washington State PA Zip Code 19034		
Purpose of Disbursement 001 Payroll Service Charge		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kimberly A. Rubey</b>		<b>Transaction ID:</b> BD0678A6214844BFD90F Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 145.83
City Washington State DC Zip Code 20036-2214		
Purpose of Disbursement 001 Telephone Reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **478.80**

**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 70 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kimberly A. Rubey</b>		<b>Transaction ID:</b> BEEBAD837EEF54603B20 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 25.36
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 002 Travel/Lodging Reimbursement Candidate Name 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. John K. Davis</b>		<b>Transaction ID:</b> BEF47FA9E64A6442CB07 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 139.08
City Washington State DC Zip Code 20002-8618	Purpose of Disbursement 002 Travel/Lodging Reimbursement Candidate Name 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. Andrew R. Solari</b>		<b>Transaction ID:</b> B85640B6B7DBE4FDDB99 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 2550 University PI NW		Amount of Each Disbursement this Period 124.03
City Washington State DC Zip Code 20009-4509	Purpose of Disbursement 001 Salary Candidate Name 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) ..... ▶	288.47
<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. David S. Medina</b>		<b>Transaction ID:</b> BC440E98DEBC740E5837 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1440 Church St NW Apt 104		Amount of Each Disbursement this Period 2573.58
City Washington State DC Zip Code 20005-1912	Purpose of Disbursement 001 Salary Candidate Name 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. John K. Davis</b>		<b>Transaction ID:</b> BE97EFBC408134F8691C Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 1351.92
City Washington State DC Zip Code 20002-8618	Purpose of Disbursement 001 Salary Candidate Name 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. Wachovia Bank</b>		<b>Transaction ID:</b> BE5F4EB8B4E724C3DB95 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 111.60
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Bank Fees Candidate Name 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) ..... ▶	4037.10
<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank</b>		<b>Transaction ID:</b> B2A848A2E57804512934
Mailing Address P.O. Box 563966		Date of Disbursement MM / DD / YYYY 01 / 31 / 2006
City Charlotte	State NC	Zip Code 28256-3966
Purpose of Disbursement Merchant Bank Fees	Amount of Each Disbursement this Period 366.97	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kimberly A. Rubey</b>		<b>Transaction ID:</b> B4BE13111C06144C4B42
Mailing Address 1 Scott Cir NW # 421		Date of Disbursement MM / DD / YYYY 01 / 31 / 2006
City Washington	State DC	Zip Code 20036-2214
Purpose of Disbursement 001 Salary	Amount of Each Disbursement this Period 2336.83	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Angela L. Siecker</b>		<b>Transaction ID:</b> BEEB48AE4645F4E199FF
Mailing Address 18 Indian Rock Rd		Date of Disbursement MM / DD / YYYY 01 / 31 / 2006
City Nashua	State NH	Zip Code 03063-1308
Purpose of Disbursement 001 Salary	Amount of Each Disbursement this Period 1778.39	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

4482.19

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Kenisha A. Smith		<b>Transaction ID:</b> BEE4716877C5E4AD9874 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 5323 Connecticut Ave NW Apt 405		Amount of Each Disbursement this Period 1097.92
City Washington State DC Zip Code 20015-1823	Purpose of Disbursement 001 Salary Candidate Name 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>B.</b> Full Name (Last, First, Middle Initial) Giancarlo A. Messina		<b>Transaction ID:</b> B61BAF9E03E8947879E1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 278.47
City Washington State DC Zip Code 20001-4214	Purpose of Disbursement 001 Salary Candidate Name 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>C.</b> Full Name (Last, First, Middle Initial) American Express		<b>Transaction ID:</b> B8FE5E7163F974D3AA62 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Bank Fees Candidate Name 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) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1380.89**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kathleen McGlynn</b>		<b>Transaction ID:</b> B057F2072F5EF49CD88C Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1301 U St NW # 704		Amount of Each Disbursement this Period 1163.03
City Washington State DC Zip Code 20009-4444	Purpose of Disbursement 001 Salary	
Candidate Name		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. Joshua Brumberger</b>		<b>Transaction ID:</b> BF4022C32D5FE4329ABE Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 244 E 86th St Apt 33		Amount of Each Disbursement this Period 2700.00
City New York State NY Zip Code 10028-3007	Purpose of Disbursement 003 Fundraising Consulting Fee	
Candidate Name		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. Matthew Lawrence Nelson</b>		<b>Transaction ID:</b> B5B09D3C15DAB431AABB Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 6006 Stoddard Ct Apt P1 Apartment P-1		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22315-5603	Purpose of Disbursement 001 Computer Consulting Services	
Candidate Name		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) ..... ▶	6863.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Jennifer A. Lee</b>		<b>Transaction ID:</b> BF60391BDCE564999A07 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 747.70
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement 001 Salary	
Candidate Name		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. ADP</b>		<b>Transaction ID:</b> B65DFCCCD761A4113A0C Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 7027.89
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Taxes	
Candidate Name		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. Alicia J. Brown</b>		<b>Transaction ID:</b> B2C305680B04C45D19B3 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 835.65
City Washington State DC Zip Code 20009	Purpose of Disbursement 001 Salary	
Candidate Name		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) ▼	

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

8611.24

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> BB5EDA294DC4345C395E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Bank 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

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank</b>		<b>Transaction ID:</b> B35F724982D7C47938A1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 217.36
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Merchant Bank 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

Full Name (Last, First, Middle Initial) <b>C. Wachovia Bank</b>		<b>Transaction ID:</b> B70619A1BA4864514A25 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 45.90
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Merchant Bank 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

