

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
The Commonwealth PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		30110.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	909773.82									
(c) Total Receipts (from Line 19)	590463.99	2125588.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1500237.81	2155698.85								
7. Total Disbursements (from Line 31)	801071.46	1456532.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	699166.35	699166.35								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
The Commonwealth PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	559665.09	2075427.59
(i) Itemized (use Schedule A)	6424.00	8840.00
(ii) Unitemized	566089.09	2084267.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	20000.00	36500.00
(c) Other Political Committees (such as PACs)	586089.09	2120767.59
(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)	4374.90	4820.85
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))	590463.99	2125588.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	590463.99	2125588.44

DETAILED SUMMARY PAGE
of Disbursements

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.....	721171.46	1265782.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	721171.46	1265782.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55400.00	150250.00
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.....	24500.00	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))..	801071.46	1456532.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	801071.46	1456532.50

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)	586089.09	2120767.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	586089.09	2120767.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	721171.46	1265782.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	4374.90	4820.85
38. Net Operating Expenditures (subtract Line 37 from Line 36)	716796.56	1260961.65

**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 / 265
	<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)
William Achtmeyer

Mailing Address 34 1/2 Beacon St. Apt. 4N

City State Zip Code
Boston MA 02108

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

Name of Employer Occupation
Parthenon 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
08 / 17 / 2006

Transaction ID: 61006.C1140

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 23191 La Cadena Drive

City State Zip Code
Laguna Hills CA 92653

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

Name of Employer Occupation
American Realty Capital Adviso Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 61006.C1186

Amount of Each Receipt this Period
2000.00

Receipt

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

Mailing Address 5 Jenner St. Suite 100

City State Zip Code
Irvine CA 92618

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

Name of Employer Occupation
Innovative Partners, Inc. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2006

Transaction ID: 61006.C1167

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7250.00
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 7 / 265
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Zelma Allred

Mailing Address 17872 Mitchell north, Suite 250

City Irvine State CA Zip Code 92614

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

Name of Employer Pool Water Products Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2006

Transaction ID: 61006.C1225

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mary Ambrosiani

Mailing Address 1075 W. Oden Bay Rd

City Sandpoint State ID Zip Code 83864

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
07 / 26 / 2006

Transaction ID: 100001110

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 3 Center Plz

City Boston State MA Zip Code 02108-2000

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

Name of Employer Interest Income Occupation Interest Income

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2865.09

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: 61006.C1696

Amount of Each Receipt this Period
2865.09

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10365.09
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 265
	<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) A. David Arnold		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 255 W. 2nd Street		Transaction ID: 61006.C1226
City State Zip Code Tustin CA 92780	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Hillcrest Homes	Occupation Real Estate	
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. Kenneth Astle		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 5635 St. Francis Circle East		Transaction ID: 61006.C1248
City State Zip Code North Highlands CA 95660	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Thomas Atterman		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 271 Lone Pine Road		Transaction ID: 61007.C1702
City State Zip Code Cache Junction UT 84304	Amount of Each Receipt this Period 2000.00	
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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 265
	<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) A. William Bain		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address 24 Webster Street		Transaction ID: 61006.C1125	
City Needham	State MA	Zip Code 02494	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bain Willard Companies	Occupation 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. Allen Ball		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address PO Box 51298		Transaction ID: 61006.C1260	
City Idaho Falls	State ID	Zip Code 83405	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Ball Ventures	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Diana Berthiaume		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address 18 Buttonwood Drive		Transaction ID: 61006.C1385	
City Andover	State MA	Zip Code 01810	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		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		

SUBTOTAL of Receipts This Page (optional) ▶	11250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 265
	<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)
Douglas Berthiaume

Mailing Address 18 Buttonwood Drive

City State Zip Code
Andover MA 01810

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

Name of Employer Waters Corporation Occupation CEO/Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: 61006.C1384

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Steven Bledsoe

Mailing Address 5333 Jessen Dr.

