

# 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  
Restore America PAC, Inc.

ADDRESS (number and street) P.O. Box 12526  
 Check if different than previously reported. (ACC)  
Shawnee Mission KS 66282

2. **FEC IDENTIFICATION NUMBER** C00344333  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 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 T.C. Anderson

Signature of Treasurer Electronically Filed by T.C. Anderson Date 10 11 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Restore America PAC, Inc.

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		107749.22
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	125887.06									
(c) Total Receipts (from Line 19) .....	107769.40	302009.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	233656.46	409759.12								
7. Total Disbursements (from Line 31) .....	84369.85	260472.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	149286.61	149286.61								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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  
Restore America PAC, Inc.

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	41046.21	176333.71
(i) Itemized (use Schedule A) .....	16723.19	17183.19
(ii) Unitemized .....	57769.40	193516.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	33000.00	91493.00
(c) Other Political Committees (such as PACs) .....	90769.40	285009.90
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	17000.00	17000.00
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)) .....	107769.40	302009.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	107769.40	302009.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	40223.64	167326.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	40223.64	167326.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	36000.00
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 .....	2646.21	2646.21
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	2646.21	2646.21
29. Other Disbursements.....	40500.00	54500.00
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))..	84369.85	260472.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	84369.85	260472.51

**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) .....	90769.40	285009.90
34. Total Contribution Refunds (from Line 28(d)) .....	2646.21	2646.21
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	88123.19	282363.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	40223.64	167326.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	40223.64	167326.30

# 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 / 34
	<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)  
Restore America PAC, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Union Pacific Fund for Effective Governm

Mailing Address 600 Thirteenth Street, NW  
Suite 340

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2006

Transaction ID: 60719.C718

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
The GlaxoSmithKline PAC

Mailing Address Five Moore Drive  
Research Triangle Park

City Durham State NC Zip Code 27709

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: 61010.C729

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
General Electric Company PAC

Mailing Address 1299 Pennsylvania Avenue, NW  
Suite 1100

City Washington State DC Zip Code 20004-2407

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: 61010.C724

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Pfizer PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 235 East 42nd Street		<b>Transaction ID:</b> 61010.C728
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Consumer Electronics Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 2500 Wilson Blv d.		<b>Transaction ID:</b> 61010.C744
City State Zip Code Arlington VA 22201-3834	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		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>C. The Bluegrass Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2006
Mailing Address 400 North Capitol Street, NW Suite 585		<b>Transaction ID:</b> 61010.C723
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A.</b> XM Satellite Radio Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 1500 Eckington Place NE		Transaction ID: 61010.C749
City State Zip Code Washington DC 20002-2164	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) <b>B.</b> Associated Builders & Contractors PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 4250 North Fairfax Drive 9th Floor		Transaction ID: 60722.C722
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>C.</b> Build Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 1201 15th St. NW		Transaction ID: 61010.C748
City State Zip Code Washington DC 20005-2800	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<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)  
Restore America PAC, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Eli Lilly and Company PAC

Mailing Address Drop Code 1014

City State Zip Code  
Indianapolis IN 46285

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

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  
 09 / 30 / 2006

Transaction ID: 61010.C751

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
PhRMA Better Government Committee

Mailing Address 1100 15th St., NW

City State Zip Code  
Washington DC 20005

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

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  
 09 / 30 / 2006

Transaction ID: 61010.C752

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	33000.00

**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 10 / 34
	<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Susan Brackin Hirschmann</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2006	
Mailing Address 4052 Seminary Rd.		<b>Transaction ID: 60722.C721</b>	
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Williams & Jensen, PLLC	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Bruce Douglas</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 23 / 2006	
Mailing Address 720 N. 6th		<b>Transaction ID: 61010.C725</b>	
City State Zip Code Sterling KS 67579	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		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>C. H. Paul Einarsson</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 10850 Richmond Street #165		<b>Transaction ID: 61010.C726</b>	
City State Zip Code Houston TX 77042	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1853.79		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 34
	<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A.</b> H. Paul Einarsson		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 10850 Richmond Street #165		Transaction ID: 61010.C727
City State Zip Code Houston TX 77042	Amount of Each Receipt this Period 3146.21	
FEC ID number of contributing federal political committee. <b>C</b>	In-Kind	
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	\$646.21 Returned 09/30/06

Full Name (Last, First, Middle Initial) <b>B.</b> John Cueter		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 3820 Lake Vista Drive		Transaction ID: 61010.C730
City State Zip Code Dexter MI 48130	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Occupation Cueter Dodge Jeep Chrysler Owner	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) <b>C.</b> Daniel R. Foley		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 3399 Robinwood Drive		Transaction ID: 61010.C731
City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Occupation Masco Corp. Vice president	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10146.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 34
	<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)  
Restore America PAC, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Charles F. Greenwood

Mailing Address 47548 Denton Rd.