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

267.76

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

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

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Chris Winn Consulting</b>		<b>Transaction ID:</b> B4E895B6C9DF9461EB94 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 664 E Prospect Avenue Apartment B		Amount of Each Disbursement this Period 2124.00
City State College State PA Zip Code 16801-4963	Purpose of Disbursement 001 Computer Consulting Services	
Candidate Name		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. Keller and Heckman, LLP</b>		<b>Transaction ID:</b> B4899EE1D75D8439392C Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 1001 G St NW		Amount of Each Disbursement this Period 3907.75
City Washington State DC Zip Code 20001-4545	Purpose of Disbursement 001 Rent	
Candidate Name		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. Verizon Wireless</b>		<b>Transaction ID:</b> B2926498BB97048F9A7E Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 358.96
City Saint Louis State MO Zip Code 63179-0406	Purpose of Disbursement 001 Telephone	
Candidate Name		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) ..... ▶	<b>6390.71</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> BF0FE5E8CD27645AC850 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 170.29
City Saint Louis State MO Zip Code 63179-0406	Purpose of Disbursement 001 Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Katherine M. Buchanan</b>		<b>Transaction ID:</b> BD110535FEB2349DD8E6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 102 Lake Cook Drive		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22304	Purpose of Disbursement 001 Salary 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>C. Anne H. Lewis</b>		<b>Transaction ID:</b> B95CD3FDFDC9C4B6E8FF <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 801 Pennsylvania Ave NW Ste 730		Amount of Each Disbursement this Period 8000.00
City Washington State DC Zip Code 20004-2687	Purpose of Disbursement 001 Internet Consulting 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

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

10170.29

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Getactive Software, Inc.</b>		<b>Transaction ID:</b> B4E2C3160C5FA4DE7B92 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 2855 Telegraph Avenue Suite 600		Amount of Each Disbursement this Period 3300.00
City Berkeley State CA Zip Code 94705		
Purpose of Disbursement 001 Website Support Candidate Name		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. Information Systems Professional</b>		<b>Transaction ID:</b> B3E58DA2C17284856A48 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 10400 Forestgrove Ln		Amount of Each Disbursement this Period 1770.00
City Bowie State MD Zip Code 20721-2826		
Purpose of Disbursement 001 Computer Services Candidate Name		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. Hinton Hill</b>		<b>Transaction ID:</b> BA0164EEDA56E4938A77 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 5111 Pegasus Ct Ste H		Amount of Each Disbursement this Period 14685.48
City Frederick State MD Zip Code 21704-8318		
Purpose of Disbursement 003 Direct Mail Candidate Name		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) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **19755.48**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank</b>		Transaction ID: B5B828C3CA00D44C293A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 108.74
City Charlotte State NC Zip Code 28256-3966	Purpose of Disbursement Merchant Bank 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

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: BDC9CAE03A80143B291A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 481.28
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Bank 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

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Transaction ID: B2ED407F886364FBBA6D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 652.18
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Taxes 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1242.20
<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 81 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Joseph Clarke</b>		<b>Transaction ID:</b> BD1D2CF8ABFA140EE989 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 2615 Maple Ave		Amount of Each Disbursement this Period 500.00
City Manhattan Beach State CA Zip Code 90266-2325	Purpose of Disbursement Consultant Fees/Internet 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. CareFirst BlueCross BlueShield</b>		<b>Transaction ID:</b> BDD614E373A524E1F865 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 2790.00
City Baltimore State MD Zip Code 21279-0749	Purpose of Disbursement 001 Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. David S. Medina</b>		<b>Transaction ID:</b> BBBC56D18DF68432788E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 1440 Church St NW Apt 104		Amount of Each Disbursement this Period 182.41
City Washington State DC Zip Code 20005-1912	Purpose of Disbursement 001 Telephone 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

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

**3472.41**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
David S. Medina **Transaction ID:** BB8A1B52DD0D9434FB82

Mailing Address 1440 Church St NW Apt 104

Date of Disbursement  
MM / DD / YYYY  
02 / 15 / 2006

City Washington State DC Zip Code 20005-1912

Amount of Each Disbursement this Period  
2573.59

Purpose of Disbursement  
001 Salary  
Candidate Name Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**B.** Full Name (Last, First, Middle Initial)  
Andrew R. Solari **Transaction ID:** B78E03E1BF02C490DB91

Mailing Address 2550 University PI NW

Date of Disbursement  
MM / DD / YYYY  
02 / 15 / 2006

City Washington State DC Zip Code 20009-4509

Amount of Each Disbursement this Period  
373.43

Purpose of Disbursement  
001 Salary  
Candidate Name Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**C.** Full Name (Last, First, Middle Initial)  
John K. Davis **Transaction ID:** B5A59B559D19A4F22B56

Mailing Address 1006 F St NE

Date of Disbursement  
MM / DD / YYYY  
02 / 15 / 2006

City Washington State DC Zip Code 20002-8618

Amount of Each Disbursement this Period  
1351.91

Purpose of Disbursement  
001 Salary  
Candidate Name Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... 4298.93

**TOTAL** This Period (last page this line number only) ..... 4298.93

# 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 83 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kimberly A. Rubey</b>		<b>Transaction ID:</b> BE3A2A03298C4425DA51 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 2336.83
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 001 Salary	
Candidate Name		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. Aristotle International, Inc.</b>		<b>Transaction ID:</b> BA1B8C40C1C42443A8D3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1586.25
City Washington State DC Zip Code 20003-1182	Purpose of Disbursement 001 Software Support	
Candidate Name		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. Alicia J. Brown</b>		<b>Transaction ID:</b> B3FE7472705F64977972 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 917.73
City Washington State DC Zip Code 20009	Purpose of Disbursement 001 Salary	
Candidate Name		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) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... **4840.81**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Angela L. Siecker</b>		<b>Transaction ID:</b> BF64FB6FB260F4E598B4 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.40
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement 001 Salary Candidate Name 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. Giancarlo A. Messina</b>		<b>Transaction ID:</b> BC23FCA1ECAE141F9B27 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 278.47
City Washington State DC Zip Code 20001-4214	Purpose of Disbursement 001 Salary Candidate Name 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. Lori Kay Krause</b>		<b>Transaction ID:</b> B75C01C7B74EC4570820 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 3912 4th St N # 4		Amount of Each Disbursement this Period 625.18
City Arlington State VA Zip Code 22203-3302	Purpose of Disbursement 001 Salary Candidate Name 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) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2682.05**

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kenisha A. Smith</b>		<b>Transaction ID:</b> B2A56514EDB1A467194B Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 5323 Connecticut Ave NW Apt 405		Amount of Each Disbursement this Period 1097.91
City Washington State DC Zip Code 20015-1823	Purpose of Disbursement 001 Salary	
Candidate Name		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. Peter J. Eskra</b>		<b>Transaction ID:</b> B280E61789711496B9D9 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 3813 Veazey St NW		Amount of Each Disbursement this Period 768.48
City Washington State DC Zip Code 20016-2230	Purpose of Disbursement 001 Salary	
Candidate Name		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. ADP</b>		<b>Transaction ID:</b> B5AC87C29B175477E994 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 7166.92
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Taxes	
Candidate Name		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) ..... ▶	9033.31
<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 86 / 131

