

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 Commonwealth PAC

ADDRESS (number and street) 1 Thomas Circle NW, Suite 1100 Washington DC 20005

2. FEC IDENTIFICATION NUMBER C00403022 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 (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Elizabeth Anderson Signature of Treasurer Electronically Filed by Elizabeth Anderson Date 11 21 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**

Write or Type Committee Name  
The Commonwealth PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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		30110.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	693044.48									
(c) Total Receipts (from Line 19) .....	233899.67	2360953.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	926944.15	2391063.81								
7. Total Disbursements (from Line 31) .....	192261.58	1656381.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	734682.57	734682.57								
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  
The Commonwealth PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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	217101.00	2287528.59
(i) Itemized (use Schedule A) .....	9290.00	19506.00
(ii) Unitemized .....	226391.00	2307034.59
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	46500.00
(c) Other Political Committees (such as PACs) .....	231391.00	2353534.59
(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	4910.14
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2508.67	2508.67
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)) .....	233899.67	2360953.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	233899.67	2360953.40

**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.....	159011.58	1432381.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	159011.58	1432381.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	183250.00
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) .....	250.00	250.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	250.00	250.00
29. Other Disbursements.....	0.00	40500.00
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))..	192261.58	1656381.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	192261.58	1656381.24

**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) .....	231391.00	2353534.59
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	231141.00	2353284.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	159011.58	1432381.24
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	4910.14
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	159011.58	1427471.10

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. M. Shan Atkins</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 4302 Olde Indian Creek Lane		Transaction ID: 100001639	
City Lake Zurich	State IL	Zip Code 60047-5213	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Chetrum Capital	Occupation Private Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. David Barlow</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 640 Lewis Warf		Transaction ID: 100001577	
City Boston	State MA	Zip Code 02110-3924	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Molecular Insight Pharmaceutic	Occupation Biotech		
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. Elaine Barnett</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 4517 Shari Way		Transaction ID: 100001837	
City Granite Bay	State CA	Zip Code 95746	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Roger Barnett

Mailing Address 767 Fifth Avenue, 50th Fl.

City State Zip Code  
New York NY 10153

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

Name of Employer Activated Holdings, Inc. Occupation Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100001653

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Catherine Bennett

Mailing Address 1323 Kirby Road

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Pfizer Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: 100001785

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Catherine Bennett

Mailing Address 1323 Kirby Road

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Pfizer Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 100001784

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Benjamin Biesbaum		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 54 Fernwood Rd.		Transaction ID: 100001725	
City State Zip Code Chestnut Hill MA 02467		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation Longwood Hospital Surgeon		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ann Blackham		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 60 Swan Road		Transaction ID: 100001728	
City State Zip Code Winchester MA 01890		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation Coldwell Banker Real Estate		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Douglas Bush		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 3606 Mason St.		Transaction ID: 100001821	
City State Zip Code Fairfax VA 22030		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation Arent Fox Attorney		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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



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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Ralph Cadman

Mailing Address 16 Hixon St.

City Bellingham State MA Zip Code 02019

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

Name of Employer Interface Group Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2006

Transaction ID: 100001585

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ellen Calmas

Mailing Address 52 Fairway Rd.

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Self Employed Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2006

Transaction ID: 100001587

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Richard Calmas

Mailing Address 52 Fairway Rd.

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Interface Group Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2006

Transaction ID: 100001586

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

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

Mailing Address 12 Newbury Street

City State Zip Code  
Woburn MA 01801

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

Name of Employer Occupation  
William Spence Co. Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 11 / 2006

Transaction ID: 100001733

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Irwin Chafetz

Mailing Address 120 Seaver Street

City State Zip Code  
Brookline MA 02445

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

Name of Employer Occupation  
The Interface Group Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2006

Transaction ID: 100001593

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Kent Colton

Mailing Address 940 Spring Hill Road

City State Zip Code  
Mc Lean VA 22102

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

Name of Employer Occupation  
KColton LLC Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2006

Transaction ID: 100001808

Amount of Each Receipt this Period  
500.00

Receipt

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Eric Cosman

Mailing Address 872 Concord Ave.

City Belmont State MA Zip Code 02478

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

Name of Employer Cosman Medical Occupation Physicist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 100001651

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Pamela Cutler

Mailing Address 71 Donna Rd.

City Newton State MA Zip Code 02459

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 100001589

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 71 Donna Rd.

City Newton State MA Zip Code 02459

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

Name of Employer GWV Travel Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 100001588

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Kevin Delbridge</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 10 Andrea Drive		<b>Transaction ID: 100001604</b>	
City State Zip Code Hopkinton MA 01748		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Harbourvest Partners, LLC Manager			
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. Mark Demoss</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 6	
Mailing Address 2689 Boddie Place		<b>Transaction ID: 100001794</b>	
City State Zip Code Duluth GA 30097		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation The DeMoss Group President			
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. William Draper</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address PO Box 59507		<b>Transaction ID: 100001618</b>	
City State Zip Code Potomac MD 20859-9507		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Draper Intl. Venture Capitalist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Larry Eastland

Mailing Address 12679 Promontory Road

City State Zip Code  
Los Angeles CA 90049

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

Name of Employer Occupation  
Larry Eastland Entrepreneur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: 100001752

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lelie Fang

Mailing Address 151 Merrimac St., 3rd Fl.

City State Zip Code  
Boston MA 02114

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

Name of Employer Occupation  
Lelie Fang Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100001773

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Margaret Grant

Mailing Address 3109 Key Blvd

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
The White House Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: 100001828

Amount of Each Receipt this Period  
500.00

Receipt

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Corinne Basler Grousbeck

Mailing Address 41 Skating Pond Rd.

City State Zip Code  
Weston MA 02493

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100001654

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Dola Hamilton Stemberg

Mailing Address 5 Louisburg Square

City State Zip Code  
Boston MA 02108-1202

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

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

Transaction ID: 100001741

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Melanie Fleming Harrah

Mailing Address 1200 N. Main Street, Ste. 900

City State Zip Code  
Santa Ana CA 92701

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100001746

Amount of Each Receipt this Period  
5000.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Harrah

Mailing Address 1200 N. Main Street, Ste 900

City State Zip Code  
Santa Ana CA 92701

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

Name of Employer Occupation  
Caribou Industries CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100001745

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Laura Branch Holden Rehnert

Mailing Address 9 Whitehouse Lane

City State Zip Code  
Weston MA 02493

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

Name of Employer Occupation  
None Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100001596

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Frederick Howe

Mailing Address 845 Golden Park Ave.