City State Zip Code  
Belleville MI 48111

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

Name of Employer Occupation  
Masco Corp. Director

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61010.C732

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Timothy J. Patton

Mailing Address 5000 Village Rd.

City State Zip Code  
Saline MI 48176

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

Name of Employer Occupation  
Healthcare Solutions, Inc Executive

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61010.C733

Amount of Each Receipt this Period  
2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Sheila A. Patton

Mailing Address 5000 Village Road

City State Zip Code  
Saline MI 48176

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61010.C734

Amount of Each Receipt this Period  
2000.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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)  
Restore America PAC, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Margaret M. McDonald

Mailing Address 13066 Lashbrook Lane E.

City State Zip Code  
Brighton MI 48116

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 61010.C735

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Marjorie E. Monaghan

Mailing Address P.O. Box 373

City State Zip Code  
Ann Arbor MI 48106-0373

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 61010.C736

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 3905 Crystal Drive

City State Zip Code  
Beulah MI 49617-9717

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 61010.C737

Amount of Each Receipt this Period  
1000.00

Receipt

**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 14 / 34
	<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)  
Restore America PAC, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Phil F. Jenkins

Mailing Address 2800 N. Zeeb Road

City State Zip Code  
Dexter MI 48130

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

Name of Employer Occupation  
CEO

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 / 30 / 2006

Transaction ID: 61010.C738

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Shirley Reaume

Mailing Address 285 Woodberry Drive

City State Zip Code  
Bloomfield Hills MI 48304-3563

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61010.C739

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Carl F. Gerhardt

Mailing Address 3969 Riverdell Ct.

City State Zip Code  
Milford MI 48380

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

Name of Employer Occupation  
Allegra Network 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 / 30 / 2006

Transaction ID: 61010.C740

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 34
	<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)  
Restore America PAC, Inc.

**A.** Full Name (Last, First, Middle Initial)  
William D. McIntyre

Mailing Address 1045 Hollywood Drive

City State Zip Code  
Monroe MI 48162

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

Name of Employer Occupation  
Allegra Network Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: 61010.C742

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
J.c. Huizenga

Mailing Address 3161 Manhattan Lane, S.E.

City State Zip Code  
Grand Rapids MI 49506

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

Name of Employer Occupation  
National Heritage Schools Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: 61010.C743

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Kevin S. McGuiness

Mailing Address 4310 North 38th St.

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
McGuiness & Holch Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: 61010.C745

Amount of Each Receipt this Period  
2000.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 34
	<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)  
Restore America PAC, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Paul Hirsch

Mailing Address 8212 Woodland Ave.

City Annandale State VA Zip Code 22003

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

Name of Employer Madison Government Affairs Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: 61010.C746

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John M. Hession

Mailing Address 419 N. Cleveland St.

City Arlington State VA Zip Code 22201

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

Name of Employer Madison Government Affairs Occupation Vice president

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: 61010.C747

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Edward F. Reilly, Jr.

Mailing Address 400 Shawnee St.

City Leavenworth State KS Zip Code 66048

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

Name of Employer US Parole Commission Occupation Commissioner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: 61010.C750

Amount of Each Receipt this Period  
1000.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 34
	<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)  
Restore America PAC, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Elliot A Baines

Mailing Address 360 Indian Harbor Rd

City State Zip Code  
Vero Beach FL 32963-3509

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

Name of Employer Retired Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: 61010.C776

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Barry G Brockman

Mailing Address 4100 Perimeter Center Dr Ste 240

City State Zip Code  
Oklahoma City OK 73112-2311

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

Name of Employer Self Occupation Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2006

Transaction ID: 61010.C855

Amount of Each Receipt this Period  
200.00

Receipt

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

Mailing Address 3716 Maplewood Ave

City State Zip Code  
Dallas TX 75205-2827

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

Transaction ID: 61010.C910

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Restore America PAC, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Ruth G Fink