<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)  
ONE AMERICA COMMITTEE

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1125 Virginia Drive City Fort Washington State PA Zip Code 19034 Purpose of Disbursement 001 Payroll Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> BC1C725445E8B4340B5E <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 64.30 Category/Type
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<b>B. Layth S. Elhassani</b> Full Name (Last, First, Middle Initial) Mailing Address 4451 Greenwich Pkwy NW City Washington State DC Zip Code 20007-2010 Purpose of Disbursement 001 Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B2DBBCA5229E44E889D8 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 747.71 Category/Type
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<b>C. Kathleen McGlynn</b> Full Name (Last, First, Middle Initial) Mailing Address 1301 U St NW # 704 City Washington State DC Zip Code 20009-4444 Purpose of Disbursement 001 Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B6B594685E3974337AAA <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 94.88 Category/Type
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

906.89

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Jennifer A. Lee		<b>Transaction ID:</b> B53F9AEF1800749D9B7E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 841.44
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement 001 Salary Candidate Name 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>B.</b> Full Name (Last, First, Middle Initial) Joshua Brumberger		<b>Transaction ID:</b> BF8919F42527C44D3AE2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 244 E 86th St Apt 33		Amount of Each Disbursement this Period 489.41
City New York State NY Zip Code 10028-3007	Purpose of Disbursement 002 Travel/Lodging Reimbursement Candidate Name 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>C.</b> Full Name (Last, First, Middle Initial) Getactive Software, Inc.		<b>Transaction ID:</b> B5557BEB194164AFA962 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 2855 Telegraph Avenue Suite 600		Amount of Each Disbursement this Period 3300.00
City Berkeley State CA Zip Code 94705	Purpose of Disbursement 001 Website Support Candidate Name 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) ▼	

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

4630.85

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Rackspace</b>		<b>Transaction ID:</b> BC8524BA7462E401F873
Mailing Address PO Box 671337		Date of Disbursement MM / DD / YYYY 02 / 17 / 2006
City Dallas	State TX	Amount of Each Disbursement this Period 2023.00
Zip Code 75367-1337		
Purpose of Disbursement 001 Web Hosting		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. Verizon</b>		<b>Transaction ID:</b> B4D47A711E27D4AD89CE
Mailing Address 3011 Hungary Spring Road 4th Floor		Date of Disbursement MM / DD / YYYY 02 / 17 / 2006
City Richmond	State VA	Amount of Each Disbursement this Period 113.35
Zip Code 23228		
Purpose of Disbursement 001 Telephone		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. Alicia J. Brown</b>		<b>Transaction ID:</b> B4473C977446B42BDACA
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Date of Disbursement MM / DD / YYYY 02 / 17 / 2006
City Washington	State DC	Amount of Each Disbursement this Period 522.06
Zip Code 20009		
Purpose of Disbursement 002 Travel/Lodging Reimbursement		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:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2658.41**

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kimberly A. Rubey</b>		<b>Transaction ID:</b> BE50A4649B18942089CC Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 222.03
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 002 Travel/Lodging Reimbursement Candidate Name 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. Direct Mail Processors, Inc.</b>		<b>Transaction ID:</b> BCFCF397970684ECFB71 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 1150 Conrad Ct		Amount of Each Disbursement this Period 384.98
City Hagerstown State MD Zip Code 21740-5905	Purpose of Disbursement 003 Direct Mail Processing Candidate Name 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. Shurgard</b>		<b>Transaction ID:</b> BF23E5ECCAC624CF685F Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 370 Holland Lane		Amount of Each Disbursement this Period 1704.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 001 Storage Unit Fee Candidate Name 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) ..... ▶	2311.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Angela L. Siecker</b>		Transaction ID: B66A40A2AC3B24CA1BD8 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1069.75	
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement 001 Telephone Reimbursement Candidate Name 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. ADP</b>		Transaction ID: B7DF78FF4363644DDA99 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 32.00	
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Fees Candidate Name 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. ADP</b>		Transaction ID: B0604EDC607E947E6899 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 67.70	
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement 001 Payroll Service Charge Candidate Name 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) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 1169.45

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADP</p>		<p><b>Transaction ID:</b> B9B86921680114548B62 <b>Date of Disbursement</b></p>	
<p>Mailing Address 1125 Virginia Drive</p>		<p><input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p>	
<p>City Fort Washington</p>	<p>State PA</p>	<p>Zip Code 19034</p>	<p><b>Amount of Each Disbursement this Period</b></p>
<p>Purpose of Disbursement 001 Payroll Taxes</p>		<p><input type="text"/></p>	<p><input type="text" value="7110.50"/></p>
<p>Candidate Name</p>		<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p><b>B.</b> Full Name (Last, First, Middle Initial) Layth S. Elhassani</p>		<p><b>Transaction ID:</b> BC3CCED84AF48485FA9D <b>Date of Disbursement</b></p>	
<p>Mailing Address 4451 Greenwich Pkwy NW</p>		<p><input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p>	
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20007-2010</p>	<p><b>Amount of Each Disbursement this Period</b></p>
<p>Purpose of Disbursement 001 Salary</p>		<p><input type="text"/></p>	<p><input type="text" value="747.71"/></p>
<p>Candidate Name</p>		<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p><b>C.</b> Full Name (Last, First, Middle Initial) Peter J. Eskra</p>		<p><b>Transaction ID:</b> BD6544C1A36C4468ABF7 <b>Date of Disbursement</b></p>	
<p>Mailing Address 3813 Veazey St NW</p>		<p><input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2006"/></p>	
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20016-2230</p>	<p><b>Amount of Each Disbursement this Period</b></p>
<p>Purpose of Disbursement 001 Salary</p>		<p><input type="text"/></p>	<p><input type="text" value="511.67"/></p>
<p>Candidate Name</p>		<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