City State Zip Code  
San Diego CA 92106

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

Name of Employer Occupation  
Medimpact Healthcare Systems CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100001844

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Donna Johnson

Mailing Address 3384 Barrow Island Road

City State Zip Code  
Jupiter FL 33477

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 100001614

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Linda Kendall

Mailing Address 2151 Laguna Street

City State Zip Code  
San Francisco CA 94115

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

Name of Employer Retired Occupation None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 100001755

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Amin Khoury

Mailing Address 1400 Corporate Center Way

City State Zip Code  
West Palm Beach FL 33414

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

Name of Employer Aerospace, Inc. 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  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 100001630

Amount of Each Receipt this Period  
1000.00

Receipt

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Koplow

Mailing Address PO Box 380178

City State Zip Code  
Cambridge MA 02238

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

Name of Employer Windsor Associates Occupation Real Estate Operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 100001782

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 157 Belmont Street

City State Zip Code  
Brockton MA 02301

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

Name of Employer Thomas David Lawton 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  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 100001605

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dennis Lennox

Mailing Address PO Box 232

City State Zip Code  
Midland MI 48640

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

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

Transaction ID: 100001818

Amount of Each Receipt this Period  
201.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1701.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 / 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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 Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Allen Maginn

Mailing Address 90 Raymond St5

City State Zip Code  
Cambridge MA 02140

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

Name of Employer Occupation  
Kemzabas Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 100001594

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Willard Marriott, III

Mailing Address 9900 New London Dr.

City State Zip Code  
Potomac MD 20854-4845

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

Name of Employer Occupation  
John Willard Marriott Hospitality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** 100001714

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
George McCown

Mailing Address 950 Tower Lane, Ste. 800

City State Zip Code  
San Mateo CA 94404

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

Name of Employer Occupation  
McCown De Leeuw Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** 100001640

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

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

Mailing Address 7436 Forest Ct.

City State Zip Code  
Irmo SC 29063

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: 100001797

Amount of Each Receipt this Period  
1500.00

Receipt

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

Mailing Address 3016 Tilden Street NW, Apt. 401

City State Zip Code  
Washington DC 20008

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

Name of Employer Institute of World Politics 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  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 100001683

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Daniel Murphy

Mailing Address 11 Church St. #606

City State Zip Code  
Salem MA 01970-5123

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

Name of Employer Daniel Murphy Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 100001729

Amount of Each Receipt this Period  
500.00

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 20 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

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

Mailing Address 69 Westland Ave.

City Winchester State MA Zip Code 01890

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

Name of Employer Town of Winchester Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 11 / 2006

Transaction ID: 100001735

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jonathan Norris

Mailing Address 1175 Chestnut Street, Unit 22

City Newton State MA Zip Code 02464

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

Name of Employer Jonathan Norris Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2006

Transaction ID: 100001590

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Stephen OConnor

Mailing Address One Pheasant Run

City Norwell State MA Zip Code 02061

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

Name of Employer Interface Group Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2006

Transaction ID: 100001591

Amount of Each Receipt this Period  
5000.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mary Rita ORourke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 408 McDaniel Ave.		Transaction ID: 100001754	
City Greenville	State SC	Zip Code 29601-4338	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Carolinas New Horizon Family	Occupation Nurse Practitioner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Krystyna Owen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 20 Boardman Ave.		Transaction ID: 100001576	
City Manchester	State MA	Zip Code 01944	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer None		Occupation Homemaker	
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>C.</b> Grant Pace		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 1359 E. Cambridge Ct.		Transaction ID: 100001652	
City Provo	State UT	Zip Code 84604	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Shakler International		Occupation President	
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) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Lil Phillips

Mailing Address 71 East 77th Street, Apt. 6C

City State Zip Code  
New York NY 10021

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

Name of Employer Lil Phillips Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2006

Transaction ID: 100001642

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Marc Plonskier

Mailing Address 204 Highland Ave.

City State Zip Code  
Newton MA 02465-2512

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

Name of Employer The Gatehouse Group Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2006

Transaction ID: 100001603

Amount of Each Receipt this Period  
2500.00

Receipt

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

Mailing Address 287 Langley Rd. #21

City State Zip Code  
Newton MA 02459

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

Name of Employer Interface Group Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2006

Transaction ID: 100001592

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Annelise Rothe</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 78 Khakum Wood Rd		Transaction ID: 100001816
City State Zip Code Greenwich CT 06831-3748	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Retired Occupation None	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Morton Ruderman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 50 Salem St		Transaction ID: 100001598
City State Zip Code Lynnfield MA 01940	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cres Development Occupation CEO	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Sampson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 8 Sheffield Road		Transaction ID: 100001779
City State Zip Code Winchester MA 01890	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer American Alarm Co. Occupation Co-Owner	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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 Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Harvey Schiller

Mailing Address 121 E. 64th St

City State Zip Code  
New York NY 10021

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

Name of Employer  
Global Options

Occupation  
Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2006

Transaction ID: 100001847

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Marcia Schiller

Mailing Address 121 E. 64th Street

City State Zip Code  
New York NY 10021

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

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2006

Transaction ID: 100001848

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Erika Schiller Tucker

Mailing Address 3801 Thornapple Street

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer  
Monarch Tile

Occupation  
Lawyer and Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2006

Transaction ID: 100001849

Amount of Each Receipt this Period  
5000.00

Receipt

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Scott Schoen</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 191 King Grant Road		Transaction ID: 100001771
City State Zip Code Weston MA 02493	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Thomas H. Lee Partners	Occupation Co-President	
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. Dean Sellers</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 3139 E. Linda Ln.		Transaction ID: 100001807
City State Zip Code Gilbert AZ 85234	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Catherine Sims</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 78 Beacon St.		Transaction ID: 100001579
City State Zip Code Boston MA 02108	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer None	Occupation Homemaker	
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) ..... ▶	15000.00
<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 26 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. James Sims</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 78 Beacon St		<b>Transaction ID: 100001582</b>	
City State Zip Code Boston MA 02108	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Gen 3 Partners	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Lynne Smith</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 1135 Westmoreland Drive		<b>Transaction ID: 100001602</b>	
City State Zip Code Baton Rouge LA 70806	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer None	Occupation Homemaker		
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. Aaron Spencer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 100 Charles Park Road		<b>Transaction ID: 100001595</b>	
City State Zip Code West Roxbury MA 02132	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Uno Restaurant	Occupation Chairman		
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) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Anthony Strike

Mailing Address 9904 Huntersrun Lane

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer Occupation  
Martin Franchises Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 100001686

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kathryn Strike

Mailing Address 9904 Huntersrun Lane

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer Occupation  
None Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 100001685

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
John Tanner

Mailing Address 8150 Sierra College Blvd.

