

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 The Hawkeye PAC

ADDRESS (number and street) PO Box 7255 Des Moines IA 50309 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00379479 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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

5. Covering Period 07 01 2006 through 09 30 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 Gina Noll

Signature of Treasurer Electronically Filed by Gina Noll Date 01 30 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
The Hawkeye PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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		389364.90
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	403006.58									
(c) Total Receipts (from Line 19)	185750.00	391000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	588756.58	780364.90								
7. Total Disbursements (from Line 31)	357547.64	549155.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	231208.94	231208.94								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
The Hawkeye PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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	28750.00	87000.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	500.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29250.00	87500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	156500.00	303500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	185750.00	391000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	185750.00	391000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	185750.00	391000.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	26797.64	59405.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	26797.64	59405.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56000.00	206000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	3000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	3000.00
29. Other Disbursements.....	274750.00	280750.00
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))..	357547.64	549155.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	357547.64	549155.96

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)	185750.00	391000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	185750.00	388000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26797.64	59405.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	26797.64	59405.96

**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 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Action Committee for Rural		Date of Receipt
Mailing Address Electrification PAC 4301 Wilson Blvd.		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City	State	Zip Code
Arlington	VA	22203-1860
FEC ID number of contributing federal political committee.		Transaction ID: 61015.C981
C C00002972		Amount of Each Receipt this Period
Name of Employer		5000.00
Occupation		Receipt
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alston & Bird PAC		Date of Receipt
Mailing Address 601 Pennsylvania Ave NW North Bldg 10th floor		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City	State	Zip Code
Washington	DC	20004-2601
FEC ID number of contributing federal political committee.		Transaction ID: 61015.C922
C C00395723		Amount of Each Receipt this Period
Name of Employer		2500.00
Occupation		Receipt
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Altria Group Inc. PAC		Date of Receipt
Mailing Address 101 Constitution Ave NW Ste 400 W		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee.		Transaction ID: 61015.C968
C C00089136		Amount of Each Receipt this Period
Name of Employer		2500.00
Occupation		Receipt
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 81
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Amazon.com Holdings Inc. Separate		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006	
Mailing Address Segregated Funds 126 C Street Nw		Transaction ID: 61015.C950	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00360354		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Americas Community Bankers Community		Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2006	
Mailing Address Campaign Committee 900 19th Street Nw Suite 400		Transaction ID: 61015.C958	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00001875		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. American Academy Of Ophthalmology PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2006	
Mailing Address 655 Beach Street		Transaction ID: 61015.C987	
City State Zip Code San Francisco CA 94109	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00196246		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
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 8 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. American Academy Of Ophthalmology PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 655 Beach Street		Transaction ID: 61015.C988
City State Zip Code San Francisco CA 94109	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00196246	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. American Association for Marriage		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 112 South Alfred St		Transaction ID: 61015.C986
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00198259	Receipt	
Name of Employer Occupation	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) C. American Association of Oral and		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address Maxillofacial Surgery PAC 9700 West Bryn Mawr Ave		Transaction ID: 61015.C1014
City State Zip Code Des Plaines IL 60018	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00005660	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
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 9 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. American Chiropractic Association PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1701 Clarendon Blvd		Transaction ID: 61015.C1017	
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00102764	Receipt		
Name of Employer Occupation	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. American Clinical Laboratory		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address Association PAC (ACLA PAC) 1250 H. St. NW; Ste 880		Transaction ID: 61015.C926	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00410084	Receipt		
Name of Employer Occupation	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) C. American College Of Cardiology PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 9111 Old Georgetown Road		Transaction ID: 61015.C1011	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00375360	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
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 10 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. American College Of Physicians Services		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2006
Mailing Address Inc. PAC (ACP Services PAC) 2011 Pennsylvania Ave Nw Suite 800		Transaction ID: 61015.C993
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00403881	Receipt	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. American College Of Radiology Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006
Mailing Address 1891 Preston White Drive		Transaction ID: 61015.C1012
City Reston State VA Zip Code 20191	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00343459	Receipt	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. American College Of Surgeons		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2006
Mailing Address Professional Association PAC 1640 Wisconsin Avenue Nw		Transaction ID: 61015.C984
City Washington State DC Zip Code 20007	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00382424	Receipt	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
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 11 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. American Health Care Association PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 1201 L Street NW		Transaction ID: 61015.C938
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00006080	Receipt	
Name of Employer Occupation	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. American Society Of Pension Professional and Actuaries PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 4245 N Fairfax Drive; Ste 750		Transaction ID: 61015.C1019
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00333104	Receipt	
Name of Employer Occupation	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) C. Ameriprise Financial PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 101 Constitution Ave NW Ste 816 W		Transaction ID: 61015.C951
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00414474	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
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 12 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Amgen Inc. Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 555 13th Street Suite 600 West		Transaction ID: 61015.C970
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00251876		Receipt
Name of Employer Occupation	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 & D Sagamore PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 300 N Meridan Street, Ste 2700		Transaction ID: 61015.C1024
City Indianapolis State IN Zip Code 46204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00386904		Receipt
Name of Employer Occupation	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) C. Build PAC of Ntl Assoc of Home builders		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 1201 15th St NW		Transaction ID: 61015.C947
City Washington State DC Zip Code 20005-2800	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00000901		Receipt
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
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:	PAGE 13 / 81
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Burlington Northern Sante Fe		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address Corporation RAILPAC 3017 Lou Menk Drive		Transaction ID: 61015.C982
City Fort Worth State TX Zip Code 76102	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00235739		Receipt
Name of Employer	Occupation	
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. California Dairies Federal Pac		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address PO Box 2198		Transaction ID: 61015.C1018
City Los Banos State CA Zip Code 93635-2198	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00349746		Receipt
Name of Employer	Occupation	
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. Caremark RX Inc Employees PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 2211 Sanders Rd		Transaction ID: 61015.C975
City Northbrook State IL Zip Code 60062	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00384818		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

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 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Chicago Board of Options Exchange PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006	
Mailing Address 400 S Lasalle St		Transaction ID: 61015.C956	
City State Zip Code Chicago IL 60605	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00100693		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Clarkpac Of Clark Consulting		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 101 Constitution Ave Nw Suite 701 E		Transaction ID: 61015.C976	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00381541		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. College Of American Pathologists PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 1350 I Street Nw Suite 590		Transaction ID: 61015.C985	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00274944		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

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

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

FOR LINE NUMBER: PAGE 15 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
Credit Suisse Securities (USA)
 Mailing Address Government Action Fund
1155 21st St NW; Ste 300
 City State Zip Code
Washington DC 20036
 FEC ID number of contributing federal political committee. **C** C00111559
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 6
Transaction ID: 61015.C959
 Amount of Each Receipt this Period
2500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
DaimlerChrysler Corporation PAC
 Mailing Address 1000 Chrysler Drive
 City State Zip Code
Auburn Hills MI 48326
 FEC ID number of contributing federal political committee. **C** C00043687
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 6
Transaction ID: 61015.C979
 Amount of Each Receipt this Period
1500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Davita Inc Political Action Committee
 Mailing Address 601 Hawaii Street
C/o Congressional Consultants
 City State Zip Code
El Segundo CA 90245
 FEC ID number of contributing federal political committee. **C** C00340943
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 6
Transaction ID: 61015.C994
 Amount of Each Receipt this Period
2500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**
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 16 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial) Ebay Inc. Comm for Responsible Internet		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 6	
Mailing Address Commerce 228 S. Washington St, Ste 115		Transaction ID: 61015.C992	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00342394		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Federation of American Hospitals PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 6	
Mailing Address 801 Pennsylvania Ave, NW Ste 245		Transaction ID: 61015.C997	
City State Zip Code Washington DC 20004-2604	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00002261		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