City State Zip Code
San Juan Capistran CA 92675

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

Name of Employer Kirkland & Ellis 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
09 / 28 / 2006

Transaction ID: 61006.C1558

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Allen Boerner

Mailing Address 2 Park Plaza Suite 800

City State Zip Code
Irvine CA 92614

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

Name of Employer Granite Investment Group Occupation CEO and Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 61006.C1187

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **10500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 265
	<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) A. Lowell Brown		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 2029 Century Park East		Transaction ID: 61006.C1201	
City State Zip Code Northridge CA 91325	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Foley and Lardner	Occupation Attorney		
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. Sonja Brown		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 17170 Kinzie Street		Transaction ID: 61006.C1202	
City State Zip Code Northridge CA 91325	Amount of Each Receipt this Period 5000.00		
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 ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Julie Bullen		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address 18439 Calle La Serra		Transaction ID: 61006.C1395	
City State Zip Code Rancho Santa Fe CA 92091-0140	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	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		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 265
	<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) A. John Burk		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006
Mailing Address 4411 Whitland Court		Transaction ID: 61006.C1219
City State Zip Code Rocklin CA 95677	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Information Requested Receipt For:	Occupation Information Requested Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. Anne Canfield		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 823 Oronoco Street		Transaction ID: 61006.C1541
City State Zip Code Quantico VA 22134	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Information Requested Receipt For:	Occupation Information Requested Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	5000.00	

Full Name (Last, First, Middle Initial) C. Jason Cardinet		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006
Mailing Address 5160 Virginiatown Road		Transaction ID: 61006.C1168
City State Zip Code Newcastle CA 95658	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Information Requested Receipt For:	Occupation Information Requested Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 265
	<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) A. Susanne Carlson		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 137 Newton Street		Transaction ID: 61006.C1404	
City Weston	State MA	Zip Code 02493	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Fred Carpenter		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 100 West Broadway		Transaction ID: 61006.C1188	
City Glendale	State CA	Zip Code 91210	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Glenwood Financial Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Paul Chapman		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006	
Mailing Address 9819 Hopkins Ct.		Transaction ID: 61006.C1249	
City Granite Bay	State CA	Zip Code 95746	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Paul Chapman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Real Estate Investor Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 265
	<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) A. Jeff Clark		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 885 E. 1700 N		Transaction ID: 100001056	
City State Zip Code Ogden UT 84414	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer JD Clark & Co.	Occupation 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. Michael Cleary		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006	
Mailing Address 1707 19th Street, NW		Transaction ID: 61006.C1365	
City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Professionalink, LLC	Occupation Management Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Gus Coldbella		Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2006	
Mailing Address 3809 Alton Pl. NW		Transaction ID: 61006.C1343	
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Goodwin Proctor	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	5700.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 265
	<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) A. Scott Coler		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 4100 MacArthur Boulevard, Suite 15		Transaction ID: 61006.C1227
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer California Pacific Holdings	Occupation Division President	Receipt
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. Brian Conway		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 301 Otis St		Transaction ID: 61006.C1432
City Newton	State MA	Zip Code 02465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer TA Associates	Occupation Private Equity Investor	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. David Corcoran		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 546 Emerald Bay		Transaction ID: 61006.C1382
City Laguna Beach	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Ellison Educational Equip.	Occupation CEO/President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	13000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 265
	<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)
Lisa Corcoran

Mailing Address 546 Emerald Bay

City State Zip Code
Laguna Beach CA 92651

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

Name of Employer Occupation
Ellison Educational Equip. Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: 61006.C1383

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jon Corey

Mailing Address 1132 Green Lane

City State Zip Code
La Canada Flintrid CA 91011

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

Name of Employer Occupation
Quinn Emanuel Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 61006.C1557

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 4100 MacArthur Blvd. Suite 150

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
Capital Pacific Holding COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 61006.C1154

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 265
	<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)
Peter Crowell

Mailing Address 1104 Dartmouth Avenue

City State Zip Code
Roseville CA 95678

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

Name of Employer Occupation
Premier Financial Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 61006.C1189

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ghaleb Daouk

Mailing Address 4 Ross Rd.

City State Zip Code
Belmont MA 02478-2115

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

Name of Employer Occupation
MGH Hospital Pediatrician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2006

Transaction ID: 61006.C1301

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Sandra Dickson

Mailing Address 7472 Shadow Oaks Lane

City State Zip Code
Granite Bay CA 95746-9420

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

Name of Employer Occupation
Dickson Electric Company Bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2006

Transaction ID: 61006.C1394

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 265
	<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) A. Sead Dizadarevic		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 196 Rt. 202 North		Transaction ID: 61006.C1386
City State Zip Code Far Hills NJ 07931	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00
Name of Employer Sead Dizadarevic	Occupation Self Employed	Receipt
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. Kristina Dodge		Date of Receipt MM / DD / YYYY 08 / 25 / 2006
Mailing Address 63 Monarch Bay Dr		Transaction ID: 61006.C1228
City State Zip Code Dana Point CA 92629	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer American Sterling Corp.	Occupation Executive VP	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Lawrence Dodge		Date of Receipt MM / DD / YYYY 08 / 22 / 2006
Mailing Address 63 MONarch Bay Dr		Transaction ID: 61006.C1218
City State Zip Code Dana Point CA 92629	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer American Sterling Corp.	Occupation CEO	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
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 19 / 265
	<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)
Dana Dowers