City State Zip Code  
Roseville CA 95661

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

Name of Employer Occupation  
Tanner Industries President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

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

**Transaction ID:** 100001750

Amount of Each Receipt this Period  
2000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Norman Taplin

Mailing Address 2535 Embassy Drive

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Taplin and Associates 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  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 100001850

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Vern Taylor

Mailing Address 8904 Little Creek Drive

City State Zip Code  
Roseville CA 95661

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

Name of Employer Tricks Gymnastics Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 100001749

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Constance Tracy

Mailing Address 274 Mystic Dr.

City State Zip Code  
Marstons Mills MA 02648

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 100001636

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Joyce Tucker

Mailing Address 12 Linda Isle

City State Zip Code  
Lake Forest CA 92630

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

Name of Employer Occupation  
Rennhill Properties CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 11 / 2006

Transaction ID: 100001738

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Paul Vogelzang

Mailing Address 3004 Pleasantree Court

City State Zip Code  
Herndon VA 20171

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

Name of Employer Occupation  
Promonium.com CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2006

Transaction ID: 100001681

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 99 Livingston Rd

City State Zip Code  
Wellesley MA 02482

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

Name of Employer Occupation  
Harbourvest Partners, LLC Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
10 / 11 / 2006

Transaction ID: 100001759

Amount of Each Receipt this Period  
2000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
M. Ron Wahid

Mailing Address 2823 Hunter Rd

City State Zip Code  
Fairfax VA 22031

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

Name of Employer Occupation  
RII Capital Corporation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 100001751

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Andrew Wahlquist

Mailing Address 6665 McLean Dr.

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Occupation  
Alcade and Fay Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** 100001671

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	217101.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 92
	(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 Commonwealth PAC
---

A. Full Name (Last, First, Middle Initial) Nelnet Higher Ed. Ac Pac	
Mailing Address 1726 M. St. NW, Suite 701	
City Washington	State DC
Zip Code 20036	
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 ▼ 5000.00

Date of Receipt MM / DD / YYYY 10 / 13 / 2006
Transaction ID: 100001809
Amount of Each Receipt this Period 5000.00
Receipt

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address 3 Center Plz

City State Zip Code  
Boston MA 02108-2000

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

Name of Employer Occupation  
Interest Income Interest Income

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2508.67

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2006

Transaction ID: 100006133

Amount of Each Receipt this Period  
2508.67

Other Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2508.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2508.67



# 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 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Nstar</b>		Transaction ID: 200004752 Date of Disbursement 10 / 10 / 2006
Mailing Address PO Box 4508		Amount of Each Disbursement this Period 731.80
City Woburn	State MA Zip Code 01888-4508	
Purpose of Disbursement PRO-RATED OFFICE UTILITIES		PRO-RATED OFFICE UTILITIES
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. Travelers</b>		Transaction ID: 200004822 Date of Disbursement 10 / 17 / 2006
Mailing Address CL & Specialty Remittance Center		Amount of Each Disbursement this Period 558.00
City Hartford	State CT Zip Code 06183-1008	
Purpose of Disbursement PRO-RATED INSURANCE		PRO-RATED INSURANCE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Transaction ID: 200004823 Date of Disbursement 10 / 17 / 2006
Mailing Address PO Box 1		Amount of Each Disbursement this Period 624.15
City Worcester	State MA Zip Code 01654-0001	
Purpose of Disbursement PRO-RATED OFFICE PHONES		PRO-RATED OFFICE PHONES
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) ..... ▶	1913.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Moby Dick Airways, LTD</b>		<b>Transaction ID:</b> 200003785
Mailing Address PO Box 77518		Date of Disbursement 10 / 02 / 2006
City Washington	State DC	Zip Code 20013-
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Amount of Each Disbursement this Period 8625.00
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) ▼	PRO-RATED STAFF AIRFARE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> 71015.E9242
Mailing Address 3 Center Plz		Date of Disbursement 10 / 02 / 2006
City Boston	State MA	Zip Code 02108-2000
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 448.38
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) ▼	BANK FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID:</b> 71015.E9243
Mailing Address 3 Center Plz		Date of Disbursement 10 / 16 / 2006
City Boston	State MA	Zip Code 02108-2000
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 199.32
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) ▼	BANK FEES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9272.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> 71025.E9268 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 25.00
City Boston State MA Zip Code 02108-2000	BANK FEES	
Purpose of Disbursement BANK FEES		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. Bank of America</b>		<b>Transaction ID:</b> 200007682 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 4.50
City Boston State MA Zip Code 02108-2000	BANK FEES	
Purpose of Disbursement BANK FEES		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. Sandler and Associates</b>		<b>Transaction ID:</b> 200004742 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1600 Normandy		Amount of Each Disbursement this Period 12076.43
City Clawson State MI Zip Code 48017-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		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) ..... ▶	<b>12105.93</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. SCM Associates</b>		<b>Transaction ID:</b> 200003964 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 405.47
City Jaffrey State NH Zip Code 03452-	Purpose of Disbursement PRO-RATED DIRECT MAIL 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) ▼	PRO-RATED DIRECT MAIL

Full Name (Last, First, Middle Initial) <b>B. SCM Associates</b>		<b>Transaction ID:</b> 200004756 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 83.99
City Jaffrey State NH Zip Code 03452-	Purpose of Disbursement PRO-RATED DIRECT MAIL 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) ▼	PRO-RATED DIRECT MAIL