<b>A. Jennifer A. Lee</b> Full Name (Last, First, Middle Initial) Mailing Address 3300 16th St NW City Washington State DC Zip Code 20010-2269 Purpose of Disbursement 001 Salary 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: B0034EDFF955B4E8DBEF</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 841.44 Category/Type
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<b>B. Matthew Lawrence Nelson</b> Full Name (Last, First, Middle Initial) Mailing Address 6006 Stoddard Ct Apt P1 Apartment P-1 City Alexandria State VA Zip Code 22315-5603 Purpose of Disbursement 001 Computer Consulting Services 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: B5258C75579154165884</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 3000.00 Category/Type
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<b>C. Joshua Brumberger</b> Full Name (Last, First, Middle Initial) Mailing Address 244 E 86th St Apt 33 City New York State NY Zip Code 10028-3007 Purpose of Disbursement 003 Fundraising Consulting Fee 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: BC9330AB2D2A3458DB0D</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 2700.00 Category/Type
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**SUBTOTAL** of Disbursements This Page (optional) ..... ► **6541.44**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Angela L. Siecker</b>		<b>Transaction ID:</b> B4507F04A6BE14A42B6A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.40
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement 001 Salary Candidate Name 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. Alicia J. Brown</b>		<b>Transaction ID:</b> B8BC39D43F070499FA5C Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 917.73
City Washington State DC Zip Code 20009	Purpose of Disbursement 001 Payroll Candidate Name 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. Kimberly A. Rubey</b>		<b>Transaction ID:</b> BCE297ABF39C54DC6B71 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 2336.83
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement 001 Salary Candidate Name 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) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **5032.96**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giancarlo A. Messina</b>		<b>Transaction ID:</b> B357BC77138EC4CE69BA Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 278.47
City Washington State DC Zip Code 20001-4214	Category/ Type	
Purpose of Disbursement 001 Salary		
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. Kenisha A. Smith</b>		<b>Transaction ID:</b> BB33D49FD578247BDB13 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 5323 Connecticut Ave NW Apt 405		Amount of Each Disbursement this Period 1097.92
City Washington State DC Zip Code 20015-1823	Category/ Type	
Purpose of Disbursement 001 Salary		
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. Lori Kay Krause</b>		<b>Transaction ID:</b> BDC8FBE79C3854177AAA Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 3912 4th St N # 4		Amount of Each Disbursement this Period 926.35
City Arlington State VA Zip Code 22203-3302	Category/ Type	
Purpose of Disbursement 001 Salary		
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) ..... ▶	<b>2302.74</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. John K. Davis</b>		<b>Transaction ID:</b> B95C9485E285247E3A55 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 1351.92
City Washington State DC Zip Code 20002-8618	Purpose of Disbursement 001 Salary Candidate Name 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. David S. Medina</b>		<b>Transaction ID:</b> BF872EB34FFD44F36A89 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1440 Church St NW Apt 104		Amount of Each Disbursement this Period 2573.58
City Washington State DC Zip Code 20005-1912	Purpose of Disbursement 001 Salary Candidate Name 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. Andrew R. Solari</b>		<b>Transaction ID:</b> B963445A89CA543378B0 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 2550 University PI NW		Amount of Each Disbursement this Period 250.32
City Washington State DC Zip Code 20009-4509	Purpose of Disbursement 001 Salary Candidate Name 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) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... **4175.82**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

<b>A. Keller and Heckman, LLP</b> Full Name (Last, First, Middle Initial) Mailing Address 1001 G St NW City Washington State DC Zip Code 20001-4545 Purpose of Disbursement 001 Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B03A71ADA6D434969A85</b> Date of Disbursement 03 / 01 / 2006 Amount of Each Disbursement this Period 3907.75 Category/Type
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<b>B. Wachovia Bank</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28256-3966 Purpose of Disbursement Merchant Bank 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>Transaction ID: BBE0CC7AB50C04107A1B</b> Date of Disbursement 03 / 01 / 2006 Amount of Each Disbursement this Period 139.45 Category/Type
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<b>C. Wachovia Bank</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28256-3966 Purpose of Disbursement Merchant Bank 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>Transaction ID: B7A9363A68A814237B88</b> Date of Disbursement 03 / 01 / 2006 Amount of Each Disbursement this Period 6.95 Category/Type
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**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4054.15**

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank</b>		<b>Transaction ID:</b> B319C0E11007E446B955 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 392.65
City Charlotte State NC Zip Code 28256-3966		
Purpose of Disbursement Merchant Bank Fees Candidate Name	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. American Express</b>		<b>Transaction ID:</b> B5061955E3BCA4FDB81F <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-3852		
Purpose of Disbursement Merchant Bank Fees Candidate Name	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. Wachovia Bank</b>		<b>Transaction ID:</b> B3620E98308E34C0EA80 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 563966		Amount of Each Disbursement this Period 98.18
City Charlotte State NC Zip Code 28256-3966		
Purpose of Disbursement Bank Fees Candidate Name	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) ▼	

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

495.33

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> BE85BAEA7224943C5BD9 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 355.40
City Saint Louis State MO Zip Code 63179-0406	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. John K. Davis</b>		<b>Transaction ID:</b> BFE41423B05384AFC8BE <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 154.07
City Washington State DC Zip Code 20002-8618	Purpose of Disbursement Travel/Lodging 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

Full Name (Last, First, Middle Initial) <b>C. America Coming Together</b>		<b>Transaction ID:</b> B1BC0640550994A869D3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 888 16th Street, NW Suite 450		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006	Purpose of Disbursement List 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5509.47
<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Joshua Brumberger		<b>Transaction ID:</b> B8A89A7862F3A4998BDE <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 244 E 86th St Apt 33		Amount of Each Disbursement this Period 215.05
City New York State NY Zip Code 10028-3007		
Purpose of Disbursement Travel/Lodging Reimbursement	Candidate Name	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>B.</b> Full Name (Last, First, Middle Initial) Jennifer L. Swanson Consulting		<b>Transaction ID:</b> B004768BCD33141E0B40 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 1816 15th St NW		Amount of Each Disbursement this Period 6373.27
City Washington State DC Zip Code 20009-3902		
Purpose of Disbursement Consulting Fees/Fundraising	Candidate Name	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>C.</b> Full Name (Last, First, Middle Initial) Ryan Montoya		<b>Transaction ID:</b> B2B025E3A36E14DA7882 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 20 Altadena Dr		Amount of Each Disbursement this Period 449.75
City Pueblo State CO Zip Code 81005-2900		
Purpose of Disbursement Travel/Lodging Reimbursement	Candidate Name	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) ▼	