C. Full Name (Last, First, Middle Initial) Fmr Corp PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6	
Mailing Address 82 Devonshire Street		Transaction ID: 61015.C955	
City State Zip Code Boston MA 02109	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00215046		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
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 17 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial) GIPAC Mailing Address PO Box 16515 City Alexandria State VA Zip Code 22302 FEC ID number of contributing federal political committee. C C00354571 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61015.C961 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	6	/	2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8	/	1	6	/	2	0	0	6														
1000.00																							

B. Full Name (Last, First, Middle Initial) Invacare Corporation PAC Mailing Address One Invacare Way City Elyria State OH Zip Code 44035 FEC ID number of contributing federal political committee. C C00249896 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61015.C1013 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	7	/	2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	7	/	2	0	0	6														
1000.00																							

C. Full Name (Last, First, Middle Initial) Investment Company Institute PAC Mailing Address 1401 H Street Nw Suite 1200 City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C C00105981 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61015.C940 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	6	/	2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	2	6	/	2	0	0	6														
1000.00																							

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 18 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Koch Industries Inc PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 655 15th Street Nw Suite 445		Transaction ID: 61015.C1020	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00236489		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Massachusetts Mutual Life Insurance		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006	
Mailing Address Company PAC 1295 State Street		Transaction ID: 61015.C957	
City State Zip Code Springfield MA 01111	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00118943		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) C. Masters, Mates & Pilots Political		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address Contribution Fund 700 Maritime Blvd		Transaction ID: 61015.C917	
City State Zip Code Linthicum Heights MD 21090	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00073056		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL 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 19 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Mortgage Bankers Assoc. Of America PAC		Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2006	
Mailing Address 1919 Pennsylvania Avenue NW 8th Floor		Transaction ID: 61015.C965	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00004812	Receipt		
Name of Employer Occupation	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. National Academy Of Elder Law Attorneys		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address Senior Rights PAC 1604 N Country Club Rd		Transaction ID: 61015.C1010	
City State Zip Code Tucson AZ 85716	Amount of Each Receipt this Period 4000.00		
FEC ID number of contributing federal political committee. C C00393553	Receipt		
Name of Employer Occupation	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) C. National Association For Home Care PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2006	
Mailing Address 228 7th Street SE		Transaction ID: 61015.C923	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00188987	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
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 20 / 81		
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. National Association Of Insurance And		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address Financial Advisors PAC 2901 Telestar Court		Transaction ID: 61015.C1022	
City Falls Church	State VA	Zip Code 22042	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00005249		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. National Associaton of Psychiatric		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address Health Systems PAC 701 13th Street NW, Ste 950		Transaction ID: 61015.C1028	
City Washington	State DC	Zip Code 20005-3903	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00107136		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. National Emergency Medicine PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 1125 Executive Circle		Transaction ID: 61015.C983	
City Irving	State TX	Zip Code 75038	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00140061		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
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 21 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. National Rural Letter Carriers		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2006
Mailing Address Association PAC 1630 Duke Street 4th Floor		Transaction ID: 61015.C980
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00072025		Receipt
Name of Employer Occupation	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. NEA Fund for Children & Public Education		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006
Mailing Address 1201 16th Street NW, Suite 420		Transaction ID: 61015.C1021
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00003251		Receipt
Name of Employer Occupation	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) C. Northwestern Mutual Life Ins. Co. PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006
Mailing Address 720 E. Wisconsin Ave.		Transaction ID: 61015.C1016
City State Zip Code Milwaukee WI 53202	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00197095		Receipt
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
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 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial) Novartis Corp. PAC Mailing Address 701 Pennsylvania Ave. Nw Suite 725 City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. C C00033969 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006 Transaction ID: 61015.C939 Amount of Each Receipt this Period 2000.00 Receipt
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B. Full Name (Last, First, Middle Initial) Pacific Pulmonary Services PAC Mailing Address 88 Rowland Way Ste 300 City Novato State CA Zip Code 94945 FEC ID number of contributing federal political committee. C C00403998 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006 Transaction ID: 61015.C1015 Amount of Each Receipt this Period 500.00 Receipt
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C. Full Name (Last, First, Middle Initial) Performant Financial Corporation PAC Mailing Address 591 Redwood Highway Building #4000 City Mill Valley State CA Zip Code 94941 FEC ID number of contributing federal political committee. C C00411199 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2006 Transaction ID: 61015.C960 Amount of Each Receipt this Period 1000.00 Receipt
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SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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 23 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. PMI Mortgage Insurance Co Federal PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 3003 Oak Rd		Transaction ID: 61015.C944	
City State Zip Code Walnut Creek CA 94597	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00347112		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Political Action Committee of the		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address American Assoc. of Orthopaedic Sur 317 Massachusetts Avenue Ne		Transaction ID: 70130.C1139	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00343137		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Property Casualty Insurers Assoc.		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address of America PAC (PCIPAC) 2600 South River Road		Transaction ID: 61015.C946	
City State Zip Code Des Plaines IL 60018-3286	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00066472		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
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: PAGE 24 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
Prudential Financial Inc. PAC

Mailing Address 751 Broad Street
3rd Floor Prudential Plaza

City State Zip Code
Newark NJ 07102

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2006

Transaction ID: 61015.C971

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Psychiatric Solutions Inc. Fed PAC

Mailing Address 840 Crescent Centre Drive, Ste 460

City State Zip Code
Franklin TN 37067

FEC ID number of contributing federal political committee. **C** C00407684

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2006

Transaction ID: 61015.C1026

Amount of Each Receipt this Period
1500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Renal Leadership Council PAC

Mailing Address 601 Pennsylvania Ave. Nw
North Bldg. 10th Floor

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00326736

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: 61015.C925

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **11500.00**

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: PAGE 25 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

A. Securities Industry Association PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1425 K Street, NW 7th Floor

City Washington State DC Zip Code 20005-3500

FEC ID number of contributing federal political committee. **C** C00067504

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: 61015.C964

Amount of Each Receipt this Period
2000.00

Receipt

B. Sierra Health Services PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 15645

City Las Vegas State NV Zip Code 89114-5645

FEC ID number of contributing federal political committee. **C** C00295360

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2006

Transaction ID: 61015.C991

Amount of Each Receipt this Period
1000.00

Receipt

C. Smithkline Beecham Corporation PAC

Full Name (Last, First, Middle Initial)
Mailing Address Five Moore Drive
P.O. Box 13358