Full Name (Last, First, Middle Initial) <b>C. Britt Becker</b>		<b>Transaction ID:</b> 61026.E5321 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 139 W 6th St # 1 #1		Amount of Each Disbursement this Period 625.44
City Boston State MA Zip Code 02127-2630	Purpose of Disbursement REIMBURSEMENT: 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) ▼	REIMBURSEMENT: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1114.90
<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 37 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Blue Cross Blue Shield</b>		<b>Transaction ID:</b> 200004810 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 4701		Amount of Each Disbursement this Period 2427.89
City Woburn State MA Zip Code 01888-4701	PRO-RATED HEALTHCARE	
Purpose of Disbursement PRO-RATED HEALTHCARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Patton Boggs</b>		<b>Transaction ID:</b> 200004754 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 4353.48
City Washington State DC Zip Code 20037-1301	PRO-RATED LEGAL FEES	
Purpose of Disbursement PRO-RATED LEGAL FEES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Sarah Bradshaw</b>		<b>Transaction ID:</b> 200005015 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 1345 Dupont Road		Amount of Each Disbursement this Period 5000.00
City Havana State FL Zip Code 32333-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11781.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<b>A. Capital Campaigns</b> Full Name (Last, First, Middle Initial) Mailing Address 921 11th St, Suite 420 City Sacramento State CA Zip Code 95814- Purpose of Disbursement PRO-RATED CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200004690 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 4025.00 PRO-RATED CONSULTING
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<b>B. Sally Canfield</b> Full Name (Last, First, Middle Initial) Mailing Address 9 W Broadway City Boston State MA Zip Code 02127-1039 Purpose of Disbursement REIMBURSEMENT: 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) ▼		<b>Transaction ID:</b> 200003945 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 57.20 REIMBURSEMENT: SEE BELOW
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<b>C. Sally Canfield</b> Full Name (Last, First, Middle Initial) Mailing Address 9 W Broadway City Boston State MA Zip Code 02127-1039 Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200005002 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1994.16 PRO-RATED PAYROLL
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6076.36
<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 39 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Craig Cannon</b>		<b>Transaction ID:</b> 200005003 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 184.70	
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement PRO-RATED PAYROLL	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) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>B. Queen City Club</b>		<b>Transaction ID:</b> 200004786 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 331 Fourth Street		Amount of Each Disbursement this Period 626.31	
City Cincinnati State OH Zip Code 45202-	Purpose of Disbursement EVENT EXPENSE	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) ▼	EVENT EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Queen City Club</b>		<b>Transaction ID:</b> 200004818 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 331 Fourth Street		Amount of Each Disbursement this Period 123.57	
City Cincinnati State OH Zip Code 45202-	Purpose of Disbursement PRO-RATED EVENT EXPENSE	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) ▼	PRO-RATED EVENT EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	934.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Boston Coach</b>		<b>Transaction ID:</b> 200003955 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 58.64
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED CAR SERVICE 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 PRO-RATED CAR SERVICE

Full Name (Last, First, Middle Initial) <b>B. OBrien Communications</b>		<b>Transaction ID:</b> 200004753 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 53.75
City Wrentham State MA Zip Code 02093-0659	Purpose of Disbursement PRO-RATED PHONE INSTALLATION 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 PRO-RATED PHONE INSTALLATION

Full Name (Last, First, Middle Initial) <b>C. Daynes Music Company</b>		<b>Transaction ID:</b> 200003959 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 6935 South State St.		Amount of Each Disbursement this Period 826.15
City Midvale State UT Zip Code 84047-	Purpose of Disbursement PRO-RATED EVENT EXPENSES 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 PRO-RATED EVENT EXPENSES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	938.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Dell Computers</b>		<b>Transaction ID:</b> 200004811 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address One Dell Way		Amount of Each Disbursement this Period 1653.89
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement PRO-RATED COMPUTER EQUIPMENT 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) ▼	PRO-RATED COMPUTER EQUIPM- ENT

Full Name (Last, First, Middle Initial) <b>B. Accu Conference</b>		<b>Transaction ID:</b> 200003952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 6300 Ridglea Place #318		Amount of Each Disbursement this Period 292.14
City Bellevue State WA Zip Code 98005-	Purpose of Disbursement PRO-RATED CONFERENCE CALL SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED CONFERENCE CALL SERVICES

Full Name (Last, First, Middle Initial) <b>C. Staples Credit Plan</b>		<b>Transaction ID:</b> 200004819 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 410.05
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED OFFICE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2356.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Hui Jojo Deng</b>		Transaction ID: 200003961 Date of Disbursement 10 / 03 / 2006	
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period 478.50	
City Brookline State MA Zip Code 02445-	Purpose of Disbursement PRO-RATED BOOKKEEPING	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) ▼	PRO-RATED BOOKKEEPING	

Full Name (Last, First, Middle Initial) <b>B. Caplin &amp; Drysdale</b>		Transaction ID: 200003957 Date of Disbursement 10 / 03 / 2006	
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 5061.33	
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED LEGAL FEES	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) ▼	PRO-RATED LEGAL FEES	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: 200005232 Date of Disbursement 10 / 03 / 2006	
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 22879.90	
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW	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) ▼	PRO-RATED CREDIT CARD: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	28419.73
<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 43 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 200005224 Date of Disbursement 08 / 24 / 2006	
Mailing Address 25 Winter St		Amount of Each Disbursement this Period 97.95	
City Boston State MA Zip Code 02108-4799	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Transaction ID: 200005214 Date of Disbursement 09 / 11 / 2006	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 7.31	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Transaction ID: 200005210 Date of Disbursement 09 / 05 / 2006	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 20.69	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED OFFICE SUPPLIES	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 44 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 200005212 Date of Disbursement 09 / 06 / 2006	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 20.99	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Transaction ID: 200005211 Date of Disbursement 09 / 05 / 2006	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 60.23	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Transaction ID: 200005213 Date of Disbursement 09 / 06 / 2006	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 7.92	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED OFFICE SUPPLIES	

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

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

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PAGE 45 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 200005133 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 157.15
City Minneapolis	State MN Zip Code 55450-1101	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: 200005080 Date of Disbursement MM / DD / YYYY 08 / 10 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period -372.15
City Minneapolis	State MN Zip Code 55450-1101	
Purpose of Disbursement PRO-RATED STAFF TRAVEL		[MEMO ITEM] MEMO: PRO-RATED STAFF TRAVEL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: 200005106 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 325.05
City Minneapolis	State MN Zip Code 55450-1101	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 46 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 200005120 Date of Disbursement MM / DD / YYYY 08 / 23 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 212.30
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF 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>B. Northwest Airlines</b>		Transaction ID: 200005082 Date of Disbursement MM / DD / YYYY 08 / 10 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period -372.15
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF 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>C. Northwest Airlines</b>		Transaction ID: 200005108 Date of Disbursement MM / DD / YYYY 08 / 17 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 325.05
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF 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) ▼

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

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

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PAGE 47 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 200005084 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period -267.55
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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. Northwest Airlines</b>		Transaction ID: 200005143 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 25.00
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: 200005145 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 307.56
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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FOR LINE NUMBER: (check only one)

PAGE 48 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 200005110 Date of Disbursement 08 / 17 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 282.55
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: 200005141 Date of Disbursement 08 / 16 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 276.55
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: 200005147 Date of Disbursement 08 / 26 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 25.00
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 49 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 200005118 Date of Disbursement 08 / 23 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 212.30
City Minneapolis State MN Zip Code 55450-1101	Purpose of Disbursement PRO-RATED STAFF AIRFARE 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>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. Airtran Airlines</b>		Transaction ID: 200005102 Date of Disbursement 08 / 14 / 2006
Mailing Address 9955 AirTran Blvd		Amount of Each Disbursement this Period 163.80
City Orlando State FL Zip Code 32827-	Purpose of Disbursement PRO-RATED STAFF AIRFARE 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>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 200005076 Date of Disbursement 08 / 23 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 280.30
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED STAFF AIRFARE 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>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 50 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 200005116 Date of Disbursement MM / DD / YYYY 08 / 19 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 27.50
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 200005066 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 248.15
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 200005135 Date of Disbursement MM / DD / YYYY 09 / 10 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 309.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