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

7038.07

**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 100 / 131

<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Joseph Clarke		<b>Transaction ID:</b> B0FD3AC1D6FBB42DDAB9 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 2615 Maple Ave		Amount of Each Disbursement this Period 500.00
City Manhattan Beach State CA Zip Code 90266-2325	Purpose of Disbursement Consulting Fees/Internet 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
<b>B.</b> Full Name (Last, First, Middle Initial) American Express		<b>Transaction ID:</b> B5B05ABEB14BE4997A91 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 680.18
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Bank 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
<b>C.</b> Full Name (Last, First, Middle Initial) Giancarlo A. Messina		<b>Transaction ID:</b> BDDEFF48D6371420FA91 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 190.89
City Washington State DC Zip Code 20001-4214	Purpose of Disbursement Salary 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

**SUBTOTAL** of Disbursements This Page (optional) ..... **1371.07**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kenisha A. Smith</b>		<b>Transaction ID:</b> B28615E0C29A948AC956 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 5323 Connecticut Ave NW Apt 405		Amount of Each Disbursement this Period 584.95
City Washington State DC Zip Code 20015-1823	Purpose of Disbursement Salary Candidate Name 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. Lori Kay Krause</b>		<b>Transaction ID:</b> BA5D0529DCF1042A4B00 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 3912 4th St N # 4		Amount of Each Disbursement this Period 926.34
City Arlington State VA Zip Code 22203-3302	Purpose of Disbursement Salary Candidate Name 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. Alicia J. Brown</b>		<b>Transaction ID:</b> B063D40EC67854736AB5 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 303.14
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary Candidate Name 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) ..... ▶	1814.43
<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Angela L. Siecker</b>		<b>Transaction ID:</b> B417E1D86F575479A86E Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.40
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement Salary Candidate Name 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. Kimberly A. Rubey</b>		<b>Transaction ID:</b> BC44ED637C3C5467B8E1 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 2097.65
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement Salary Candidate Name 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. John K. Davis</b>		<b>Transaction ID:</b> B45FCC2A9560F4D14AB3 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 1000.52
City Washington State DC Zip Code 20002-8618	Purpose of Disbursement Salary Candidate Name 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) ..... ▶	4876.57
<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Eric G. Dillon</b>		<b>Transaction ID:</b> BEDF068A4355146D787D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 54 East Rosemont Avenue		Amount of Each Disbursement this Period 440.71
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Salary Candidate Name 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. David S. Medina</b>		<b>Transaction ID:</b> BCF677BE5C6C24BF6BB2 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1440 Church St NW Apt 104		Amount of Each Disbursement this Period 2295.34
City Washington State DC Zip Code 20005-1912	Purpose of Disbursement Salary Candidate Name 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. Peter J. Eskra</b>		<b>Transaction ID:</b> BDD603F9F6694497C8D5 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 3813 Veazey St NW		Amount of Each Disbursement this Period 226.91
City Washington State DC Zip Code 20016-2230	Purpose of Disbursement Salary Candidate Name 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) ..... ▶	2962.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		<b>Transaction ID:</b> B8EDA8C4725ED4C8DB33 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 32.00
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement Payroll 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

Full Name (Last, First, Middle Initial) <b>B. Layth S. Elhassani</b>		<b>Transaction ID:</b> BEADE1C2F28934BF8A03 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 4451 Greenwich Pkwy NW		Amount of Each Disbursement this Period 527.05
City Washington State DC Zip Code 20007-2010	Purpose of Disbursement Salary 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>C. ADP</b>		<b>Transaction ID:</b> B234F068BB1DA40B7A19 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 5144.38
City Fort Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Taxes 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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **5703.43**

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Jennifer A. Lee</b>		<b>Transaction ID:</b> B68D48392BD3D4339B26 Date of Disbursement 03 / 15 / 2006
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 275.57
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement Salary Candidate Name 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. Jennifer L. Swanson Consulting</b>		<b>Transaction ID:</b> B48776E5030A145C1826 Date of Disbursement 03 / 17 / 2006
Mailing Address 1816 15th St NW		Amount of Each Disbursement this Period 4500.00
City Washington State DC Zip Code 20009-3902	Purpose of Disbursement Consulting Fees/Fundraising Candidate Name 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. Ryan Montoya</b>		<b>Transaction ID:</b> B27E10C83464B403497C Date of Disbursement 03 / 17 / 2006
Mailing Address 20 Altadena Dr		Amount of Each Disbursement this Period 1858.56
City Pueblo State CO Zip Code 81005-2900	Purpose of Disbursement Travel/Lodging Reimbursement Candidate Name 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) ..... ▶	<b>6634.13</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A. Information Systems Professional</b> Full Name (Last, First, Middle Initial) Information Systems Professional		<b>Transaction ID:</b> B11D3417B2B8A4F0AB58 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 10400 Forestgrove Ln		Amount of Each Disbursement this Period 360.00
City Bowie State MD Zip Code 20721-2826	Purpose of Disbursement Computer Services 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

<b>B. Action Business Equipment</b> Full Name (Last, First, Middle Initial) Action Business Equipment		<b>Transaction ID:</b> B318A5D1115AF43CC9CB <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 12406 Macao Court		Amount of Each Disbursement this Period 126.90
City Herndon State VA Zip Code 20171-2100	Purpose of Disbursement Copier Lease 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

<b>C. Angus Strategy, Inc.</b> Full Name (Last, First, Middle Initial) Angus Strategy, Inc.		<b>Transaction ID:</b> B6E56646C864E421AB58 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 20 Altadena Dr		Amount of Each Disbursement this Period 3000.00
City Pueblo State CO Zip Code 81005-2900	Purpose of Disbursement Consulting Fees/Internet 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3486.90
<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Plus Three</b>		<b>Transaction ID:</b> B43B9FD4B2A23472FAE8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 50 Broadway Ste 806		Amount of Each Disbursement this Period 5959.00
City New York State NY Zip Code 10004-1693	Purpose of Disbursement Consulting Fees/Computer Services	
Candidate Name		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. Adams Hussey &amp; Associates</b>		<b>Transaction ID:</b> B71A1824621CD4F688FD <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 1400 I Street, N.W. Suite 650		Amount of Each Disbursement this Period 2002.31
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail	
Candidate Name		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. Katherine M. Buchanan</b>		<b>Transaction ID:</b> B18045462906141B3A5B <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 102 Lake Cook Drive		Amount of Each Disbursement this Period 232.94
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Postage/Shipping Reimbursement	
Candidate Name		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) ..... ▶	8194.25
<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 108 / 131