Mailing Address 26 Corporate Park, Suite 200

City Irvine State CA Zip Code 92606-3113

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

Name of Employer D.L.D. Insurance Broker Occupation 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
09 / 21 / 2006

Transaction ID: 61006.C1381

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mariana Duncan

Mailing Address 150 Beacon Street, No. 2

City Boston State MA Zip Code 02116

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: 61006.C1364

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Donald Dwight

Mailing Address 92 Shoestrap Road

City Lyme State NH Zip Code 03768

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

Name of Employer Dwight Partners, Inc. Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 61006.C1312

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 265
	(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

Full Name (Last, First, Middle Initial) A. Wesley Eaton		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 304 Brooksby Village Dr		Transaction ID: 61006.C1314	
City State Zip Code Peabody MA 01960	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation None Retired	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. Dick Ebersol		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 2850 Ocean Park Blvd., Suite 300		Transaction ID: 61006.C1367	
City State Zip Code Santa Monica CA 90405-2955	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation NBC Sports Chairman	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Howard Edwards		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address PO Box 680934		Transaction ID: 61006.C1527	
City State Zip Code Park City UT 84068-0937	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation None Retired	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 265
	<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)
Margaret Favero

Mailing Address 5089 Westbury Cir.

City State Zip Code
Granite Bay CA 95746

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 ▼
1000.00

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

Transaction ID: 61006.C1333

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 150 Woodland Rd.

City State Zip Code
Chestnut Hill MA 02467

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

Name of Employer Occupation
PFP Associates Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 61006.C1532

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 3333 Susan Street

City State Zip Code
Costa Mesa CA 92626

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

Name of Employer Occupation
Emulex Corporation CEO and Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 61006.C1190

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 265
	<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)
Dean Forman

Mailing Address 18505 Sierra Ranch Road

City State Zip Code
Colfax CA 95713

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

Name of Employer Occupation
Genovese Forman Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2006

Transaction ID: 61006.C1169

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Charles Freeman

Mailing Address 5020 Wissioming Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: 61007.C1704

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Shellie Frey

Mailing Address 12171 Country Lane

City State Zip Code
Santa Ana CA 92705

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

Name of Employer Occupation
Golden State Foods Communications Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 61006.C1191

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 265
	<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)
Allan Frumkin

Mailing Address 15250 Hesperian Blvd. Suite 102

City San Leandro State CA Zip Code 94578

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

Name of Employer Allan Frumkin Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 25 / 2006

Transaction ID: 61006.C1250

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 32 Suffolk Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Monitor Group Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
08 / 17 / 2006

Transaction ID: 61006.C1136

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Marc Fuller

Mailing Address 1968 Sheridan Road

City Salt Lake City State UT Zip Code 84108

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

Name of Employer WET Design Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 11 / 2006

Transaction ID: 61006.C1536

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5750.00
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 24 / 265
	<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)
Mark Fuller

Mailing Address 155 Somerset St.

City Belmont State MA Zip Code 02478

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

Name of Employer Monitor Group Occupation Director, CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 61006.C1132

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ruthanne Fuller

Mailing Address 32 Suffolk Road

City Chestnut Hill State MA Zip Code 02467-1216

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
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 61006.C1135

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 225 State Street, 5th Fl.

City Boston State MA Zip Code 02109

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2006

Transaction ID: 61006.C1310

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10200.00
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 25 / 265
	<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) A. Timothy Gendron		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 60 Cross Road		Transaction ID: 61006.C1309
City Lunenburg	State MA	Zip Code 01462
Amount of Each Receipt this Period 1000.00		Receipt
FEC ID number of contributing federal political committee. C		
Name of Employer Tims Fabricators, Inc.	Occupation Construction Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Robert Goldbaum		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 87 Fruitledge Rd.		Transaction ID: 61006.C1351
City Glen Head	State NY	Zip Code 11545
Amount of Each Receipt this Period 5000.00		Receipt
FEC ID number of contributing federal political committee. C		
Name of Employer Simpson Thacher and Bartlett.	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Alan Goldberg		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 695 W. 246th Street		Transaction ID: 61006.C1323
City Bronx	State NY	Zip Code 10471
Amount of Each Receipt this Period 5000.00		Receipt
FEC ID number of contributing federal political committee. C		
Name of Employer Goldberg Lindsay and Co.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	11000.00
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 26 / 265
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Miriam Goldberg