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

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PAGE 51 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 200005078 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 314.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF 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>B. Delta Airlines</b>		Transaction ID: 200005104 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 81.16
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF 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>C. Delta Airlines</b>		Transaction ID: 200005114 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 407.15
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF 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) ▼

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 200005070 Date of Disbursement 08 / 19 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 50.35
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 200005139 Date of Disbursement 09 / 10 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 309.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 200005155 Date of Disbursement 08 / 29 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 166.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

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<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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PAGE 53 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 200005137 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 309.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 200005072 Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 225.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 200005074 Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 181.30
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: 200005092 Date of Disbursement 08 / 19 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period -412.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 200005112 Date of Disbursement 08 / 18 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 199.80
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 200005090 Date of Disbursement 08 / 19 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period -412.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: 200005098 Date of Disbursement 08 / 19 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period -612.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 200005088 Date of Disbursement 08 / 19 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period -357.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 200005086 Date of Disbursement 08 / 19 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period -357.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 56 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: 200005153 Date of Disbursement 08 / 25 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 159.80
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 200005096 Date of Disbursement 08 / 19 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period -612.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 200005094 Date of Disbursement 08 / 19 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period -612.15
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 57 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. JetBlue Airways</b>		Transaction ID: 200005158 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 79.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways</b>		Transaction ID: 200005167 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 93.90
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. JetBlue Airways</b>		Transaction ID: 200005163 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 199.80
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 58 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. JetBlue Airways</b>		Transaction ID: 200005151 Date of Disbursement 08 / 21 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 178.90
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways</b>		Transaction ID: 200005100 Date of Disbursement 08 / 14 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 179.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. JetBlue Airways</b>		Transaction ID: 200005165 Date of Disbursement 09 / 04 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 178.90
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. JetBlue Airways</b>		Transaction ID: 200005149 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 175.45
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 200005130 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 623.95
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 200005124 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 623.95
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 60 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 200005126 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 623.95
City Tempe	State AZ Zip Code 85281-2880	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 200005062 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period -359.80
City Tempe	State AZ Zip Code 85281-2880	
Purpose of Disbursement PRO-RATED STAFF AIRFARE REFUND		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE REFUND
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 200005068 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe	State AZ Zip Code 85281-2880	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

FOR LINE NUMBER: (check only one)

<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 200005128 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 623.95
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF 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>B. US Airways</b>		Transaction ID: 200005069 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF 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>C. US Airways</b>		Transaction ID: 200005160 Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 199.80
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF 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) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. PI Alley</b>		Transaction ID: 200005204 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006	
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00	
City Boston State MA Zip Code 02108-4304	Purpose of Disbursement PRO-RATED PARKING	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

**[MEMO ITEM]**  
MEMO: PRO-RATED PARKING

Full Name (Last, First, Middle Initial) <b>B. PI Alley</b>		Transaction ID: 200005202 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006	
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00	
City Boston State MA Zip Code 02108-4304	Purpose of Disbursement PRO-RATED PARKING	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

**[MEMO ITEM]**  
MEMO: PRO-RATED PARKING

Full Name (Last, First, Middle Initial) <b>C. PI Alley</b>		Transaction ID: 200005200 Date of Disbursement MM / DD / YYYY 08 / 22 / 2006	
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 337.50	
City Boston State MA Zip Code 02108-4304	Purpose of Disbursement PRO-RATED PARKING	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

**[MEMO ITEM]**  
MEMO: PRO-RATED PARKING

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. RIM Blackberry</b>		Transaction ID: 200005230 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 122 West John Carpenter Parkway Suite 430		Amount of Each Disbursement this Period 214.50
City Irving State TX Zip Code 75039-	[MEMO ITEM] MEMO: PRO-RATED CELL PHONES	
Purpose of Disbursement PRO-RATED CELL PHONES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Ritz Carlton Boston Common</b>		Transaction ID: 200005192 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 10 Avery Street		Amount of Each Disbursement this Period 879.22
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE	
Purpose of Disbursement PRO-RATED MEETING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Arden Hills Country Club</b>		Transaction ID: 200005060 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 1220 Arden Hills Lane		Amount of Each Disbursement this Period 3936.43
City Sacramento State CA Zip Code 95864-	[MEMO ITEM] MEMO: PRO-RATED EVENT EXPENSE	
Purpose of Disbursement PRO-RATED EVENT EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Staples Credit Plan</b>		Transaction ID: 200005222 Date of Disbursement 08 / 24 / 2006
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 189.14
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Staples Credit Plan</b>		Transaction ID: 200005208 Date of Disbursement 09 / 06 / 2006
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 209.87
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Cloister Front Hotel</b>		Transaction ID: 200005171 Date of Disbursement 08 / 27 / 2006
Mailing Address 100 1st		Amount of Each Disbursement this Period 374.69
City Sea Island State GA Zip Code 31561-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Omni Parker House Hotel</b>		Transaction ID: 200005190 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006
Mailing Address 60 School Street		Amount of Each Disbursement this Period 285.06
City Boston	State MA Zip Code 02108-	
Purpose of Disbursement PRO-RATED LODGING		[MEMO ITEM] MEMO: PRO-RATED LODGING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. St. Regis Hotel</b>		Transaction ID: 200005180 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address One Monarch Beach Resort		Amount of Each Disbursement this Period 162.49
City Dana Point	State CA Zip Code 92629-	
Purpose of Disbursement PRO-RATED LODGING		[MEMO ITEM] MEMO: PRO-RATED LODGING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. St. Regis Hotel</b>		Transaction ID: 200005175 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address One Monarch Beach Resort		Amount of Each Disbursement this Period 162.49
City Dana Point	State CA Zip Code 92629-	
Purpose of Disbursement PRO-RATED LODGING		[MEMO ITEM] MEMO: PRO-RATED LODGING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. St. Regis Hotel</b>		Transaction ID: 200005177 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address One Monarch Beach Resort		Amount of Each Disbursement this Period 162.49
City Dana Point State CA Zip Code 92629-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. St. Regis Hotel</b>		Transaction ID: 200005179 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address One Monarch Beach Resort		Amount of Each Disbursement this Period 162.49
City Dana Point State CA Zip Code 92629-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>C. Aristotle Inc</b>		Transaction ID: 200005228 Date of Disbursement MM / DD / YYYY 08 / 24 / 2006
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement PRO-RATED COMPLIANCE SOFTWARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED COMPLIANCE SOFTWARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Courtyard by Marriott</b>		Transaction ID: 200005184 Date of Disbursement MM / DD / YYYY 08 / 20 / 2006
Mailing Address 180 North Fair Oaks Avenue		Amount of Each Disbursement this Period 161.20
City Pasadena State CA Zip Code 91103-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. Courtyard by Marriott</b>		Transaction ID: 200005183 Date of Disbursement MM / DD / YYYY 08 / 20 / 2006
Mailing Address 180 North Fair Oaks Avenue		Amount of Each Disbursement this Period 161.20
City Pasadena State CA Zip Code 91103-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>C. Mandarin Oriental</b>		Transaction ID: 200005173 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address 10 Columbus Circle		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10019-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Central Parking</b>		Transaction ID: 200005198 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 200.00
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING		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. North End Parking</b>		Transaction ID: 200005206 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 600 Commercial Street		Amount of Each Disbursement this Period 125.00
City Boston State MA Zip Code 02113-	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING		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. Cranbury Printing</b>		Transaction ID: 200005226 Date of Disbursement MM / DD / YYYY 08 / 22 / 2006
Mailing Address 19 Richards Road		Amount of Each Disbursement this Period 880.63
City Plymouth State MA Zip Code 02360-	[MEMO ITEM] MEMO: PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING		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) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Boston Red Sox</b>		Transaction ID: 200005169 Date of Disbursement 08 / 17 / 2006
Mailing Address 4 Yawkey Way		Amount of Each Disbursement this Period 550.00
City Boston State MA Zip Code 02215-	Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Avis Rent A Car</b>		Transaction ID: 200005054 Date of Disbursement 08 / 20 / 2006
Mailing Address 675 Post Street		Amount of Each Disbursement this Period 488.70
City San Francisco State CA Zip Code 94109-	Purpose of Disbursement PRO-RATED CAR RENTAL 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>[MEMO ITEM]</b> MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial) <b>C. Avis Rent A Car</b>		Transaction ID: 200005056 Date of Disbursement 08 / 20 / 2006
Mailing Address Oakland Intl Airport		Amount of Each Disbursement this Period 295.83
City Oakland State CA Zip Code 94601-	Purpose of Disbursement PRO-RATED CAR RENTAL 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>[MEMO ITEM]</b> MEMO: PRO-RATED CAR RENTAL