<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)  
ONE AMERICA COMMITTEE

<b>A. Lori Kay Krause</b> Full Name (Last, First, Middle Initial) Mailing Address 3912 4th St N # 4 City Arlington State VA Zip Code 22203-3302 Purpose of Disbursement Travel/Lodging 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:</b> BC5E2AF656DA94344B16 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 325.11 Category/Type
--	--	---

<b>B. Covad Communications</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 39000 Department 33258 City San Francisco State CA Zip Code 94139-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> BA5A46206B8A549C5882 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 1457.64 Category/Type
--	--	--

<b>C. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1125 Virginia Drive City Fort Washington State PA Zip Code 19034 Purpose of Disbursement Payroll 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>Transaction ID:</b> B74706C50937F4FB4902 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 66.00 Category/Type
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1848.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

PAGE 109 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Names In the News California, Inc.</b>		<b>Transaction ID:</b> B9BE452C26A32433EAB8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 1300 Clay St 11th Floor		Amount of Each Disbursement this Period 1323.02
City Oakland State CA Zip Code 94612-1425		
Purpose of Disbursement List Management Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Triplex Direct Marketing Corp.</b>		<b>Transaction ID:</b> B87277E454E27404B9D4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 20 Leveroni Court PO Box 1800		Amount of Each Disbursement this Period 1000.00
City Novato State CA Zip Code 94949-1800		
Purpose of Disbursement List Maintenance Fee Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID:</b> B0A25CCA324BF467AA80 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 3011 Hungary Spring Road 4th Floor		Amount of Each Disbursement this Period 22.08
City Richmond State VA Zip Code 23228		
Purpose of Disbursement Telephone Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 2345.10

**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 110 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ryan, Phillips, Utrecht &amp; MacKinnon</b>		<b>Transaction ID:</b> B2E4E92EDA871454BBC3 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 1133 Connecticut Ave NW Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036-4375		
Purpose of Disbursement Legal Services Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. CareFirst BlueCross BlueShield</b>		<b>Transaction ID:</b> B4B75C35CDBA8466DB8E Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 3058.90
City Baltimore State MD Zip Code 21279-0749		
Purpose of Disbursement Insurance Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. John K. Davis</b>		<b>Transaction ID:</b> BED14956B5CF84BC1900 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 1006 F St NE		Amount of Each Disbursement this Period 1000.53
City Washington State DC Zip Code 20002-8618		
Purpose of Disbursement Salary Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5059.43</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Eric G. Dillon</b>		<b>Transaction ID:</b> B8D147C70BA4747BEB8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 54 East Rosemont Avenue		Amount of Each Disbursement this Period 440.71
City Alexandria State VA Zip Code 22301		
Purpose of Disbursement Salary Candidate Name	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. David S. Medina</b>		<b>Transaction ID:</b> B733601ABA1FA4119905 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 1440 Church St NW Apt 104		Amount of Each Disbursement this Period 2295.33
City Washington State DC Zip Code 20005-1912		
Purpose of Disbursement Salary Candidate Name	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. Lori Kay Krause</b>		<b>Transaction ID:</b> BDA7FB0732E3247B793C <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 3912 4th St N # 4		Amount of Each Disbursement this Period 926.35
City Arlington State VA Zip Code 22203-3302		
Purpose of Disbursement Salary Candidate Name	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) ..... ▶	3662.39
<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 112 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kenisha A. Smith</b>		<b>Transaction ID:</b> BFB2C2D391E974B0C97E Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 5323 Connecticut Ave NW Apt 405		Amount of Each Disbursement this Period 584.95
City Washington State DC Zip Code 20015-1823	Purpose of Disbursement Salary Candidate Name 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. Giancarlo A. Messina</b>		<b>Transaction ID:</b> B41D2D25EB79D4E4EBB2 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 1256 10th St NW		Amount of Each Disbursement this Period 190.89
City Washington State DC Zip Code 20001-4214	Purpose of Disbursement Salary Candidate Name 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. Kimberly A. Rubey</b>		<b>Transaction ID:</b> B22DB7D0E41874C7496C Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 2097.64
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement Salary Candidate Name 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) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2873.48**

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Angela L. Siecker</b>		<b>Transaction ID:</b> B452A7E432C9F43349D1 Date of Disbursement 03 / 30 / 2006
Mailing Address 18 Indian Rock Rd		Amount of Each Disbursement this Period 1778.39
City Nashua State NH Zip Code 03063-1308	Purpose of Disbursement Salary Candidate Name 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. Alicia J. Brown</b>		<b>Transaction ID:</b> BB691DCB103FC4DF79B1 Date of Disbursement 03 / 30 / 2006
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 303.14
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary Candidate Name 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. Jennifer A. Lee</b>		<b>Transaction ID:</b> B4768EE4FB9744E1FAD2 Date of Disbursement 03 / 30 / 2006
Mailing Address 3300 16th St NW		Amount of Each Disbursement this Period 275.57
City Washington State DC Zip Code 20010-2269	Purpose of Disbursement Salary Candidate Name 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) ..... ▶	2357.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

PAGE 114 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Layth S. Elhassani</b>		Transaction ID: B1697B98764424A0B9FA Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 4451 Greenwich Pkwy NW		Amount of Each Disbursement this Period 527.06
City Washington State DC Zip Code 20007-2010	Category/ Type	
Purpose of Disbursement Salary 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. Peter J. Eskra</b>		Transaction ID: B7E9C8E68C14A4988BC2 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 3813 Veazey St NW		Amount of Each Disbursement this Period 226.92
City Washington State DC Zip Code 20016-2230	Category/ Type	
Purpose of Disbursement Salary 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. ADP</b>		Transaction ID: B74BA3A418943468CB42 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 5121.03
City Fort Washington State PA Zip Code 19034	Category/ Type	
Purpose of Disbursement Payroll Taxes 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) ..... ▶	5875.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 131