City Res. Triangle Park State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: 61015.C966

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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 26 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. State Street Bank & Trust Company		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address Voluntary PAC 116 Skyline Dr		Transaction ID: 61015.C945
City Westwood State MA Zip Code 02090	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00072751		Receipt
Name of Employer	Occupation	
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. Targetcitizens Political Forum		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1000 Nicollet Mall TPS 3275		Transaction ID: 61015.C1023
City Minneapolis State MN Zip Code 55403	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C C00098061		Receipt
Name of Employer	Occupation	
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. The Bond Market Association PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 1399 New York Ave Nw 8th Floor		Transaction ID: 61015.C977
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00158980		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL 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 27 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. The Charles Schwab Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2006
Mailing Address 101 Montgomery Street		Transaction ID: 61015.C996
City State Zip Code San Francisco CA 94104	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00370114		Receipt
Name of Employer Occupation	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. The PAC of the American Assoc of		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2006
Mailing Address Ambulatory Surgery Centers 1201 PA Ave NW; Ste 500		Transaction ID: 61015.C936
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00387514		Receipt
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. The PAC of the Outpatient Ophthalmic		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2006
Mailing Address Surgery Society 1201 Pennsylvania Ave NW 500		Transaction ID: 61015.C935
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00217323		Receipt
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
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 28 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
The Roche Good Government Committee

Mailing Address 340 Kingsland Street

City State Zip Code
Nutley NJ 07110

FEC ID number of contributing federal political committee. **C** C00072769

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: 61015.C978

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
UnitedHealth Group Incorp. PAC

Mailing Address 9900 Bren Road East

City State Zip Code
Hopkins MN 55343

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: 61015.C990

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Universal Health Services Inc

Mailing Address Employees Good Government Fund
367 S. Gulph Rd

City State Zip Code
King Of Prussia PA 19406-0958

FEC ID number of contributing federal political committee. **C** C00185520

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: 61015.C1027

Amount of Each Receipt this Period
1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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: PAGE 29 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

A. Washington Mutual PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 Third Ave Wmt 1706
 City State Zip Code
 Seattle WA 98101
 FEC ID number of contributing federal political committee. **C** C00129833
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 6
Transaction ID: 61015.C995
 Amount of Each Receipt this Period
 1000.00
 Receipt

B. Wine & Spirits Wholesalers America PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 Fifteenth St Nw Suite 430
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C** C00147173
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 7 / 2 0 0 6
Transaction ID: 61015.C1025
 Amount of Each Receipt this Period
 3000.00
 Receipt

C. Winston & Strawn LLP PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 K St Nw
 City State Zip Code
 Washington DC 20006
 FEC ID number of contributing federal political committee. **C** C00282921
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 7 / 2 0 0 6
Transaction ID: 61015.C1009
 Amount of Each Receipt this Period
 4000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **8000.00**
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:	PAGE 30 / 81
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
Yahoo INC. PAC

Mailing Address 444 N Capitol St NW
Ste 605

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00380535

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 61015.C949

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	156500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 81
	<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)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
Donald Alexander

Mailing Address 1333 New Hampshire Ave Nw

City Washington State DC Zip Code 20036

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

Name of Employer Akin Gump Strauss Hauer & Feld Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
09 / 27 / 2006

Transaction ID: 61015.C1001

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jennifer Bell

Mailing Address 4627 24th St N

City Arlington State VA Zip Code 22207

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

Name of Employer Alston & Bird Occupation Senior Policy Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
07 / 18 / 2006

Transaction ID: 61015.C924

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jill Bockorny

Mailing Address 3101 S. Bishop Jones Pl

City Sioux Falls State SD Zip Code 57103

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

Name of Employer N/a Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
07 / 26 / 2006

Transaction ID: 61015.C948

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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 32 / 81
	<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)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
Henry Bradley

Mailing Address 406 Virginia Avenue

City State Zip Code
Alexandria VA 22302

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

Name of Employer Chad Bradley & Associates
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2006

Transaction ID: 61015.C974

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michael D. Bromberg

Mailing Address 2101 Connecticut Ave NW #35

City State Zip Code
Washington DC 20008

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

Name of Employer Capitol Health Group LLC
Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2006

Transaction ID: 61015.C999

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jennifer L. Butler

Mailing Address 6029 Edgewood Terrace

City State Zip Code
Alexandria VA 22307

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

Name of Employer Alston & Bird
Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: 61015.C919

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 / 81		
	<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)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
Shawn Coughlin

Mailing Address 4401 Upland Dr

City State Zip Code
Alexandria VA 22310

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

Name of Employer Capitol Health Group 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
09 / 28 / 2006

Transaction ID: 61015.C989

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Martin Depoy

Mailing Address 3396 Stuyvesant PI NW

City State Zip Code
Washington DC 20015

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

Name of Employer Bockorney Petrizzo Occupation Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: 61015.C942

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Wendy Fishkind

Mailing Address 4750 N Camino Corto

City State Zip Code
Tucson AZ 85718

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

Name of Employer Health South Occupation Physical Therapy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: 61015.C933

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 34 / 81
	<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)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial) Ronald Fried		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 2730 Ordway St NW Apt 5		Transaction ID: 61015.C921
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Vitas Healthcare Corporat- Vp ion	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Frederick H Graefe		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 555 11th Street Nw Ste 675		Transaction ID: 61015.C1002
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Self Attorney	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Alfonso Guida		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1818 13th Street Nw		Transaction ID: 61015.C1005
City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Guide Consulting Executive	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
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 35 / 81
	<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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. John B. Holsclaw		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 5004 Gardner Drive		Transaction ID: 61015.C1000	
City Alexandria	State VA	Zip Code 22304	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Tongou Simpson Holsclaw, LLC	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Thomas E. Kruse		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 1520 So. Lodge Drive		Transaction ID: 60715.C845	
City Sarasota	State FL	Zip Code 34239	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Hoveround Corporation	Occupation Business Executive		
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) C. Ann Langley		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 728 Battery Place		Transaction ID: 61015.C937	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Policy Strategies	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 81
	<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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Stephen J Lasky		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 3020 SW 24th Ct		Transaction ID: 61015.C1006	
City State Zip Code Ankeny IA 50021	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Advanced Analytical Technology	Occupation Founder		
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. William Louis-Dreyfus		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 200 Park Avenue 33rd Floor		Transaction ID: 61015.C963	
City State Zip Code New York NY 10166	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Louis-dreyfus Corporation	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Sarah Martin		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 120 Old Windmill Ln		Transaction ID: 61015.C928	
City State Zip Code Bastrop TX 78602	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer AAASC	Occupation Director		
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) ▶	3500.00
TOTAL 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 37 / 81
	<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)
The Hawkeye PAC

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

Mailing Address 4010 Franconia Road

City State Zip Code
Alexandria VA 22310

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

Name of Employer Occupation
Maxwell & Associates

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: 61015.C1007

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
James F. Miller

Mailing Address 610 Kings Cloister Cr

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
Hunton & Williams
Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2006