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Four Seasons</b>		<b>Transaction ID:</b> 200005187 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 200 Boylston St		Amount of Each Disbursement this Period 200.13
City Boston State MA Zip Code 02116-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Costco Warehouse</b>		<b>Transaction ID:</b> 200005196 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 2 Mystic View Road		Amount of Each Disbursement this Period 193.99
City Everett State MA Zip Code 02149-	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> 200003960 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 441.44
City Pittsburgh State PA Zip Code 15250-7461	PRO-RATED SHIPPING	
Purpose of Disbursement PRO-RATED SHIPPING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	441.44
<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 71 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement PRO-RATED SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200004750 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6 Amount of Each Disbursement this Period 237.25 Category/Type PRO-RATED SHIPPING
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement PRO-RATED SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200004813 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 326.78 Category/Type PRO-RATED SHIPPING
---	--	---

<b>C. Mason Fink</b> Full Name (Last, First, Middle Initial) Mailing Address 60 Palatine st. #329 City Irvine State CA Zip Code 92612- Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200005004 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1044.72 Category/Type PRO-RATED PAYROLL
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1608.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 92

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

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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Ben Godley</b>		<b>Transaction ID:</b> 200005005	
Mailing Address 1817 Commonwealth Avenue		Date of Disbursement 10 / 06 / 2006	
City Auburndale	State MA	Zip Code 02466-	Amount of Each Disbursement this Period 1114.72
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type	
Candidate Name		PRO-RATED PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Adp Inc.</b>		<b>Transaction ID:</b> 200005001	
Mailing Address 1 ADP Boulevard		Date of Disbursement 10 / 05 / 2006	
City Roseland	State NJ	Zip Code 07068-	Amount of Each Disbursement this Period 12750.51
Purpose of Disbursement PAYROLL TAXES		Category/ Type	
Candidate Name		PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Adp Inc.</b>		<b>Transaction ID:</b> 71011.E9222	
Mailing Address 1 ADP Boulevard		Date of Disbursement 10 / 13 / 2006	
City Roseland	State NJ	Zip Code 07068-	Amount of Each Disbursement this Period 343.25
Purpose of Disbursement PAYROLL TAXES		Category/ Type	
Candidate Name		PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14208.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: (check only one)

<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. CMDI Inc.</b>		<b>Transaction ID:</b> 200003958 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 812.50
City Falls Church State VA Zip Code 22043-	Category/ Type	
Purpose of Disbursement PRO-RATED DATABASE SERVICES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED DATABASE SERVICES

Full Name (Last, First, Middle Initial) <b>B. Molecular Inc.</b>		<b>Transaction ID:</b> 200003963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address PO Box 845422		Amount of Each Disbursement this Period 2500.00
City State MA Zip Code 02284-5422	Category/ Type	
Purpose of Disbursement PRO-RATED WEBSITE DEVELOPMENT		
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) ▼	PRO-RATED WEBSITE DEVELOPMENT