<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)  
ONE AMERICA COMMITTEE

<p><b>A. ADP</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1125 Virginia Drive</p> <p>City Fort Washington State PA Zip Code 19034</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> BE082056CD1FF4E65A0E</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="66.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. MBNA America</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 15288</p> <p>City Wilmington State DE Zip Code 19886-5288</p> <p>Purpose of Disbursement See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> B05C7109C6D8C4B6D853</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2553.21"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. American Airlines</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 80068</p> <p>City Raleigh State NC Zip Code 27623-0068</p> <p>Purpose of Disbursement 002 Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> B98E11EEDB51D43E784B</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="12"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1082.92"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><b>[MEMO ITEM]</b></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 131

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

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

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: B423AAB8BD6F54927BD3 Date of Disbursement 01 / 17 / 2006
Mailing Address 1200 E. Algonquin Road		Amount of Each Disbursement this Period 338.60
City Chicago State IL Zip Code 60603	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: BE48D178357CA4A5D912 Date of Disbursement 01 / 25 / 2006
Mailing Address 5642 University Pkwy		Amount of Each Disbursement this Period 494.39
City Winston Salem State NC Zip Code 27105-1312	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		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. Peter J. Eskra</b>		Transaction ID: B6C59C380EDE742B1A13 Date of Disbursement 03 / 17 / 2006
Mailing Address 3813 Veazey St NW		Amount of Each Disbursement this Period 90.99
City Washington State DC Zip Code 20016-2230	[MEMO ITEM]	
Purpose of Disbursement See Details Candidate Name		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) ..... ▶	90.99
<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 117 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Alicia J. Brown</b>		<b>Transaction ID:</b> BCFCF6928FD164362B59 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 2510 Cliffbourne Place, N.W. Number 102		Amount of Each Disbursement this Period 51.64
City Washington State DC Zip Code 20009	Purpose of Disbursement See Details 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. Verizon Wireless</b>		<b>Transaction ID:</b> B36AA966C8E25443293B Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 51.64
City Saint Louis State MO Zip Code 63179-0406	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> B8CDE3BA49CD74EB79EE Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 145.83
City Saint Louis State MO Zip Code 63179-0406	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	249.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kimberly A. Rubey</b>		<b>Transaction ID:</b> B7CFAC89DD6DA4560895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 1 Scott Cir NW # 421		Amount of Each Disbursement this Period 145.83
City Washington State DC Zip Code 20036-2214	Purpose of Disbursement See Details Candidate Name 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. MBNA America</b>		<b>Transaction ID:</b> BF85233A726384791BB9 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 15288		Amount of Each Disbursement this Period 3806.20
City Wilmington State DE Zip Code 19886-5288	Purpose of Disbursement See Below Candidate Name 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. Delta Airlines</b>		<b>Transaction ID:</b> B98DD5CF97A2B433BB9A <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 1050 Delta Blvd		Amount of Each Disbursement this Period 379.98
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement 002 Travel/Lodging Candidate Name 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>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 3952.03

**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 119 / 131

<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Hilton Hotel		Transaction ID: B9641E132670142CB88C Date of Disbursement MM / DD / YYYY 02 / 08 / 2006	
Mailing Address 1600 Lamar St		Amount of Each Disbursement this Period 353.71	
City Houston State TX Zip Code 77010-5012	Purpose of Disbursement 002 Travel/Lodging	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:	[MEMO ITEM]		
<b>B.</b> Full Name (Last, First, Middle Initial) Sheraton Hotel		Transaction ID: B3CB67AA13D8B4BD2B14 Date of Disbursement MM / DD / YYYY 02 / 08 / 2006	
Mailing Address 1 E 45th St		Amount of Each Disbursement this Period 286.63	
City Kansas City State MO Zip Code 64111-1813	Purpose of Disbursement 002 Travel/Lodging	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:	[MEMO ITEM]		
<b>C.</b> Full Name (Last, First, Middle Initial) Four Seasons Hotel		Transaction ID: B57BECC3DCA234F909F2 Date of Disbursement MM / DD / YYYY 02 / 10 / 2006	
Mailing Address 757 Market Street		Amount of Each Disbursement this Period 511.77	
City San Francisco State CA Zip Code 94103	Purpose of Disbursement 002 Travel/Lodging	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:	[MEMO ITEM]		

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Country Inn &amp; Suites</b>		Transaction ID: B62A936DF238F4000A40 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 201 Airgate Dr		Amount of Each Disbursement this Period 366.45
City Morrisville	State NC Zip Code 27560-8494	
Purpose of Disbursement 002 Travel/Lodging		[MEMO ITEM]
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. American Airlines</b>		Transaction ID: BF0F981A700AF49AFBF2 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address PO Box 80068		Amount of Each Disbursement this Period 1369.67
City Raleigh	State NC Zip Code 27623-0068	
Purpose of Disbursement 002 Travel/Lodging		[MEMO ITEM]
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. Wyndham Hotel</b>		Transaction ID: B34FD73A07EE5483FA9D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6
Mailing Address 50 East Adams Street		Amount of Each Disbursement this Period 212.78
City Phoenix	State AZ Zip Code 85004	
Purpose of Disbursement 002 Travel/Lodging		[MEMO ITEM]
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:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: B6364868417C24530A0F Date of Disbursement MM / DD / YYYY 02 / 19 / 2006
Mailing Address 5642 University Pkwy		Amount of Each Disbursement this Period 294.40
City Winston Salem	State NC Zip Code 27105-1312	
Purpose of Disbursement 002 Travel/Lodging		[MEMO ITEM]
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. MBNA America</b>		Transaction ID: BEE86DFF55E664104B1E Date of Disbursement MM / DD / YYYY 02 / 23 / 2006
Mailing Address PO Box 15288		Amount of Each Disbursement this Period 3391.31
City Wilmington	State DE Zip Code 19886-5288	
Purpose of Disbursement See Below		[MEMO ITEM]
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. Attitude New York, Inc.</b>		Transaction ID: BF8E30690A95641C4A43 Date of Disbursement MM / DD / YYYY 01 / 22 / 2006
Mailing Address PO Box 1974		Amount of Each Disbursement this Period 606.00
City New York	State NY Zip Code 10101-1974	
Purpose of Disbursement 002 Travel/Lodging		[MEMO ITEM]
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:		