Transaction ID: 61015.C943

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Barbara Mixon

Mailing Address 3105 Topping Lane

City State Zip Code
Chagrin Falls OH 44022

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

Name of Employer Occupation
N/a
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: 61015.C1003

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 38 / 81
	<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)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
Cindy Morrison

Mailing Address 2009 Edgewood Rd

City State Zip Code
Sioux Falls SD 57103

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

Name of Employer Occupation
Sioux Valley Hospital Vp Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: 61015.C941

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Richard Murphy

Mailing Address 6041 Woodmont Rd

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
R.b. Murphy & Associates Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2006

Transaction ID: 61015.C973

Amount of Each Receipt this Period
3000.00

Receipt

C. Full Name (Last, First, Middle Initial)
R. Edwin Redfern

Mailing Address 2100 South Ocean Drive #4-11

City State Zip Code
Ft. Lauderdale IA 33316

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

Name of Employer Occupation
Redfern Resources Self

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2006

Transaction ID: 61015.C1008

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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 39 / 81
	<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)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
Joseph B. Richey

Mailing Address 7325 Stump Hollow Lane

City State Zip Code
Chagrin Falls OH 44022

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

Name of Employer Invacare Occupation President - Technologies Div.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2006

Transaction ID: 61015.C1004

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michael Romansky

Mailing Address 7002 Florida St

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Strategic Health Care Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: 61015.C927

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
William Southwick

Mailing Address 200 Channelkirk Ln

City State Zip Code
Nashville TN 37215

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

Name of Employer Healthmark Partners, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: 61015.C930

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 40 / 81
	<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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Timothy Trysla		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 3715 Fullon St NW		Transaction ID: 61015.C918	
City State Zip Code Washington DC 20017	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Alston & Bird Attorney	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. Richard Williamson		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 200 Cochran Rd		Transaction ID: 61015.C972	
City State Zip Code Weatherford TX 76086	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Texas Depart. of Trans. Commissioner	Aggregate Year-to-Date ▼ 1500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Marilyn Yager		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 304 Cameron Station Blvd		Transaction ID: 61015.C920	
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Alston & Bird Senior Policy Advisor	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	28750.00

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 41 / 81

<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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Avalon Caterers International		Transaction ID: 61015.E244 Date of Disbursement MM / DD / YYYY 07 / 24 / 2006
Mailing Address 109 Clermont Ave		Amount of Each Disbursement this Period 530.99
City Alexandria State VA Zip Code 22304-	CATERING/EQUIPMENT RENTAL	
Purpose of Disbursement CATERING/EQUIPMENT RENTAL		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. American Cafe, Inc.		Transaction ID: 61015.E347 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 499 S Capitol St SW		Amount of Each Disbursement this Period 436.13
City Washington State DC Zip Code 20003-	MEALS	
Purpose of Disbursement MEALS		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) C. Aristotle International		Transaction ID: 70130.E459 Date of Disbursement MM / DD / YYYY 07 / 11 / 2006
Mailing Address 205 Pennsylvania Ave Se		Amount of Each Disbursement this Period 71.00
City Washington State DC Zip Code 20003-	PROCESSING FEE	
Purpose of Disbursement PROCESSING FEE		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) ▶	1038.12
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 81

<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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Cory Crowley		Transaction ID: 61015.E253 Date of Disbursement 08 / 17 / 2006
Mailing Address 6362 Patience Ct		Amount of Each Disbursement this Period 1377.92
City Alexandria State VA Zip Code 22315-	HAWKEYE PAC SUPPORT	
Purpose of Disbursement HAWKEYE PAC SUPPORT		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. Cory Crowley		Transaction ID: 61015.E257 Date of Disbursement 09 / 05 / 2006
Mailing Address 6362 Patience Ct		Amount of Each Disbursement this Period 1377.92
City Alexandria State VA Zip Code 22315-	HAWKEYE PAC SUPPORT	
Purpose of Disbursement HAWKEYE PAC SUPPORT		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) C. Cory Crowley		Transaction ID: 61015.E259 Date of Disbursement 09 / 06 / 2006
Mailing Address 6362 Patience Ct		Amount of Each Disbursement this Period 611.55
City Alexandria State VA Zip Code 22315-	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		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) ▶	3367.39
TOTAL 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 43 / 81

<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)
The Hawkeye PAC

A. Cory Crowley Full Name (Last, First, Middle Initial) Mailing Address 6362 Patience Ct City Alexandria State VA Zip Code 22315-		Transaction ID: 61015.E357 Date of Disbursement 09 / 29 / 2006
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		Amount of Each Disbursement this Period 379.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW

B. Delta Airlines Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 20706 City Atlanta State GA Zip Code 30320-		Transaction ID: 61015.E356 Date of Disbursement 09 / 29 / 2006
Purpose of Disbursement AIRFARE Candidate Name		Amount of Each Disbursement this Period 379.20
Office Sought: <input type="checkbox"/> House <input 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] MEMO: AIRFARE

C. Mary J. Hoffman Full Name (Last, First, Middle Initial) Mailing Address 3905 Sylvian Avenue City Sioux City State IA Zip Code 51104-		Transaction ID: 61015.E254 Date of Disbursement 08 / 21 / 2006
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		Amount of Each Disbursement this Period 871.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	1250.40
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 81

<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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Charlie Palmer Steakhouse		Transaction ID: 61015.E255 Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address 101 Constitution Avenue NW		Amount of Each Disbursement this Period 871.20
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: CATERING	
Purpose of Disbursement CATERING 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. Mary J. Hoffman		Transaction ID: 61015.E333 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 3905 Sylvian Avenue		Amount of Each Disbursement this Period 1492.45
City Sioux City State IA Zip Code 51104-	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW 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) C. The Monocle		Transaction ID: 61015.E336 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2006
Mailing Address 107 D Street, Ne		Amount of Each Disbursement this Period 1074.00
City Washington State DC Zip Code 20002-	[MEMO ITEM] MEMO: MEALS	
Purpose of Disbursement MEALS 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) ▶	1492.45
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)

PAGE 45 / 81

<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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Travelocity.com		Transaction ID: 61015.E337 Date of Disbursement MM / DD / YYYY 07 / 01 / 2006	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	268.70
Southlake	TX	76092-	
Purpose of Disbursement AIRFARE		Category/ Type	[MEMO ITEM] MEMO: AIRFARE
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

Full Name (Last, First, Middle Initial) B. Hoffman Consulting		Transaction ID: 61015.E299 Date of Disbursement MM / DD / YYYY 09 / 11 / 2006	
Mailing Address 3905 Sylvian Avenue		Amount of Each Disbursement this Period	
City	State	Zip Code	8500.00
Sioux City	IA	51104-1325	
Purpose of Disbursement FUNDRAISING FEE		Category/ Type	FUNDRAISING FEE
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