Full Name (Last, First, Middle Initial) <b>C. Paychex Inc.</b>		<b>Transaction ID:</b> 200005014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 184.94
City Woburn State MA Zip Code 01801-1181	Category/ Type	
Purpose of Disbursement PAYROLL FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3497.44
<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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Theikos Inc.</b>		<b>Transaction ID:</b> 200004757 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 153 Cordaville Road, Suite 100		Amount of Each Disbursement this Period 8970.00
City Southborough State MA Zip Code 01772-	Category/ Type  PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Theikos Inc.</b>		<b>Transaction ID:</b> 200004821 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 153 Cordaville Road, Suite 100		Amount of Each Disbursement this Period 7012.00
City Southborough State MA Zip Code 01772-	Category/ Type  PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Q Industries</b>		<b>Transaction ID:</b> 200004755 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1818 N. St. NW, Suite 336		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20036-	Category/ Type  PRO-RATED RESEARCH AND DE- VELOPMENT	
Purpose of Disbursement PRO-RATED RESEARCH AND DEVELOPMENT		
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) ..... ▶	18482.00
<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 75 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Jill Jackson</b>		Transaction ID: 200004751 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 250 W. 57th St. Suite 1610		Amount of Each Disbursement this Period 312.50
City New York State NY Zip Code 10107-	PRO-RATED EVENT EXPENSE	
Purpose of Disbursement PRO-RATED EVENT 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>B. Sentient Jet</b>		Transaction ID: 200003965 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 97 Libbey Parkway		Amount of Each Disbursement this Period 6400.66
City Weymouth State MA Zip Code 02189-	PRO-RATED STAFF TRAVEL	
Purpose of Disbursement PRO-RATED STAFF TRAVEL		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. Timothy Jost</b>		Transaction ID: 200005006 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 531.66
City Boston State MA Zip Code 02109-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		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) ..... ▶	7244.82
<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 76 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Lascaze</b>		Transaction ID: 200005007 Date of Disbursement 10 / 06 / 2006
Mailing Address PO Box 44		Amount of Each Disbursement this Period 532.64
City Boston State MA Zip Code 02133-0044	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Lascaze</b>		Transaction ID: 200004800 Date of Disbursement 10 / 10 / 2006
Mailing Address PO Box 44		Amount of Each Disbursement this Period 435.02
City Boston State MA Zip Code 02133-0044	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. America West Airlines</b>		Transaction ID: 200004801 Date of Disbursement 09 / 26 / 2006
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 352.30
City Phoenix State AZ Zip Code 85034-	Purpose of Disbursement PRO-RATED STAFF 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	967.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Joshua Leffler</b>		Transaction ID: 61026.E5320 Date of Disbursement 10 / 06 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 834.65	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PRO-RATED PAYROLL	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) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>B. ENilsson, LLC</b>		Transaction ID: 200004054 Date of Disbursement 10 / 05 / 2006	
Mailing Address 6 Depot St		Amount of Each Disbursement this Period 4071.40	
City Westford State MA Zip Code 01886-2608	Purpose of Disbursement PRO-RATED WEBSITE DESIGN	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) ▼	PRO-RATED WEBSITE DESIGN	

Full Name (Last, First, Middle Initial) <b>C. ENilsson, LLC</b>		Transaction ID: 200004812 Date of Disbursement 10 / 17 / 2006	
Mailing Address 6 Depot St		Amount of Each Disbursement this Period 2976.80	
City Westford State MA Zip Code 01886-2608	Purpose of Disbursement PRO-RATED WEBSITE DESIGN	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) ▼	PRO-RATED WEBSITE DESIGN	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7882.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Nathan Locke</b>		<b>Transaction ID:</b> 200005008 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 490.84
City Boston State MA Zip Code 02109-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Beth Myers</b>		<b>Transaction ID:</b> 200003954 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 201 Buckminster Road		Amount of Each Disbursement this Period 2500.00
City Brookline State MA Zip Code 02445-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Dish Network</b>		<b>Transaction ID:</b> 200004809 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address DEPT 0063		Amount of Each Disbursement this Period 63.99
City Palatine State IL Zip Code 60055-	PRO-RATED CABLE TV	
Purpose of Disbursement PRO-RATED CABLE TV Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3054.83</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)

<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Lexis Nexis</b>		Transaction ID: 200004814 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 150.00
City Philadelphia State PA Zip Code 19170-	Category/ Type  PRO-RATED SUBSCRIPTION	
Purpose of Disbursement PRO-RATED SUBSCRIPTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mike Nobil</b>		Transaction ID: 200005009 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 449.04
City Natick State MA Zip Code 01760-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paul Norwood</b>		Transaction ID: 200004817 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 483 Main Street		Amount of Each Disbursement this Period 647.25
City Amesbury State MA Zip Code 01913-	Category/ Type  PRO-RATED DESIGNER	
Purpose of Disbursement PRO-RATED DESIGNER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1246.29
<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)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. The Union Club Of Boston</b>		<b>Transaction ID:</b> 200004820 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 8 Park Street		Amount of Each Disbursement this Period 461.48
City Boston State MA Zip Code 02108-	PRO-RATED EVENT EXPENSE	
Purpose of Disbursement PRO-RATED EVENT EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jessica Peterson</b>		<b>Transaction ID:</b> 200005010 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1041.58
City Chelsea State MA Zip Code 02150-3300	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jennifer Phelan</b>		<b>Transaction ID:</b> 200005011 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 475.92
City Boston State MA Zip Code 02115-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1978.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Boston Photo Imaging</b>		<b>Transaction ID:</b> 200003943 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 355 Boylston Street		Amount of Each Disbursement this Period 43.10
City Boston State MA Zip Code 02116-	Category/ Type  FILM DEVELOPING	
Purpose of Disbursement FILM DEVELOPING		
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. Kyle Plotkin</b>		<b>Transaction ID:</b> 200005012 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 464.27
City Boston State MA Zip Code 02114-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
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. Cambridge Offset Printing</b>		<b>Transaction ID:</b> 200003944 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 56 Creighton St		Amount of Each Disbursement this Period 2115.75
City Cambridge State MA Zip Code 02140-2032	Category/ Type  PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING		
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) ..... ▶	2623.12
<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 82 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Cambridge Offset Printing</b>		<b>Transaction ID:</b> 200003956 Date of Disbursement
Mailing Address 56 Creighton St		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Cambridge	State MA	Zip Code 02140-2032
Purpose of Disbursement PRO-RATED PRINTING	<input type="text" value="315.00"/>	
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:	PRO-RATED PRINTING	