Mailing Address 695 W. 246th Street

City State Zip Code
Bronx NY 10471

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
09 / 12 / 2006

Transaction ID: 61006.C1318

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Frank Gooch

Mailing Address 1210 Homewood Lane

City State Zip Code
La Canada Flintrid CA 91011

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

Name of Employer Occupation
Gilchrist and Rutter Attorney

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 61006.C1552

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Rita Gooch

Mailing Address 1210 Homewood Lane

City State Zip Code
La Canada Flintrid CA 91011

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
09 / 27 / 2006

Transaction ID: 61006.C1553

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 265
	<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) A. Dola Hamilton Stenberg		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 5 Louisburg Square		Transaction ID: 61006.C1475
City Boston	State MA	Zip Code 02108-1202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer None	Occupation Homemaker	Receipt
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. Dan Harkey		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address 76 Ritz Cove		Transaction ID: 61006.C1159
City Dana Point	State CA	Zip Code 92629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Point Center Financial	Occupation Mortgage Broker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. David Henle		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 33 Dusenberry Road		Transaction ID: 61006.C1311
City Bronxville	State NY	Zip Code 10708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 265
	<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) A. Meredith Higbee		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 235 W. 102nd St. Apt. 6D		Transaction ID: 61006.C1349
City State Zip Code New York NY 10025	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lawrence Higby		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006
Mailing Address 26220 Enterprise Court		Transaction ID: 61006.C1223
City State Zip Code Lake Forest CA 92630	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. George Hoguet		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 17 Chesham Rd.		Transaction ID: 61006.C1373
City State Zip Code Brookline MA 02445	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	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	5800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 265
	(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

Full Name (Last, First, Middle Initial) A. Mark Holt		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 9225 Silverwood Ct.		Transaction ID: 61006.C1251
City State Zip Code Granite Bay CA 95746	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Mark Holt	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Leslie Humphrey		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 5055 Hillsdale Cr		Transaction ID: 61006.C1229
City State Zip Code El Dorado Hills CA 95762	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer CCG Concepts	Occupation Interior Design	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. M. Howard Jacobson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 46 Powder Hill Way		Transaction ID: 61006.C1359
City State Zip Code Westborough MA 01581-3346	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Howieconnect	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 265
	<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)
James Brian Jagers

Mailing Address 6074 Shirley Ave

City State Zip Code
Carmichael CA 95608

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

Name of Employer Occupation
Creative Concept Groups Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: 61006.C1380

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
B. Tyron Jenkins

Mailing Address 13053 S. 1st East

City State Zip Code
Idaho Falls ID 83404

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

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

Transaction ID: 100001111

Amount of Each Receipt this Period
1250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Christopher Jenny

Mailing Address 14 Moore Road

City State Zip Code
Wayland MA 01778-1410

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

Name of Employer Occupation
Parthenon Group Senior Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 61006.C1150

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **6450.00**

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 31 / 265
	<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) A. Darlene Jordan		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 10 Rowes Wharf, Apt. 1202		Transaction ID: 61006.C1421	
City State Zip Code Boston MA 02110	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Darlene Jordan	Occupation Attorney		
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. Gerald Jordan		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 10 Rowes Wharf, Apt. 1202		Transaction ID: 61006.C1428	
City State Zip Code Boston MA 02110	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Hellman Jordan Management, Co.	Occupation Investment 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) C. Leo Kahn		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 180 Kent Rd.		Transaction ID: 61006.C1302	
City State Zip Code Waban MA 02468-1108	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer United Properties	Occupation Businessman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 265
	<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)
John Kaneb

Mailing Address 34 Masconomo St.

City State Zip Code
Manchester MA 01944

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

Name of Employer Catamount Companies Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: 100001098

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Virginia Kaneb

Mailing Address 34 Masconomo St.