Mailing Address 534 S Kansas Ave Ste 805

City State Zip Code  
Topeka KS 66603-3430

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

Name of Employer Occupation  
Freedom Family L C Self employed Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2006

Transaction ID: 61010.C1011

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 5211 Arquilla Dr

City State Zip Code  
Richton Park IL 60471-1519

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2006

Transaction ID: 61010.C1187

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	41046.21

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 34	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) Restore America PAC, Inc.
--

A. Full Name (Last, First, Middle Initial) Kansas Republican Victory Fund PAC	
Mailing Address P.O. Box 626	
City Topeka	State KS
Zip Code 66601-0626	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17000.00

Date of Receipt MM / DD / YYYY 07 / 19 / 2006
Transaction ID: 60719.C720
Amount of Each Receipt this Period 17000.00
Refund of Contribution Made

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	17000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	17000.00

# 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 20 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Ryan T. Carney</b>		<b>Transaction ID:</b> 61010.E899 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 28 / 2006
Mailing Address 2001 North Adams Street #940		Amount of Each Disbursement this Period 612.98
City Arlington State VA Zip Code 22201-	Purpose of Disbursement EXPENSE REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EXPENSE REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>B. Ryan T. Carney</b>		<b>Transaction ID:</b> 60726.E889 <b>Date of Disbursement</b> MM / DD / YYYY 07 / 25 / 2006
Mailing Address 2001 North Adams Street #940		Amount of Each Disbursement this Period 2455.42
City Arlington State VA Zip Code 22201-	Purpose of Disbursement EXPENSE REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EXPENSE REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>C. NCS Database &amp; Mailing Service</b>		<b>Transaction ID:</b> 61010.E944 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 20 / 2006
Mailing Address 22635 Davis Drive		Amount of Each Disbursement this Period 1122.61
City Sterling State VA Zip Code 20164-4483	Purpose of Disbursement MAILING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4191.01</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 21 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Commerce Bank &amp; Trust</b>		<b>Transaction ID:</b> 61010.E890 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 3100 S Topeka Ave		Amount of Each Disbursement this Period 58.00
City Topeka State KS Zip Code 66611-	CREDIT CARD: SEE BELOW	
Purpose of Disbursement CREDIT CARD: 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) ▼

Full Name (Last, First, Middle Initial) <b>B. Ryan T. Carney</b>		<b>Transaction ID:</b> 61010.E894 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 6
Mailing Address 2001 North Adams Street #940		Amount of Each Disbursement this Period 1695.89
City Arlington State VA Zip Code 22201-	EXPENSE REIMBURSEMENT	
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. H. Paul Einarsson</b>		<b>Transaction ID:</b> 61010.C727IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 10850 Richmond Street #165		Amount of Each Disbursement this Period 3146.21
City Houston State TX Zip Code 77042-	IN KIND: \$646.21 RETURNED 09/30/06	
Purpose of Disbursement \$646.21 RETURNED 09/30/06		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4900.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Commerce Bank &amp; Trust</b>		<b>Transaction ID:</b> 60705.E868 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 3100 S Topeka Ave		Amount of Each Disbursement this Period 676.30
City Topeka State KS Zip Code 66611-	CREDIT CARD:SEE BELOW	
Purpose of Disbursement CREDIT CARD: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) ▼

Full Name (Last, First, Middle Initial) <b>B. Midwest Express</b>		<b>Transaction ID:</b> 60705.E871 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 117.00
City State Zip Code -	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Cato Travel</b>		<b>Transaction ID:</b> 60705.E869 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 20.00
City State Zip Code -	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	676.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 23 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		<b>Transaction ID:</b> 60705.E870 <b>Date of Disbursement</b> MM / DD / YYYY 07 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 539.30
City	State Zip Code	
Purpose of Disbursement TRAVEL EXPENSE		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ryan T. Carney</b>		<b>Transaction ID:</b> 61010.E907 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 10 / 2006
Mailing Address 2001 North Adams Street #940		Amount of Each Disbursement this Period 4583.33
City Arlington	State VA Zip Code 22201-	
Purpose of Disbursement PROFESSIONAL FEE		PROFESSIONAL FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ryan T. Carney</b>		<b>Transaction ID:</b> 60703.E865 <b>Date of Disbursement</b> MM / DD / YYYY 07 / 03 / 2006
Mailing Address 2001 North Adams Street #940		Amount of Each Disbursement this Period 3004.83
City Arlington	State VA Zip Code 22201-	
Purpose of Disbursement EXPENSE REIMBURSEMENT		EXPENSE REIMBURSEMENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7588.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 24 / 34

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

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

NAME OF COMMITTEE (In Full)  
Restore America PAC, Inc.