Full Name (Last, First, Middle Initial) <b>B. Mitchell Reiss</b>		<b>Transaction ID:</b> 200004816 Date of Disbursement
Mailing Address 108 John Fawler Rd		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Williamsburg	State VA	Zip Code 23185-
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	<input type="text" value="178.23"/>	
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:	PRO-RATED REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>C. Andrew Roach</b>		<b>Transaction ID:</b> 200004745 Date of Disbursement
Mailing Address 81 A Hampshire St. Apt. 3		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Cambridge	State MA	Zip Code 02139-
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	<input type="text" value="208.53"/>	
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:	PRO-RATED REIMBURSEMENT: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="701.76"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Avis Rent A Car</b>		<b>Transaction ID:</b> 200004746 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 179.97
City Boston State MA Zip Code 02114-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Mr. Steve Roche</b>		<b>Transaction ID:</b> 200004743 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 10 / 10 / 2006
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 5000.00
City Waltham State MA Zip Code 02453-	CONSULTING	
Purpose of Disbursement CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Office Furniture Sales</b>		<b>Transaction ID:</b> 200004842 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 10 / 18 / 2006
Mailing Address 76 Vadnerbilt Avenue		Amount of Each Disbursement this Period 2512.00
City Norwood State MA Zip Code 02062-	PRO-RATED OFFICE FURTIURE	
Purpose of Disbursement PRO-RATED OFFICE FURTIURE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7512.00
<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 84 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Treasurer State of Iowa</b>		<b>Transaction ID:</b> 71025.E9246 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 10411		Amount of Each Disbursement this Period 740.00
City Des Moines State IA Zip Code 50306-0411	Category/Type	
Purpose of Disbursement PAYROLL TAXES		PAYROLL TAXES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jay Stirling</b>		<b>Transaction ID:</b> 200005013 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 351.50
City Somerville State MA Zip Code 02143-	Category/Type	
Purpose of Disbursement PRO-RATED PAYROLL		PRO-RATED PAYROLL
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. Barry Security Systems, Inc.</b>		<b>Transaction ID:</b> 200003953 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period 50.00
City Tewksbury State MA Zip Code 01876-	Category/Type	
Purpose of Disbursement PRO-RATED SECURITY SYSTEM		PRO-RATED SECURITY SYSTEM
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) ..... ▶	1141.50
<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 85 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Dan Taggart</b>		<b>Transaction ID:</b> 200004749 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 10457 N. 6300 W		Amount of Each Disbursement this Period 2440.09
City American Fork State UT Zip Code 84003-	Category/ Type  PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mindshift Technologies, Inc.</b>		<b>Transaction ID:</b> 200004815 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 307 Waverly Oaks Rd. #201		Amount of Each Disbursement this Period 1712.00
City Waltham State MA Zip Code 02452-	Category/ Type  PRO-RATED OFFICE IT	
Purpose of Disbursement PRO-RATED OFFICE IT		
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. Julie Teer</b>		<b>Transaction ID:</b> 200003962 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1 Devonshire Pl Apt 3807 Apt 3807		Amount of Each Disbursement this Period 6250.00
City Boston State MA Zip Code 02109-3581	Category/ Type  PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10402.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial)

**A.** Verizon Wireless

Mailing Address PO Box 15023

City Worcester State MA Zip Code 01615-0023

Purpose of Disbursement  
PRO-RATED STAFF CELL PHONE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 200003966

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

638.12

PRO-RATED STAFF CELL PHONE

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

638.12

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

158546.27

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 92

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Republican Campaign Com. of New Mexico</b>		<b>Transaction ID:</b> 200004792 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 5150 A San Francisco NE		Amount of Each Disbursement this Period 5000.00  CONTRIBUTION
City Albuquerque State NM Zip Code 87109-		
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Weldon Victory Committee</b>		<b>Transaction ID:</b> 200004788 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 1001 Baltimore Pike		Amount of Each Disbursement this Period 1000.00  CONTRIBUTION
City Springfield State PA Zip Code 19064-		
Purpose of Disbursement CONTRIBUTION Candidate Name W CURTIS WELDON	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bass for Congress</b>		<b>Transaction ID:</b> 200004799 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 3451		Amount of Each Disbursement this Period 3000.00  CONTRIBUTION
City Concord State NH Zip Code 03302-		
Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES F. BASS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<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 88 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Sekula Gibbs For Congress Committee</b>		<b>Transaction ID:</b> 200003783 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address PO Box 890954		Amount of Each Disbursement this Period 1000.00
City Houston State TX Zip Code 77289-0954	CONTRIBUTION	
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. J.D. Hayworth For Congress</b>		<b>Transaction ID:</b> 200004797 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 14300 N. Northsight Boulevard		Amount of Each Disbursement this Period 1000.00
City Scottsdale State AZ Zip Code 85260-	CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION Candidate Name J D HAYWORTH		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jeb Bradley For Congress</b>		<b>Transaction ID:</b> 200004796 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 645 S. Main Street		Amount of Each Disbursement this Period 5000.00
City Wolfeboro State NH Zip Code 03894-	CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION Candidate Name JOSEPH E III BRADLEY		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<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)

<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Lamberti For Congress</b>		<b>Transaction ID:</b> 200004795 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address PO Box 785		Amount of Each Disbursement this Period 2000.00  CONTRIBUTION
City Ankeny State IA Zip Code 50021-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JEFFREY LAMBERTI		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mac Collins For Congress</b>		<b>Transaction ID:</b> 200004794 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address PO Box 962		Amount of Each Disbursement this Period 2000.00  CONTRIBUTION
City Jackson State GA Zip Code 30233-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL ALLEN (MAC) COLLINS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Musgrave For Congress</b>		<b>Transaction ID:</b> 200004793 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 118 West Charlotte Street		Amount of Each Disbursement this Period 2000.00  CONTRIBUTION
City Johnstown State CO Zip Code 80534-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MARILYN N MUSGRAVE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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 90 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Pryce For Congress</b>		<b>Transaction ID:</b> 200004791 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 145 East Rich Street, 2nd Floor		Amount of Each Disbursement this Period 2000.00
City Columbus State OH Zip Code 43215-	Category/ Type	
Purpose of Disbursement 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. Roskam For Congress</b>		<b>Transaction ID:</b> 200004790 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 423 W. Wesley		Amount of Each Disbursement this Period 2000.00
City Wheaton State IL Zip Code 60187-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name PETER ROSKAM		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. Whalen For Congress</b>		<b>Transaction ID:</b> 200004787 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address PO Box 750		Amount of Each Disbursement this Period 2000.00
City Bettendorf State IA Zip Code 52722-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL LOUIS WHALEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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 91 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Talent For Senate</b>		<b>Transaction ID:</b> 200004789
Mailing Address 147 N. Meramec, Suite 100		Date of Disbursement 10 / 12 / 2006
City Saint Louis	State MO	Zip Code 63105-
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 3000.00
Candidate Name JAMES MATTHES TALENT		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
State: MO	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Friends of Max Burns</b>		<b>Transaction ID:</b> 200004798
Mailing Address 6409 Abercorn Street, Suite 5		Date of Disbursement 10 / 12 / 2006
City Savannah	State GA	Zip Code 31405-
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 2000.00
Candidate Name OTHELL MAXIE BURNS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
State: GA	District: 12	

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

# 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 92 / 92

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Qwest Utah Pac</b>		Transaction ID: 200003951																					
Mailing Address 250 Bell Plaza #1614		Date of Disbursement																					
City Salt Lake City State UT Zip Code 84111-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	3		2	0	0	6														
Purpose of Disbursement Refund of Contribution Contribution Refu		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																			
250.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		010																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>250.00</b>