City State Zip Code
Manchester MA 01944

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
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: 100001102

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Peter Karmanos

Mailing Address 4740 Dow Ridge Rd

City State Zip Code
West Bloomfield MI 48324

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

Name of Employer Compuware Occupation Chairman and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: 100001070

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 265
	<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)
James Kennedy

Mailing Address 2808 Canto Nubiado

City State Zip Code
San Clemente CA 92673

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

Name of Employer Occupation
AIM Productions Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 61006.C1193

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Fred Kenney

Mailing Address 9917 Cranleigh Dr

City State Zip Code
Granite Bay CA 95746

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

Name of Employer Occupation
Golfland Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: 61006.C1335

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jim Kindred

Mailing Address 936 E. Lizzie Ln

City State Zip Code
Saint George UT 84790

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

Name of Employer Occupation
Yakety Yak Co-Founder

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: 100001062

Amount of Each Receipt this Period
2000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 265
	<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 Klein

Mailing Address 3 Charles Court

City State Zip Code
Chappaqua NY 10514-1119

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

Name of Employer Occupation
Bank of America Securities Investment Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 61006.C1315

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
David Knowlton

Mailing Address 477 Madison Avenue, Suite 230

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Watch Hill Partners Managing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: 61006.C1347

Amount of Each Receipt this Period
2000.00

Receipt

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

Mailing Address 974 South Ocean Boulevard

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
Koch Industries 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
09 / 11 / 2006

Transaction ID: 61006.C1337

Amount of Each Receipt this Period
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 265
	<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) A. Hillary Krouse		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 3673 Carlton Place		Transaction ID: 61006.C1400
City State Zip Code Boca Raton FL 33496	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		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. Rodger Krouse		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 3673 Carlton Place		Transaction ID: 61006.C1399
City State Zip Code Boca Raton FL 33496	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Sun Capital Partners	Occupation Co-CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. C. Kevin Landry		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 250 Boylston St.		Transaction ID: 61006.C1357
City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer TA Associates	Occupation Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 265
	<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)
Peggy Larsen

Mailing Address 267 W. 4650 N.

City Rexburg State ID Zip Code 83440

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 ▼
1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	6

Transaction ID: 61006.C1294

Amount of Each Receipt this Period
1250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Stan Leavitt

Mailing Address 8154 Miners Meadows Ct.

City Granite Bay State CA Zip Code 95746

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

Name of Employer Merrill Lynch Occupation Financial Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	6

Transaction ID: 61006.C1230

Amount of Each Receipt this Period
750.00

Receipt

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

Mailing Address 625 Lake Shore Road

City Grosse Pointe State MI Zip Code 48236

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

Name of Employer Liggett Broadcast Group 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
0	9	/	0	1	/	2	0	0	6

Transaction ID: 61006.C1299

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 265
	<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) A. Victoria Liggett		Date of Receipt MM / DD / YYYY 09 / 01 / 2006
Mailing Address 625 Lake Shore Road		Transaction ID: 61006.C1300
City State Zip Code Grosse Pointe MI 48236	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer None Occupation Homemaker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. David Lippa		Date of Receipt MM / DD / YYYY 08 / 18 / 2006
Mailing Address 30100 Town Center Suite 212		Transaction ID: 61006.C1170
City State Zip Code Laguna Niguel CA 92677	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer David Lippa Occupation Insurance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Jennifer Lipschultz		Date of Receipt MM / DD / YYYY 09 / 26 / 2006
Mailing Address 1021 Park Avenue, Apt. 3C		Transaction ID: 61006.C1482
City State Zip Code New York NY 10028	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer None Occupation Homemaker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 265
	<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)
Marc Lipschultz

Mailing Address 1021 Park Avenue, Apt. 3C

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Kohlberg Kravis Roberts & Co. Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: 61006.C1481

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Edward Lozick

Mailing Address 29425 Chagrin Boulevard, Suite 201

City State Zip Code
Beachwood OH 44122-4602

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

Name of Employer Occupation
Nerts Inc. Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2006

Transaction ID: 61006.C1467

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 65 Fellsmere Road

City State Zip Code
Newton MA 02459

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

Name of Employer Occupation
Citigroup Private Banking Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: 61006.C1554

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 265
	<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) A. Michael McCormack		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 21 Arnold Road		Transaction ID: 61006.C1332	
City State Zip Code Wellesley Hills MA 02481	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer McCormack Firm, LLC Occupation Attorney	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Edward McGourty		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 3 Stone Bridge Lane		Transaction ID: 61006.C1430	
City State Zip Code Milton MA 02186	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Mullen and McGourty Occupation Attorney	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Thomas McKernan		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1070 Fallen Leaf Rd.		Transaction ID: 61006.C1334	
City State Zip Code Arcadia CA 91006-1903	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Auto Club of S. CA Occupation President and CEO	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 265
	<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) A. Francis Meaney		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006
Mailing Address 45 Bitterweet Lane		Transaction ID: 61006.C1165
City State Zip Code North Chatham MA 02650	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Occupation Mintz Levin Attorney	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. Henry Meyer		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address PO Box 149		Transaction ID: 61006.C1435
City State Zip Code Wakefield RI 02880	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Occupation None Retired	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) C. Dennis Miller		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 2626 Hillside Dr		Transaction ID: 100001109
City State Zip Code Salt Lake City UT 84117	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Occupation Information Requested Information Requested	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 265
	<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)
Donald Miller