Full Name (Last, First, Middle Initial) C. Leah Shimp		Transaction ID: 61015.E354 Date of Disbursement MM / DD / YYYY 09 / 29 / 2006	
Mailing Address 4300 Old Dominion Dr		Amount of Each Disbursement this Period	
City	State	Zip Code	379.20
Arlington	VA	22207-	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type	REIMBURSEMENT: SEE BELOW
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	▶	8879.20
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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61015.E355 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 379.20
City Atlanta State GA Zip Code 30320-	[MEMO ITEM] MEMO: AIRFARE	
Purpose of Disbursement AIRFARE 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. Splendid Fare		Transaction ID: 61015.E238 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 1310 Braddock Place		Amount of Each Disbursement this Period 695.96
City Alexandria State VA Zip Code 22314-	FOOD/BEVERAGES	
Purpose of Disbursement FOOD/BEVERAGES 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) C. Capital Knowledge Consulting		Transaction ID: 61015.E243 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address Po Box 7255		Amount of Each Disbursement this Period 4237.50
City Des Moines State IA Zip Code 50309-	BOOKKEEPING	
Purpose of Disbursement BOOKKEEPING 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) ▶	4933.46
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

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(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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Capital Knowledge Consulting		Transaction ID: 61015.E256 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address Po Box 7255		Amount of Each Disbursement this Period 1256.25
City Des Moines State IA Zip Code 50309-	Category/ Type BOOKKEEPING	
Purpose of Disbursement BOOKKEEPING		
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. Capital Knowledge Consulting		Transaction ID: 61015.E338 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address Po Box 7255		Amount of Each Disbursement this Period 1425.00
City Des Moines State IA Zip Code 50309-	Category/ Type BOOKKEEPING	
Purpose of Disbursement BOOKKEEPING		
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) C. The Monocle		Transaction ID: 61015.E241 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 107 D Street, Ne		Amount of Each Disbursement this Period 700.00
City Washington State DC Zip Code 20002-	Category/ Type MEALS	
Purpose of Disbursement MEALS		
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) ▶	3381.25
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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. The Monocle		Transaction ID: 61015.E258 Date of Disbursement 09 / 06 / 2006
Mailing Address 107 D Street, Ne		Amount of Each Disbursement this Period 403.00
City Washington State DC Zip Code 20002-	Purpose of Disbursement MEALS 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 MEALS		

Full Name (Last, First, Middle Initial) B. The Monocle		Transaction ID: 61015.E342 Date of Disbursement 09 / 19 / 2006
Mailing Address 107 D Street, Ne		Amount of Each Disbursement this Period 537.00
City Washington State DC Zip Code 20002-	Purpose of Disbursement MEALS 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 MEALS		

Full Name (Last, First, Middle Initial) C. The Monocle		Transaction ID: 61015.E343 Date of Disbursement 09 / 20 / 2006
Mailing Address 107 D Street, Ne		Amount of Each Disbursement this Period 672.50
City Washington State DC Zip Code 20002-	Purpose of Disbursement MEALS 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 MEALS		

SUBTOTAL of Disbursements This Page (optional) ▶	1612.50
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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial)
A. The Monocle

Mailing Address 107 D Street, Ne

City Washington State DC Zip Code 20002-

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61015.E349

Date of Disbursement

09 / 28 / 2006

Amount of Each Disbursement this Period

672.00

MEALS

SUBTOTAL of Disbursements This Page (optional)

672.00

TOTAL This Period (last page this line number only)

26626.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Bouchard for US Senate		Transaction ID: 61015.E248 Date of Disbursement 08 / 16 / 2006
Mailing Address 280 W Maple		Amount of Each Disbursement this Period 5000.00 GENERAL CONTRIBUTION
City Birmingham	State MI	
Zip Code 48009-	Category/ Type	
Purpose of Disbursement GENERAL CONTRIBUTION		
Candidate Name MICHAEL J BOUCHARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	
State: MI	District: 00	

Full Name (Last, First, Middle Initial) B. Chocola for Congress		Transaction ID: 61015.E360 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 1000.00 GENERAL CONTRIBUTION
City South Bend	State IN	
Zip Code 46660-	Category/ Type	
Purpose of Disbursement GENERAL CONTRIBUTION		
Candidate Name J CHRISTOPHER CHOCOLA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	
State: IN	District: 02	

Full Name (Last, First, Middle Initial) C. Bob Corker for Senate		Transaction ID: 61015.E247 Date of Disbursement 08 / 07 / 2006
Mailing Address 518 Georgia Avenue		Amount of Each Disbursement this Period 5000.00 GENERAL CONTRIBUTION
City Chattanooga	State TN	
Zip Code 37403-	Category/ Type	
Purpose of Disbursement GENERAL CONTRIBUTION		
Candidate Name ROBERT P JR CORKER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	
State: TN	District: 00	

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Geoff Davis for Congress		Transaction ID: 61015.E373 Date of Disbursement 09 / 29 / 2006
Mailing Address 3161 Dixie Hwy		Amount of Each Disbursement this Period 1000.00 GENERAL CONTRIBUTION
City Erlanger State KY Zip Code 41018-	Purpose of Disbursement GENERAL CONTRIBUTION	
Candidate Name GEOFFREY C DAVIS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	

Full Name (Last, First, Middle Initial) B. Thelma Drake for Congress		Transaction ID: 61015.E374 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 61480		Amount of Each Disbursement this Period 1000.00 GENERAL CONTRIBUTION
City Virginia Beach State VA Zip Code 23466-	Purpose of Disbursement GENERAL CONTRIBUTION	
Candidate Name THELMA D DRAKE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	

Full Name (Last, First, Middle Initial) C. Fitzpatrick for Congress		Transaction ID: 61015.E370 Date of Disbursement 09 / 29 / 2006
Mailing Address 115 N Broad St		Amount of Each Disbursement this Period 1000.00 GENERAL CONTRIBUTION
City Doylestown State PA Zip Code 18901-	Purpose of Disbursement GENERAL CONTRIBUTION	
Candidate Name MICHAEL G FITZPATRICK	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Jim Gerlach for Congress Committee		Transaction ID: 61015.E358 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 87		Amount of Each Disbursement this Period 1000.00
City Uwchland State PA Zip Code 19480-	Purpose of Disbursement GENERAL CONTRIBUTION Candidate Name JIM GERLACH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	
		GENERAL CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Rod Grams for Congress		Transaction ID: 61015.E340 Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 16070		Amount of Each Disbursement this Period 1000.00
City Duluth State MN Zip Code 55816-	Purpose of Disbursement GENERAL ELECTION Candidate Name RODNEY DWIGHT GRAMS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	
		GENERAL ELECTION

Full Name (Last, First, Middle Initial) C. Johnson for Congress Committee		Transaction ID: 61015.E375 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050-	Purpose of Disbursement GENERAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	
		GENERAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Friends Of Joe Lieberman		Transaction ID: 61015.E348 Date of Disbursement 09 / 28 / 2006
Mailing Address PO Box 231294		Amount of Each Disbursement this Period 1000.00 GENERAL CONTRIBUTION
City Hartford State CT Zip Code 06123-	Amount of Each Disbursement this Period 5000.00 GENERAL CONTRIBUTION	
Purpose of Disbursement GENERAL CONTRIBUTION		
Candidate Name JOSEPH I LIEBERMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	