<b>A. Kansas Air Center, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 5490 Ft. Riley Blvd. City Manhattan State KS Zip Code 66502-		<b>Transaction ID: 61010.E898</b> Date of Disbursement 08 / 25 / 2006
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		Amount of Each Disbursement this Period 3251.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSE

<b>B. George Stafford</b> Full Name (Last, First, Middle Initial) Mailing Address 8215 Dearborn City Shawnee Mission State KS Zip Code 66208-		<b>Transaction ID: 61010.E897</b> Date of Disbursement 08 / 24 / 2006
Purpose of Disbursement EXPENSE REIMBURSEMENT Candidate Name		Amount of Each Disbursement this Period 593.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EXPENSE REIMBURSEMENT

<b>C. Sisk Mailing Service</b> Full Name (Last, First, Middle Initial) Mailing Address 203 Log Canoe Circle City Stevensville State MD Zip Code 21666-		<b>Transaction ID: 61010.E943</b> Date of Disbursement 09 / 27 / 2006
Purpose of Disbursement MAILING EXPENSE Candidate Name		Amount of Each Disbursement this Period 1190.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5036.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Commerce Bank &amp; Trust</b>		<b>Transaction ID:</b> 61010.E903 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 3100 S Topeka Ave		Amount of Each Disbursement this Period 549.30
City Topeka State KS Zip Code 66611-	CREDIT CARD: SEE BELOW	
Purpose of Disbursement CREDIT CARD: 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) ▼

Full Name (Last, First, Middle Initial) <b>B. Midwest Express</b>		<b>Transaction ID:</b> 61010.E905 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 489.30
City State Zip Code -	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Cato Travel</b>		<b>Transaction ID:</b> 61010.E904 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 60.00
City State Zip Code -	[MEMO ITEM] MEMO: TRAVEL EXPENSE	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	549.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Ryan T. Carney</b>		<b>Transaction ID:</b> 61010.E901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 2001 North Adams Street #940		Amount of Each Disbursement this Period 154.48
City Arlington State VA Zip Code 22201-	Purpose of Disbursement EXPENSE REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EXPENSE REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>B. Commerce Bank &amp; Trust</b>		<b>Transaction ID:</b> 60705.E866 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 3100 S Topeka Ave		Amount of Each Disbursement this Period 50.07
City Topeka State KS Zip Code 66611-	Purpose of Disbursement CREDIT CARD:SEE BELOW 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) ▼	CREDIT CARD:SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Dubliner Restaurant</b>		<b>Transaction ID:</b> 60705.E867 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 50.07
City State Zip Code -	Purpose of Disbursement MEETING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEETING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	204.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 27 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Ryan T. Carney</b>		<b>Transaction ID:</b> 61010.E893 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 10 / 2006
Mailing Address 2001 North Adams Street #940		Amount of Each Disbursement this Period 4583.33
City Arlington State VA Zip Code 22201-	Purpose of Disbursement PROFESSIONAL FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PROFESSIONAL FEE

Full Name (Last, First, Middle Initial) <b>B. STMP</b>		<b>Transaction ID:</b> 61010.E946 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 21 / 2006
Mailing Address 13755 Sunrise Valley Drive Suite 450		Amount of Each Disbursement this Period 6652.68
City Herndon State VA Zip Code 20171-	Purpose of Disbursement MAILING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. NCS Database &amp; Mailing Service</b>		<b>Transaction ID:</b> 61010.E945 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 27 / 2006
Mailing Address 22635 Davis Drive		Amount of Each Disbursement this Period 1059.03
City Sterling State VA Zip Code 20164-4483	Purpose of Disbursement MAILING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12295.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Ryan T. Carney</b>		Transaction ID: 60709.E873 Date of Disbursement 07 / 09 / 2006	
Mailing Address 2001 North Adams Street #940		Amount of Each Disbursement this Period 4583.33	
City Arlington	State VA	Zip Code 22201-	Category/ Type  PROFESSIONAL FEE
Purpose of Disbursement PROFESSIONAL FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4583.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>40023.83</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial)  
**A. Ahner For Congress**