Mailing Address 588 Roundhill Road

City State Zip Code
Greenwich CT 06831

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

Name of Employer
Axiom International Investors

Occupation
Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: 100001107

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
David Moore

Mailing Address 88 Linda Isle

City State Zip Code
Newport Beach CA 92660

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

Name of Employer
Corinthian Colleges

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 61006.C1471

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kathryn Moore

Mailing Address 88 Linda Isle

City State Zip Code
Newport Beach CA 92660

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
MM / DD / YYYY
09 / 25 / 2006

Transaction ID: 61006.C1472

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 265
	<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)
Kelvin Moss

Mailing Address 9970 Hadleigh Dr.

City State Zip Code
Granite Bay CA 95746

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

Name of Employer Occupation
KH Moss Development Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2006

Transaction ID: 61006.C1252

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Martha Mugar

Mailing Address 218 Marsh St.

City State Zip Code
Belmont MA 02478

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
MM / DD / YYYY
09 / 07 / 2006

Transaction ID: 61006.C1305

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Eugene Mullen

Mailing Address 103 Loring Road

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Mullen and McGourty Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: 61006.C1431

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
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 43 / 265
	<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) A. S. Paul Musco		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 28 Canyon Fairway Dr		Transaction ID: 61006.C1158	
City State Zip Code Newport Beach CA 92660	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Gemini Inc.	Occupation Chairman		
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. Frederick Muzi		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 10 Powisset St.		Transaction ID: 61006.C1479	
City State Zip Code Dover MA 02030-1601	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Muzi Motors	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Stuart Nagode		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 31 Knollwood Dr.		Transaction ID: 61006.C1360	
City State Zip Code Dover MA 02030-2422	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Self Employed	Occupation Self Employed		
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) ▶	10250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 265
	<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)
Dwayne Nash

Mailing Address 2905 Virginiatown Road

City Lincoln State CA Zip Code 95648-9768

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

Name of Employer Kodiak Roofing and Waterproofing Occupation Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
08 / 25 / 2006

Transaction ID: 61006.C1253

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Douglas Neff

Mailing Address 19800 MacArthur Blvd.

City Irvine State CA Zip Code 92612

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

Name of Employer IHP Capital Partners Occupation Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
08 / 18 / 2006

Transaction ID: 61006.C1171

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Larry Nelson

Mailing Address 8334 Gerber Road

City Sacramento State CA Zip Code 95828

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

Name of Employer Harman MGMT Corp. Occupation Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 25 / 2006

Transaction ID: 61006.C1231

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
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 45 / 265
	<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) A. Linda Nelson		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 2 Avery Street		Transaction ID: 61006.C1330	
City State Zip Code Boston MA 02111	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation None Retired	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. David Nierenberg		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 19605 NE 8th St		Transaction ID: 100001085	
City State Zip Code Camas WA 98607	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Nierenberg Investment Mgmt Investment Manager	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Patricia Nierenberg		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 19605 NE 8th Street		Transaction ID: 100001080	
City State Zip Code Camas WA 98607	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Nierenberg Investment Mgmt Office Manager	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
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 46 / 265
	<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)
Rodger Nordblom

Mailing Address 200 Barnes Hill Rd.

City State Zip Code
Concord MA 01742

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

Name of Employer Occupation
Nordblom Co. Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: 61006.C1559

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert OBrien

Mailing Address 1115 Atlee Drive

City State Zip Code
La Canada Flintrid CA 91011-3211

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

Name of Employer Occupation
OBrien Abeles, LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

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

Transaction ID: 61006.C1556

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lindsay Orme

Mailing Address 253 W. 93rd St., 4N

City State Zip Code
New York NY 10025

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

Name of Employer Occupation
Fox Cable Network Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: 61006.C1353

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3300.00
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 47 / 265
	<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) A. David Parker		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 51450		Transaction ID: 61006.C1204
City State Zip Code Irvine CA 92619	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation SRS Capital Partners Managing Partners	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lauren Parker		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 51450		Transaction ID: 61006.C1209
City State Zip Code Irvine CA 92619	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation None Homemaker	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Randall Paul		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 5915 Quail Creek Lane		Transaction ID: 61006.C1177
City State Zip Code American Fork UT 84003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Information Requested Information Requested	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 265
	(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)
Jonathan Payson

Mailing Address 58 West Street

City State Zip Code
Beverly MA 01915-2228

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

Name of Employer Wellington Management Company
Occupation Investment Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 61006.C1533

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kathleen Pelick

Mailing Address 7 Ledgeville Rd.