Full Name (Last, First, Middle Initial) B. Friends for Mike McGavick		Transaction ID: 61015.E246 Date of Disbursement 08 / 03 / 2006
Mailing Address PO Box 9247		Amount of Each Disbursement this Period 5000.00 GENERAL CONTRIBUTION
City Seattle State WA Zip Code 98106-	Amount of Each Disbursement this Period 1000.00 GENERAL CONTRIBUTION	
Purpose of Disbursement GENERAL CONTRIBUTION		
Candidate Name MICHAEL SEAN MCGAVICK		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	

Full Name (Last, First, Middle Initial) C. Deborah Pryce for Congress		Transaction ID: 61015.E367 Date of Disbursement 09 / 29 / 2006
Mailing Address 145 E Rich St		Amount of Each Disbursement this Period 1000.00 GENERAL CONTRIBUTION
City Columbus State OH Zip Code 43215-	Amount of Each Disbursement this Period 1000.00 GENERAL CONTRIBUTION	
Purpose of Disbursement GENERAL CONTRIBUTION		
Candidate Name DEBORAH D. PRYCE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL 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
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Friends Of Clay Shaw		Transaction ID: 61015.E368 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 2188		Amount of Each Disbursement this Period 1000.00
City Fort Lauderdale State FL Zip Code 33303-	Purpose of Disbursement GENERAL CONTRIBUTION Candidate Name E CLAY JR SHAW Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	GENERAL CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Christopher Shays for Congress		Transaction ID: 61015.E366 Date of Disbursement 09 / 29 / 2006
Mailing Address 98 East Ave		Amount of Each Disbursement this Period 1000.00
City Norwalk State CT Zip Code 06851-	Purpose of Disbursement GENERAL CONTRIBUTION Candidate Name CHRISTOPHER SHAYS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	GENERAL CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Simmons For Congress		Transaction ID: 61015.E363 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 268		Amount of Each Disbursement this Period 1000.00
City Stonington State CT Zip Code 06378-	Purpose of Disbursement GENERAL CONTRIBUTION Candidate Name ROB SIMMONS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	GENERAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Friends Of Mike Sodrel		Transaction ID: 61015.E361 Date of Disbursement 09 / 29 / 2006
Mailing Address 702 N Shore Drive		Amount of Each Disbursement this Period 1000.00
City Jeffersonville State IN Zip Code 47130-	Purpose of Disbursement GENERAL CONTRIBUTION	
Candidate Name MICHAEL E. SODREL		GENERAL CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	

Full Name (Last, First, Middle Initial) B. Charles Taylor for Congress Committee		Transaction ID: 61015.E372 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 2355		Amount of Each Disbursement this Period 1000.00
City Asheville State NC Zip Code 28802-	Purpose of Disbursement GENERAL CONTRIBUTION	
Candidate Name CHARLES H TAYLOR		GENERAL CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	

Full Name (Last, First, Middle Initial) C. Weldon Victory Committee		Transaction ID: 61015.E371 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 1992		Amount of Each Disbursement this Period 1000.00
City Media State PA Zip Code 19063-	Purpose of Disbursement GENERAL CONTRIBUTION	
Candidate Name CURTIS W. WELDON		GENERAL CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Heather Wilson For Congress		Transaction ID: 61015.E364 Date of Disbursement 09 / 29 / 2006	
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 1000.00	
City Albuquerque State NM Zip Code 87191-	Purpose of Disbursement GENERAL CONTRIBUTION	Category/ Type	
Candidate Name HEATHER A. WILSON	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	GENERAL CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. Special Teams 2006 Committee		Transaction ID: 61015.E351 Date of Disbursement 09 / 29 / 2006	
Mailing Address Po Box 75103		Amount of Each Disbursement this Period 25000.00	
City Washington State DC Zip Code 20013-	Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2006		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional)	26000.00
TOTAL This Period (last page this line number only)	56000.00

