

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
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 13515 YARMOUTH DRIVE
 Check if different than previously reported. (ACC)
PICKERINGTON OH 43147

2. **FEC IDENTIFICATION NUMBER** C00120238
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 04 01 2006 through 06 30 2006

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

Type or Print Name of Treasurer Patricia DiPietro

Signature of Treasurer Electronically Filed by Patricia DiPietro Date 07 17 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 61598.97 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 61876.47 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 19079.00 | 19356.50 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 80955.47 | 80955.47 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 15000.00 | 15000.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 65955.47 | 65955.47 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 2000.00 | 2000.00 |
| (ii) Unitemized | 16829.00 | 17106.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 18829.00 | 19106.50 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 250.00 | 250.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 19079.00 | 19356.50 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 19079.00 | 19356.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 19079.00 | 19356.50 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 15000.00 | 15000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 15000.00 | 15000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 15000.00 | 15000.00 |

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) | 19079.00 | 19356.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 19079.00 | 19356.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 17 |
| | <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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. David G Lynch | | Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006 | |
| Mailing Address 570 Pendar Rd | | Transaction ID: SA11A1.4730 | |
| City North Kingstown | State RI | Zip Code 02852-6610 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Unknown | Occupation Unknown | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Kevin mackall | | Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2006 | |
| Mailing Address 41 W 96th ST #14d | | Transaction ID: SA11A1.4708 | |
| City NEW YORK | State NY | Zip Code 10025-6519 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer UNKNOWN | Occupation UNKNOWN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Wm J Mazzei, MD | | Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006 | |
| Mailing Address 9707 Caminito Suelto | | Transaction ID: SA11A1.4712 | |
| City San Diego | State CA | Zip Code 92131-2115 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Unknown | Occupation Unknown | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| 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 7 / 17 |
| | <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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MIKE RATZ

Mailing Address PO BOX 867

City LOGAN State WV Zip Code 25601-0867

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

Name of Employer Unknown Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11A1.4720

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Louis H Schwitzer, III

Mailing Address PO Box 4860

City Apache Junction State AZ Zip Code 85278-4860

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

Name of Employer Unknown Occupation Unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.4703

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gary D Shaffer

Mailing Address 1332 Lancaster Ave

City Reynoldsburg State OH Zip Code 43068-2136

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

Name of Employer Unknown Occupation Unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 5 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.4710

Amount of Each Receipt this Period
250.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | |
|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 17 |
| | (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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Don Smolinski | | Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6 | |
| Mailing Address 6770 Ben Creek Rd | | Transaction ID: SA11A1.4721 | |
| City State Zip Code Saint Leonard MD 20685-2022 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Unknown | Occupation Unknown | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Alan C Wilber | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6 | |
| Mailing Address PO Box 368 | | Transaction ID: SA11A1.4706 | |
| City State Zip Code Hartville OH 44632-0368 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Unknown | Occupation Unknown | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 500.00 |
| TOTAL This Period (last page this line number only) ▶ | 2000.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|--|------------------------------|---|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 9 / 17 | |
| | (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"/> 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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Oregon MC Riders Association

Mailing Address PO Box 6975

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Portland | OR | 97228-6975 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11C.4718

Amount of Each Receipt this Period
250.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 250.00 |