City State Zip Code
Foxboro MA 02035

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: 61006.C1331

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lovett Peters

Mailing Address 81 Old Orchard Rd

City State Zip Code
Chestnut Hill MA 02467-1213

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

Name of Employer Pioneer Institute
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 61006.C1374

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 265
	<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)
George Peterson

Mailing Address 25562 Paseo de la Paz

City State Zip Code
San Juan Capistran CA 92675

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

Name of Employer Occupation
Centra Realty Corp. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2006

Transaction ID: 61006.C1232

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Stanley Phillips

Mailing Address 24 Valleyfields Farm

City State Zip Code
High Point NC 27265

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

Name of Employer Occupation
None Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2006

Transaction ID: 61006.C1233

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
J. Geoff Piceu

Mailing Address 24671 Telegraph Road

City State Zip Code
Southfield MI 48034

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: 61007.C1703

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
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 50 / 265
	<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) A. John Pingree		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 11 Sagamore Farm Road		Transaction ID: 61006.C1561	
City State Zip Code Hamilton MA 01936	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation None Retired	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. R. Jan Pinney		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006	
Mailing Address 5150 Ellington Court		Transaction ID: 61006.C1254	
City State Zip Code Granite Bay CA 95746	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Pinney Insurance CEO	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Tracy Price		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006	
Mailing Address 8 Hughes		Transaction ID: 61006.C1195	
City State Zip Code Irvine CA 92618	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation The Linc Group CEO and President	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 265
	<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)
Robert Reynolds

Mailing Address 153 Garfield Rd

City State Zip Code
Concord MA 01742

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

Name of Employer Occupation
Fidelity Investments Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 61006.C1371

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Glen Richardson

Mailing Address 3079 Muir Woods Drive

City State Zip Code
El Dorado Hills CA 95762

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

Name of Employer Occupation
Weather Advisor Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2006

Transaction ID: 61006.C1234

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
David Rose

Mailing Address 10573 W. Pico Blvd. #294

City State Zip Code
Los Angeles CA 90064

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

Name of Employer Occupation
RH Communities Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: 100001091

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
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 52 / 265
	<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)
Arthur Ryan

Mailing Address 119 Mt. Pleasant Ave.

City Gloucester State MA Zip Code 01930

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 07 / 2006

Transaction ID: 61006.C1303

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Rod Sadlier

Mailing Address 11976 Trail Crest Court

City San Diego State CA Zip Code 92131-6145

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
07 / 13 / 2006

Transaction ID: 100001063

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ehsan Sadri

Mailing Address 705 Terra Bella

City Irvine State CA Zip Code 92602

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

Name of Employer Ehsan Sadri Occupation Eye Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 25 / 2006

Transaction ID: 61006.C1235

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 265
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Full Name (Last, First, Middle Initial)
Eden Saunders

Mailing Address 4525 MacArthur Boulevard

City State Zip Code
Newport Beach CA 92660

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
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: 61006.C1179

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Saunders

Mailing Address 4525 MacArthur Boulevard

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Saunders Property Group Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: 61006.C1178

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Gabriel Schmergel

Mailing Address 15 Lowell Road

City State Zip Code
Wellesley Hills MA 02481

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 61006.C1369

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 265
	<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)
Stephen Schwartzman

Mailing Address 345 Park Avenue, 31st Fl

City State Zip Code
New York NY 10154

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

Name of Employer Occupation
Blackstone Group Founder

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: 100001113

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Peter Seldin

Mailing Address 1000 Ponus Rdg

City State Zip Code
New Canaan CT 06840

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

Name of Employer Occupation
Centennial Energy Partnership Portfolio Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 61006.C1265

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Simon Shaner

Mailing Address 227 Riverside Drive Apt. 2E

City State Zip Code
New York NY 10025

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

Name of Employer Occupation
Davidson Kempner Swaps Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: 61006.C1352

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6300.00
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 55 / 265
	<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)
Heath Sheppard

Mailing Address 2660 Rogue Way

City State Zip Code
Roseville CA 95747

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

Name of Employer Sheppard Neilson Ins Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: 61006.C1255

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Logan Sheppard

Mailing Address 9031 Hidden Glen Lane

City State Zip Code
Orangevale CA 95662

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

Name of Employer Sheppard and Neilson Insurance Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: 61006.C1256

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Charles Shewmake

Mailing Address 3724 Clarke Ave.