**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)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Citizens For Andy Anderson		Transaction ID: 61015.E281 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 318 Revere Ct NE		Amount of Each Disbursement this Period 2500.00
City Cedar Rapids State IA Zip Code 52402-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Citizens For Andy Anderson		Transaction ID: 61015.E303 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 318 Revere Ct NE		Amount of Each Disbursement this Period 250.00
City Cedar Rapids State IA Zip Code 52402-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Citizens For Anderson		Transaction ID: 61015.E332 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address PO Box 157		Amount of Each Disbursement this Period 250.00
City Clarinda State IA Zip Code 51632-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Barber for State Rep		Transaction ID: 61015.E301 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1527 170th Ave		Amount of Each Disbursement this Period 250.00
City Osceola State IA Zip Code 50213-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee To Elect Scott A. Belt		Transaction ID: 61015.E284 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 1447 Madison Ave		Amount of Each Disbursement this Period 5000.00
City Council Bluffs State IA Zip Code 51503-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens For Blanchard		Transaction ID: 61015.E344 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 1300 46th Street		Amount of Each Disbursement this Period 2000.00
City Sioux City State IA Zip Code 51104-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7250.00
TOTAL 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. The Carroll Committee		Transaction ID: 61015.E285 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 244 400th Avenue		Amount of Each Disbursement this Period 2500.00
City Grinnell State IA Zip Code 50112-	Purpose of Disbursement CONTRIBUTION	
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. Betty DeBoef SCC		Transaction ID: 70130.E458 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 10972 170th St		Amount of Each Disbursement this Period 250.00
City What Cheer State IA Zip Code 50268-	Purpose of Disbursement CONTRIBUTION	
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) C. Deyoe for House		Transaction ID: 61015.E270 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 911 Shagbark Drive		Amount of Each Disbursement this Period 10000.00
City Nevada State IA Zip Code 50201-	Purpose of Disbursement CONTRIBUTION	
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) ▶	12750.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Dolecheck For Representative		Transaction ID: 70130.E453 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 100 Dunning Ave		Amount of Each Disbursement this Period 250.00
City Mt Ayr State IA Zip Code 50854-		
Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/> 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. Jack Drake for State Representative		Transaction ID: 70130.E454 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 52462 Juniper Rd		Amount of Each Disbursement this Period 250.00
City Lewis State IA Zip Code 51544-		
Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/> 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) C. Garrett for Senate Committee		Transaction ID: 61015.E271 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address PO Box 505		Amount of Each Disbursement this Period 250.00
City Indianola State IA Zip Code 50125-		
Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/> 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) ▶	750.00
TOTAL 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Gipp for Representative Committee		Transaction ID: 61015.E322 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 212 High		Amount of Each Disbursement this Period 250.00
City Decorah State IA Zip Code 52101-		
Purpose of Disbursement CONTRIBUTION 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. Granzow for State House Committee		Transaction ID: 61015.E289 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 22978 S 55th		Amount of Each Disbursement this Period 7500.00
City Eldora State IA Zip Code 50627-		
Purpose of Disbursement CONTRIBUTION 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) C. Citizens To Elect Griswold		Transaction ID: 61015.E319 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 211 N Market St		Amount of Each Disbursement this Period 250.00
City Madrid State IA Zip Code 50156-		
Purpose of Disbursement CONTRIBUTION 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) ▶	8000.00
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)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Iowans for Hanusa		Transaction ID: 61015.E249 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 916 Harrison St		Amount of Each Disbursement this Period 2500.00
City Council Bluffs	State IA Zip Code 51503-	
Purpose of Disbursement CONTRIBUTION		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. Iowans for Hanusa		Transaction ID: 61015.E297 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 916 Harrison St		Amount of Each Disbursement this Period 2500.00
City Council Bluffs	State IA Zip Code 51503-	
Purpose of Disbursement CONTRIBUTION		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) C. Iowans for Hanusa		Transaction ID: 61015.E352 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 916 Harrison St		Amount of Each Disbursement this Period 20000.00
City Council Bluffs	State IA Zip Code 51503-	
Purpose of Disbursement CONTRIBUTION		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) ▶	25000.00
TOTAL 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Iowans for Hartsuch		Transaction ID: 70130.E446 Date of Disbursement 09 / 07 / 2006	
Mailing Address 2127 Nichols Ct		Amount of Each Disbursement this Period 10000.00	
City Bettendorf	State IA	Zip Code 52722-	Category/ Type
Purpose of Disbursement CONTRIBUTION		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. Hoogestraat for Senate		Transaction ID: 70130.E445 Date of Disbursement 09 / 07 / 2006	
Mailing Address 805 Florence		Amount of Each Disbursement this Period 10000.00	
City Parkersburg	State IA	Zip Code 50665-	Category/ Type
Purpose of Disbursement CONTRIBUTION		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) C. Hoogestraat for Senate		Transaction ID: 61015.E252 Date of Disbursement 08 / 16 / 2006	
Mailing Address 805 Florence		Amount of Each Disbursement this Period 1500.00	
City Parkersburg	State IA	Zip Code 50665-	Category/ Type
Purpose of Disbursement CONTRIBUTION		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) ▶	21500.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Horbach for House of Representatives		Transaction ID: 61015.E305 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1014 Oakland Dr		Amount of Each Disbursement this Period 250.00
City Tama State IA Zip Code 52339-	Purpose of Disbursement CONTRIBUTION	
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. Committee To Elect Hulsizer for House		Transaction ID: 61015.E310 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 922 Garfield Ave		Amount of Each Disbursement this Period 250.00
City Dubuque State IA Zip Code 52001-	Purpose of Disbursement CONTRIBUTION	
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) C. Steve Inman for State Representative		Transaction ID: 70130.E455 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 4231 Wilson Ave		Amount of Each Disbursement this Period 250.00
City Des Moines State IA Zip Code 50317-	Purpose of Disbursement CONTRIBUTION	
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) ▶	750.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Jacobs Committee		Transaction ID: 70130.E450 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 808 58th St		Amount of Each Disbursement this Period 250.00
City West Des Moines State IA Zip Code 50266-		
Purpose of Disbursement CONTRIBUTION		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. Friends For Connie Jacobsen		Transaction ID: 61015.E288 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 72 4th Ave		Amount of Each Disbursement this Period 2500.00
City Atkins State IA Zip Code 52206-		
Purpose of Disbursement CONTRIBUTION		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) C. Kendell for Representative		Transaction ID: 61015.E325 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 30602 Mill Creek Road		Amount of Each Disbursement this Period 250.00
City Bellevue State IA Zip Code 52031-		
Purpose of Disbursement CONTRIBUTION		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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Citizens For Kraft		Transaction ID: 61015.E307 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 333 South Linn Ave		Amount of Each Disbursement this Period 250.00
City New Hampton State IA Zip Code 50659-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lalk For Statehouse		Transaction ID: 70130.E441 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 23858 110th Street		Amount of Each Disbursement this Period 12500.00
City Westgate State IA Zip Code 50681-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lalk For Statehouse		Transaction ID: 61015.E245 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 23858 110th Street		Amount of Each Disbursement this Period 1000.00
City Westgate State IA Zip Code 50681-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13750.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Committee To Elect Steve Lukan		Transaction ID: 61015.E312 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 7365umbus St		Amount of Each Disbursement this Period 250.00
City New Vienna State IA Zip Code 52065-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. May For Iowa House		Transaction ID: 61015.E304 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 17024 255th Ave		Amount of Each Disbursement this Period 250.00
City Spirit Lake State IA Zip Code 51360-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Concerned Citizens for Miller		Transaction ID: 61015.E329 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 6766 Ridge Ct		Amount of Each Disbursement this Period 250.00
City Bettendorf State IA Zip Code 52722-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Citizens for Emma A. Nemecek		Transaction ID: 70130.E451 Date of Disbursement 09 / 07 / 2006
Mailing Address 1689 Bliss Rd		Amount of Each Disbursement this Period 250.00
City Mount Vernon	State IA Zip Code 52314-	
Purpose of Disbursement CONTRIBUTION		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. Noble for Senate		Transaction ID: 70130.E447 Date of Disbursement 09 / 07 / 2006
Mailing Address 8915 NW Polk City Dr		Amount of Each Disbursement this Period 10000.00
City Ankeny	State IA Zip Code 50023-	
Purpose of Disbursement CONTRIBUTION		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) C. Northey for Iowa Agriculture		Transaction ID: 61015.E353 Date of Disbursement 09 / 29 / 2006
Mailing Address 2868 140th Ave		Amount of Each Disbursement this Period 19000.00
City Spirit Lake	State IA Zip Code 51360-	
Purpose of Disbursement CONTRIBUTION		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) ▶	29250.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Northey for Iowa Agriculture		Transaction ID: 61015.E294 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 2868 140th Ave		Amount of Each Disbursement this Period 2500.00