**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 10 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. BRIAN P BILBRAY | | Transaction ID: SB23.4701 Date of Disbursement |
| Mailing Address 2466 Unicornio Street | | <input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> |
| City Carlsbad | State CA | Zip Code 92009 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="500.00"/> |
| 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) ▼ | |
| State: CA | District: 50 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. TIMOTHY BISHOP | | Transaction ID: SB23.4681 Date of Disbursement |
| Mailing Address PO Box 437 | | <input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> |
| City FARMINGVILLE | State NY | Zip Code 11738 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="500.00"/> |
| 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) ▼ | |
| State: NY | District: 01 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. BOSWELL FOR CONGRESS | | Transaction ID: SB23.4655 Date of Disbursement |
| Mailing Address PO Box 6220 | | <input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> |
| City Des Moines | State IA | Zip Code 50309 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name BOSWELL FOR CONGRESS | | <input type="text" value="500.00"/> |
| 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) ▼ | |
| State: IA | District: 03 | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. BUCK MCKEON FOR CONGRESS | | Transaction ID: SB23.4674 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 |
| Mailing Address 24265 San Fernando Road | | Amount of Each Disbursement this Period 500.00 |
| City Santa Clarita State CA Zip Code 91321 | Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. COLEMAN FOR SENATE 08 | | Transaction ID: SB23.4666 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 |
| Mailing Address 7300 HUDSON BLVD SUITE 270A | | Amount of Each Disbursement this Period 1000.00 |
| City ST PAUL State MN Zip Code 55128 | Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS | | Transaction ID: SB23.4668 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 51272 | | Amount of Each Disbursement this Period 500.00 |
| City Midland State TX Zip Code 79710 | Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ENZI FOR US SENATE | | Transaction ID: SB23.4648 Date of Disbursement |
| Mailing Address PO BOX 2775 | | <input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City CODY | State WY | Zip Code 82414 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| Candidate Name ENZI FOR US SENATE | | 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) ▼ | |
| State: WY | District: 00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. FEINGOLD SENATE COMMITTEE | | Transaction ID: SB23.4670 Date of Disbursement |
| Mailing Address PO BOX 620062 | | <input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City MIDDLETON | State WI | Zip Code 53562 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| Candidate Name | | 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) ▼ | |
| State: WI | District: 00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF CONRAD BURNS - 2006 | | Transaction ID: SB23.4761 Date of Disbursement |
| Mailing Address PO BOX 1596 | | <input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City HELENA | State MT | Zip Code 59624 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| Candidate Name | | 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) ▼ | |
| State: MT | District: | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3000.00"/> |
| TOTAL 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 13 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FRIENDS OF CONRAD BURNS - 2006 | | Transaction ID: SB23.4763 Date of Disbursement |
| Mailing Address PO BOX 1596 | | <input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> |
| City HELENA | State MT | Zip Code 59624 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| Candidate Name | | 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) ▼ | |
| State: MT | District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. GARD FOR CONGRESS | | Transaction ID: SB23.4696 Date of Disbursement |
| Mailing Address PO BOX 277 | | <input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> |
| City GREEN BAY | State WI | Zip Code 54305 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="500.00"/> |
| Candidate Name | | 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) ▼ | |
| State: WI | District: 08 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. JULIA CARSON FOR CONGRESS COMMITTEE | | Transaction ID: SB23.4664 Date of Disbursement |
| Mailing Address P.O. Box 44088 740 MARKET SQUARE CENTER | | <input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> |
| City Indianapolis | State IN | Zip Code 46244 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period <input type="text" value="500.00"/> |
| Candidate Name | | 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) ▼ | |
| State: IN | District: 07 | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2000.00"/> |
| TOTAL 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 14 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. KLINE FOR CONGRESS | | Transaction ID: SB23.4653 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6 |
| Mailing Address 101 Burnsville Parkway Suite 104 | | Amount of Each Disbursement this Period 500.00 |
| City Burnsville State MN Zip Code 55337 | Purpose of Disbursement <input type="checkbox"/> Category/Type | |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. CONNIE MACK | | Transaction ID: SB23.4683 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 |
| Mailing Address 5100 S. Cleveland Ave. Suite 318 PMB 388 | | Amount of Each Disbursement this Period 500.00 |
| City FORT MYERS State FL Zip Code 33907 | Purpose of Disbursement <input type="checkbox"/> Category/Type | |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. MARK KENNEDY 06 | | Transaction ID: SB23.4672 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 |
| Mailing Address PO BOX 49333 | | Amount of Each Disbursement this Period 1000.00 |
| City BLAINE State MN Zip Code 55449 | Purpose of Disbursement <input type="checkbox"/> Category/Type | |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. MARK KENNEDY 06 | | Transaction ID: SB23.4765 | |
| Mailing Address PO BOX 49333 | | Date of Disbursement 06 / 09 / 2006 | |
| City BLAINE | State MN | Zip Code 55449 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | Category/ Type | |
| Candidate Name | | | |
| 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) ▼ | | |
| State: MN | District: 06 | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. MUSGRAVE FOR CONGRESS | | Transaction ID: SB23.4679 | |
| Mailing Address 118 West Charlotte Street | | Date of Disbursement 06 / 09 / 2006 | |
| City Johnstown | State CO | Zip Code 80534 | Amount of Each Disbursement this Period 500.00 |
| Purpose of Disbursement | | Category/ Type | |
| Candidate Name | | | |
| 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) ▼ | | |
| State: CO | District: 04 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. SANTORUM 2006 | | Transaction ID: SB23.4694 | |
| Mailing Address ONE TOWER BRIDGE SUITE 1440 | | Date of Disbursement 06 / 09 / 2006 | |
| City WEST CONSHOHOCKEN | State PA | Zip Code 19428 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | Category/ Type | |
| Candidate Name | | | |
| 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) ▼ | | |
| State: PA | District: 00 | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SIMMONS FOR CONGRESS | | Transaction ID: SB23.4685 Date of Disbursement |
| Mailing Address P.O. Box 268 Drawer 271 P.O. Box 268 Drawer 271 | | <input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City Stonington | State CT | Zip Code 06378 |
| Purpose of Disbursement | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="500.00"/> |
| Candidate Name | 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) ▼ | |
| State: CT District: 2 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SIMMONS FOR CONGRESS | | Transaction ID: SB23.4688 Date of Disbursement |
| Mailing Address P.O. Box 268 Drawer 271 P.O. Box 268 Drawer 271 | | <input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City Stonington | State CT | Zip Code 06378 |
| Purpose of Disbursement | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="500.00"/> |
| Candidate Name | 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) ▼ | |
| State: CT District: 2 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. BART STUPAK | | Transaction ID: SB23.4690 Date of Disbursement |
| Mailing Address 817 NINTH AVENUE PO BOX 156 | | <input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City MENOMINEE | State MI | Zip Code 49858 |
| Purpose of Disbursement | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="500.00"/> |
| Candidate Name | 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) ▼ | |
| State: MI District: 01 | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1500.00"/> |
| TOTAL 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 17 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. WALDEN FOR CONGRESS INC

Transaction ID: SB23.4692

Date of Disbursement

Mailing Address PO Box 1091

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 0 | 6 |

City State Zip Code
Hood River OR 97031

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OR District: 02

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

15000.00