Transaction ID: 61010.E895

Date of Disbursement

Mailing Address P.O. Box 25815

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	6

City State Zip Code  
Shawnee Mission KS 66225-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2006 GENERAL

Category/  
Type

Candidate Name  
CHUCK AHNER

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

2006 GENERAL

State: KS District: 03

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

1000.00
---------

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

1000.00
---------

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Iowa Christian Alliance</b>		<b>Transaction ID:</b> 61010.E906 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 65066		Amount of Each Disbursement this Period 1000.00
City West Des Moines State IA Zip Code 50265-	Purpose of Disbursement 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) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Patzer For State Board of Education</b>		<b>Transaction ID:</b> 60719.E880 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 6
Mailing Address 1216 N. 7th		Amount of Each Disbursement this Period 500.00
City Neodesha State KS Zip Code 66757-	Purpose of Disbursement 2006 PRIMARY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Willard For State Board of Education</b>		<b>Transaction ID:</b> 60719.E879 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 6
Mailing Address 4300 Sypglass Drive		Amount of Each Disbursement this Period 500.00
City Hutchinson State KS Zip Code 67502-	Purpose of Disbursement 2006 PRIMARY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Barnett For Governor</b>		<b>Transaction ID:</b> 61010.E900 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address P.O. Box 1937		Amount of Each Disbursement this Period 2000.00	
City Emporia State KS Zip Code 66801-	Purpose of Disbursement 2006 GENERAL-KANSAS	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. Horst For Representative</b>		<b>Transaction ID:</b> 60719.E877 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	
Mailing Address 629 Arrowhead Lane		Amount of Each Disbursement this Period 500.00	
City Salina State KS Zip Code 67401-	Purpose of Disbursement 2006 PRIMARY	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. Morrison For Representative</b>		<b>Transaction ID:</b> 60719.E876 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	
Mailing Address 10323 W. 69th St.		Amount of Each Disbursement this Period 500.00	
City Shawnee Mission State KS Zip Code 66203-	Purpose of Disbursement 2006 PRIMARY	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. OMalley For Representative</b>		Transaction ID: 60719.E875 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	
Mailing Address 4804 W. 57th St.		Amount of Each Disbursement this Period 500.00	
City Shawnee Mission State KS Zip Code 66205-	Purpose of Disbursement 2006 PRIMARY	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Yoder For Representative</b>		Transaction ID: 60719.E874 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	
Mailing Address 5817 W. 100th Terr.		Amount of Each Disbursement this Period 500.00	
City Shawnee Mission State KS Zip Code 66207-	Purpose of Disbursement 2006 PRIMMARY	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bacon For State Board of Education</b>		Transaction ID: 60719.E878 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 6	
Mailing Address 14183 W. 157th		Amount of Each Disbursement this Period 500.00	
City Olathe State KS Zip Code 66062-	Purpose of Disbursement 2006 PRIMARY	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 34

<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)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. Kansas Republican Victory Fund PAC</b>		<b>Transaction ID: 60719.E881</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 626		Amount of Each Disbursement this Period 17000.00
City Topeka State KS Zip Code 66601-0626	Category/ Type	
Purpose of Disbursement 2006 PRIMARY		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kansas Republican Victory Fund PAC</b>		<b>Transaction ID: 60703.E864</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 626		Amount of Each Disbursement this Period 17000.00
City Topeka State KS Zip Code 66601-0626	Category/ Type	
Purpose of Disbursement 2006 PRIMARY THEY DEPOSITED IN WRO		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

34000.00

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

40500.00

**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 34 / 34

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

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NAME OF COMMITTEE (In Full)  
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial) <b>A. H. Paul Einarsson</b>		<b>Transaction ID: 61010.E941</b> Date of Disbursement 09 / 30 / 2006	
Mailing Address 10850 Richmond Street #165		Amount of Each Disbursement this Period 646.21	
City Houston State TX Zip Code 77042-	Purpose of Disbursement Refund of Contribution Reduce In-kind to Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mordechai Y. Orian</b>		<b>Transaction ID: 61010.E892</b> Date of Disbursement 08 / 09 / 2006	
Mailing Address 23458 W. Moon Shadows Dr.		Amount of Each Disbursement this Period 2000.00	
City Malibu State CA Zip Code 90265-	Purpose of Disbursement Refund of Contribution Candidate Name	010 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) ..... ►

2646.21

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

2646.21