City Spirit Lake State IA Zip Code 51360-		
Purpose of Disbursement CONTRIBUTION		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. Northey for Iowa Agriculture		Transaction ID: 61015.E350 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 2868 140th Ave		Amount of Each Disbursement this Period 1000.00
City Spirit Lake State IA Zip Code 51360-		
Purpose of Disbursement CONTRIBUTION		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) C. Northey for Iowa Agriculture		Transaction ID: 61015.E242 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 2868 140th Ave		Amount of Each Disbursement this Period 2500.00
City Spirit Lake State IA Zip Code 51360-		
Purpose of Disbursement CONTRIBUTION		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) ▶	6000.00
TOTAL 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Iowans for Nussle		Transaction ID: 61015.E341 Date of Disbursement 09 / 15 / 2006
Mailing Address Box 11		Amount of Each Disbursement this Period 50000.00
City Manchester	State Zip Code IA 52057-	
Purpose of Disbursement CONTRIBUTION		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. Iowans for Nussle		Transaction ID: 61015.E239 Date of Disbursement 07 / 11 / 2006
Mailing Address Box 11		Amount of Each Disbursement this Period 1000.00
City Manchester	State Zip Code IA 52057-	
Purpose of Disbursement CONTRIBUTION		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) C. Friends Of Greg Orr		Transaction ID: 61015.E346 Date of Disbursement 09 / 21 / 2006
Mailing Address 2105 Pinefield		Amount of Each Disbursement this Period 2000.00
City Muscatine	State Zip Code IA 52761-	
Purpose of Disbursement CONTRIBUTION		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) ▶	53000.00
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)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Friends Of Greg Orr		Transaction ID: 61015.E273 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 2105 Pinefield		Amount of Each Disbursement this Period 250.00
City Muscatine State IA Zip Code 52761-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Committee To Elect Don Palmer		Transaction ID: 70130.E456 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address IA House District 38 1436 25th Street SE		Amount of Each Disbursement this Period 250.00
City Cedar Rapids State IA Zip Code 52403-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Committee To Elect Don Palmer		Transaction ID: 61015.E345 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address IA House District 38 1436 25th Street SE		Amount of Each Disbursement this Period 2000.00
City Cedar Rapids State IA Zip Code 52403-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Paulsen for State House Committee		Transaction ID: 70130.E457
Mailing Address PO Box 250		Date of Disbursement MM / DD / YYYY 09 / 07 / 2006
City Hiawatha	State IA	Zip Code 52233-
Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 250.00	
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. Payer Committee		Transaction ID: 61015.E316
Mailing Address 3125 Crocker St		Date of Disbursement MM / DD / YYYY 09 / 11 / 2006
City Des Moines	State IA	Zip Code 50312-
Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 250.00	
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) C. Raecker for State Representative Comm		Transaction ID: 61015.E328
Mailing Address 9011 Iltis Drive		Date of Disbursement MM / DD / YYYY 09 / 11 / 2006
City Urbandale	State IA	Zip Code 50322-
Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 250.00	
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)	750.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Friends Of Rasmussen for Iowa House		Transaction ID: 61015.E286 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 1310 8th Ave NE		Amount of Each Disbursement this Period 7500.00
City Independence State IA Zip Code 50644-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Reisetter for Iowa House		Transaction ID: 61015.E279 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 1925 Main St		Amount of Each Disbursement this Period 10000.00
City Cedar Falls State IA Zip Code 50613-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Sands for State House		Transaction ID: 61015.E327 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 134 Orchard Lane		Amount of Each Disbursement this Period 250.00
City Columbus Junction State IA Zip Code 52738-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	17750.00
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)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Citizens For Bill Schickel		Transaction ID: 61015.E291 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 1443 Estate		Amount of Each Disbursement this Period 2500.00
City Mason City State IA Zip Code 50401-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Schulte for Senate		Transaction ID: 70130.E443 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 1734 Chestnut Lane NE		Amount of Each Disbursement this Period 10000.00
City Cedar Rapids State IA Zip Code 52402-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Shields for Legislature		Transaction ID: 61015.E300 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 436 Mill Ridge Rd		Amount of Each Disbursement this Period 250.00
City Clinton State IA Zip Code 52732-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12750.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Shull Election Committee		Transaction ID: 61015.E314 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 901 Scott Felton Rd		Amount of Each Disbursement this Period 250.00
City Indianola State IA Zip Code 50125-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Smith for State House		Transaction ID: 61015.E275 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 2903 W 35th Street		Amount of Each Disbursement this Period 10000.00
City Davenport State IA Zip Code 52806-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Soderberg for House		Transaction ID: 61015.E326 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 800 2nd St SE		Amount of Each Disbursement this Period 250.00
City Le Mars State IA Zip Code 51031-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	10500.00
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)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Citizens for Sooter		Transaction ID: 70130.E448 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 1906 6th Ave N		Amount of Each Disbursement this Period 10000.00
City Fort Dodge State IA Zip Code 50501-		
Purpose of Disbursement CONTRIBUTION		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. David Tjepkes for Iowa House Committee		Transaction ID: 61015.E313 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 12		Amount of Each Disbursement this Period 250.00
City Gowrie State IA Zip Code 50543-		
Purpose of Disbursement CONTRIBUTION		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) C. Tomenga For State Representative		Transaction ID: 61015.E318 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 7250 Hyperion Pt		Amount of Each Disbursement this Period 250.00
City Johnston State IA Zip Code 50131-		
Purpose of Disbursement CONTRIBUTION		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) ▶	10500.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Upmeyer for House		Transaction ID: 61015.E324 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 2175 Pine Ave		Amount of Each Disbursement this Period 250.00
City Garner State IA Zip Code 50438-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jim Van Fossen for State House		Transaction ID: 61015.E306 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address #13 Enchanted Island		Amount of Each Disbursement this Period 250.00
City Davenport State IA Zip Code 52802-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Iowans for Van Fossen		Transaction ID: 61015.E330 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 2802 Middle Rd		Amount of Each Disbursement this Period 250.00
City Davenport State IA Zip Code 52803-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Vandall for Iowa House		Transaction ID: 61015.E331 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 724 W 12th St S		Amount of Each Disbursement this Period 250.00
City Newton State IA Zip Code 50208-	Purpose of Disbursement CONTRIBUTION 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. Vautt for State Auditor		Transaction ID: 61015.E295 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 1715 S 42nd St		Amount of Each Disbursement this Period 2500.00
City West Des Moines State IA Zip Code 50265-	Purpose of Disbursement CONTRIBUTION 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) C. Watts for House		Transaction ID: 70130.E452 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 2824 Prospect		Amount of Each Disbursement this Period 250.00
City Adel State IA Zip Code 50003-	Purpose of Disbursement CONTRIBUTION 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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Citizens For Weincek		Transaction ID: 61015.E283 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 5637 Blue Sage Rd		Amount of Each Disbursement this Period 10000.00
City Waterloo State IA Zip Code 50702-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wieland for State House		Transaction ID: 61015.E277 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 4201 Heritage Rd		Amount of Each Disbursement this Period 10000.00
City Cedar Falls State IA Zip Code 50613-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for Wiencek		Transaction ID: 61015.E250 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 5636 Blue Sage Road		Amount of Each Disbursement this Period 1000.00
City Waterloo State IA Zip Code 50701-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	21000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Win With Windschitl		Transaction ID: 61015.E309 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 422 1/2 E Erie #2		Amount of Each Disbursement this Period 250.00
City Missouri Valley	State IA	
Zip Code 51555-	Category/Type	
Purpose of Disbursement CONTRIBUTION 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. Wiskus for House		Transaction ID: 61015.E321 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 19716 205th Ave		Amount of Each Disbursement this Period 250.00
City Centerville	State IA	
Zip Code 52544-	Category/Type	
Purpose of Disbursement CONTRIBUTION 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) C. Wynn for State Senate		Transaction ID: 70130.E444 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 322 3rd Avenue North		Amount of Each Disbursement this Period 10000.00
City Clinton	State IA	
Zip Code 52732-	Category/Type	
Purpose of Disbursement CONTRIBUTION 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) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	274750.00

Image# 27960025311

Form/Schedule: **F3XA** All disbursements reported on this quarterly report as operating expenditures (listed on Schedule B, Line 21)
Transaction ID: **C00379479** were issued to support the fundraising and administrative activities of the Hawkeye PAC. No disbursement shown
on line 21 was made on behalf of any federal candidate. Specifically, all catering expenses and fundraising
fees were expended for the purpose of raising funds solely for the Hawkeye PAC.