**SUBTOTAL** of Disbursements This Page (optional) ..... **3391.31**

**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 122 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: B02E791D3B9FD4B21817 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 1200 E. Algonquin Road		Amount of Each Disbursement this Period 101.80
City Chicago State IL Zip Code 60603	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		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. Sheraton Hotel</b>		Transaction ID: BBF63BBD53EC941549DD Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 1 E 45th St		Amount of Each Disbursement this Period 354.23
City Kansas City State MO Zip Code 64111-1813	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: B9BFF8E136AB44058BCB Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 80068		Amount of Each Disbursement this Period 1421.22
City Raleigh State NC Zip Code 27623-0068	[MEMO ITEM]	
Purpose of Disbursement 002 Travel/Lodging Candidate Name		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) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: BBB1A54B24FC54E76B18 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 5642 University Pkwy		Amount of Each Disbursement this Period 794.40	
City Winston Salem State NC Zip Code 27105-1312	Purpose of Disbursement 002 Travel/Lodging		
Candidate Name	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) ▼		

[MEMO ITEM]

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

0.00

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

244598.60

**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 124 / 131

<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)  
ONE AMERICA COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Daniel De La Garza

Mailing Address 45 Autumn Cres

City Spring State TX Zip Code 77381-5158

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B9D6A6504581942A3B0A

Date of Disbursement

/   /

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) .....

5000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 125 / 131
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor David Ginsberg	Nature of Debt (Purpose): Consulting Fees/Research
Mailing Address 2007 O St NW # 304	
City State ZIP Code Washington DC 20036-5936	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> D376DCDCFE6724BC6ACD	
Amount Incurred This Period <input type="text" value="5000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Plus Three	Nature of Debt (Purpose): Consulting Fees/Computer
Mailing Address 50 Broadway Ste 806	
City State ZIP Code New York NY 10004-1693	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> D027A2120B4F84DDBB81	
Amount Incurred This Period <input type="text" value="13417.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13417.50"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Angus Strategy, Inc.	Nature of Debt (Purpose): Consulting Fees/Internet
Mailing Address 20 Altadena Dr	
City State ZIP Code Pueblo CO 81005-2900	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> D761A6FBB5A2B4EB9A52	
Amount Incurred This Period <input type="text" value="18000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18000.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="36417.50"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Linemark Printing	Nature of Debt (Purpose): Printing
Mailing Address 1220 Caraway Ct Ste 1040	
City State ZIP Code Upper Marlboro MD 20774-5338	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D00DE9D511140484F8B9</b>	
Amount Incurred This Period 14507.48	Payment This Period 0.00	Outstanding Balance at Close of This Period 14507.48

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ryan, Phillips, Utrecht & MacKinnon	Nature of Debt (Purpose): Consulting Fees/Legal
Mailing Address 1133 Connecticut Ave NW Suite 300	
City State ZIP Code Washington DC 20036-4375	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D9D45B95A3EDA40B2A5B</b>	
Amount Incurred This Period 3000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Getactive Software, Inc.	Nature of Debt (Purpose): Website Support
Mailing Address 2855 Telegraph Avenue Suite 600	
City State ZIP Code Berkeley CA 94705	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D659460E5B57643109DC</b>	
Amount Incurred This Period 6600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6600.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>24107.48</b>
<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)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Covad Communications	Nature of Debt (Purpose): Telephone
Mailing Address PO Box 39000 Department 33258	
City State ZIP Code San Francisco CA 94139-0001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> DB25EE59CD2704A908A3	
Amount Incurred This Period 3017.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 3017.19

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Anne H. Lewis	Nature of Debt (Purpose): Consulting Fees/Internet
Mailing Address 801 Pennsylvania Ave NW Ste 730	
City State ZIP Code Washington DC 20004-2687	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> D57D3145300B64692AB4	
Amount Incurred This Period 29000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 29000.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Limbic Systems	Nature of Debt (Purpose): Database Management
Mailing Address 3124 19th Street, North	
City State ZIP Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> D60A96777CE884B2988C	
Amount Incurred This Period 2250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2250.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>34267.19</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 128 / 131
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Adams Hussey & Associates	Nature of Debt (Purpose): Direct Mail
Mailing Address 1400 I Street, N.W. Suite 650	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> DA494B99F80AE47549F0	
Amount Incurred This Period <input type="text" value="5072.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5072.50"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ryan Montoya	Nature of Debt (Purpose): Equipment Reimbursement
Mailing Address 20 Altadena Dr	
City State ZIP Code Pueblo CO 81005-2900	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> DD24C1AB878E14497B08	
Amount Incurred This Period <input type="text" value="3531.40"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3531.40"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Names In the News California, Inc.	Nature of Debt (Purpose): List Management
Mailing Address 1300 Clay St 11th Floor	
City State ZIP Code Oakland CA 94612-1425	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> DC37B46B5C2A746C288F	
Amount Incurred This Period <input type="text" value="4882.64"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4882.64"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="13486.54"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text" value="108278.71"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>



METHOD OF ALLOCATION FOR:

- SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)(Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative  Generic Voter Drive  Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 ONE AMERICA COMMITTEE

NAME OF ACCOUNT One America Commit- tee-Non Fed	DATE OF RECEIPT M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 26000.00
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BREAKDOWN OF TRANSFER RECEIVED		26000.00
i) Total Administrative .....		Transaction ID: H360103.C64
ii) Generic Voter Drive .....		Transaction ID:
iii) Exempt Activities .....		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative) .....	26000.00
TOTAL This Period (Generic Voter Drive) .....	0.00
TOTAL This Period (Exempt Activities) .....	0.00
TOTAL This Period (Direct Fundraising) .....	0.00
TOTAL This Period (Direct Candidate Support) .....	0.00
TOTAL This Period (Public Communications Referring Only to Party) .....	0.00
TOTAL This Period (Total Amount Transferred) .....	26000.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
ONE AMERICA COMMITTEE

**A. Full Name (Last, First, Middle Initial)**  
Impact Marketing & Promotions

Mailing Address  
P.O. Box 1843

City State Zip Code  
Sulphur LA 70664

Purpose of Disbursement:  
Auto traveling/Catering

Activity or Event Identifier:  
ADMINISTRATIVE

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

51667.00

Date 05 / 01 / 2005

Transaction ID: H451223.E47

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25833.50		25833.50		51667.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25833.50		25833.50		51667.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25833.50		25833.50		51667.00