City State Zip Code
Fort Worth TX 76107

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

Name of Employer BNSF 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
0 7 / 2 6 / 2 0 0 6

Transaction ID: 100001116

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 56 / 265
	<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)
Robert Shields

Mailing Address 206 Atlee Road

City State Zip Code
Wayne PA 19087

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

Name of Employer Questar Management Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: 100001067

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Shoaf

Mailing Address 1500 Lexington Ave., Apt. 19P

City State Zip Code
New York NY 10029

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: 61006.C1362

Amount of Each Receipt this Period
300.00

Receipt

C. Full Name (Last, First, Middle Initial)
L.E. Simmons

Mailing Address 2923 Del Monte

City State Zip Code
Houston TX 77019

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

Name of Employer SCF Partners Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: 100001057

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6300.00
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 57 / 265
	<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)
R. Craig Smith

Mailing Address 51582 Bluebonnet Blvd.

City State Zip Code
Baton Rouge LA 70809

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

Name of Employer Occupation
Brookwood Properties Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 61006.C1599

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Smoot

Mailing Address 9850 Genesee Ave. Ste. 300

City State Zip Code
La Jolla CA 92037

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

Name of Employer Occupation
John Smoot Plastic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

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

Transaction ID: 61006.C1361

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ronald Soderling

Mailing Address 901 Dove Street, Suite 270

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
Chapman University Chair of Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 61006.C1153

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 265
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. John Sorensen		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 47 Hastings		Transaction ID: 100001065
City State Zip Code Laguna Niguel CA 92677	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Select Personal Services Occupation Vice-President	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephanie Sorensen		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 47 Hastings		Transaction ID: 100001066
City State Zip Code Laguna Niguel CA 92677	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Chris St. Hilare		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 3151 Airway Ave. Suite B3		Transaction ID: 61006.C1356
City State Zip Code Costa Mesa CA 92626	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Jury Impact Occupation Consultant	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 265
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Debbie Stephenson		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006	
Mailing Address 9375 Oak Leaf Way		Transaction ID: 61006.C1257	
City State Zip Code Granite Bay CA 95746	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None Occupation Homemaker	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. Jason Stone		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 307 Bridge St		Transaction ID: 61006.C1436	
City State Zip Code Chatham MA 02633	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None Occupation Retired	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Karen Tierney		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 45 Old Farm Rd.		Transaction ID: 61006.C1306	
City State Zip Code Wellesley Hills MA 02481	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5750.00
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 60 / 265
	<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)
Jurrien Timmer

Mailing Address 82 Deveonshire St. E33A

City Boston State MA Zip Code 02109

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

Name of Employer Fidelity Investments Occupation Investements

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: 61006.C1370

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Woodbury Titcomb

Mailing Address 4901 Gulf Shore Blvd., N

City Naples State FL Zip Code 34103

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: 61006.C1304

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ivo Tjan

Mailing Address 2111 Business Center Drive

City Irvine State CA Zip Code 92612

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

Name of Employer Commerce West Bank Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2006

Transaction ID: 61006.C1181

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 265
	<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)
Donald Trump

Mailing Address 725 5th Avenue

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Trump Organization Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 100001090

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Frank Vandersloot

Mailing Address PO Box 50305

City State Zip Code
Idaho Falls ID 83405

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

Name of Employer Occupation
Melaleuca President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

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

Transaction ID: 100001112

Amount of Each Receipt this Period
1250.00

Receipt

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

Mailing Address 69 Park Drive South

City State Zip Code
Rye NY 10580

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

Name of Employer Occupation
Mid Ocean Partners 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
09 / 14 / 2006

Transaction ID: 61006.C1348

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **11250.00**

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 62 / 265
	<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)
Ken Waterhouse

Mailing Address 500 Giuseppe Court Suite 2

City State Zip Code
Roseville CA 95678

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

Name of Employer Occupation
Waterhouse Management Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: 61006.C1182

Amount of Each Receipt this Period
2000.00

Receipt

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

Mailing Address 110 Kettle Hole Road

City State Zip Code
Bolton MA 01740-1058

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

Name of Employer Occupation
None Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: 61006.C1313

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 26 E. 93rd St., Apt. 4C

City State Zip Code
New York NY 10128-0626

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

Name of Employer Occupation
William Weld Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: 61006.C1350

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 265
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

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

Mailing Address 26725 Holly Hill

City Farmington State MI Zip Code 48334

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

Name of Employer Paul Welday Occupation Financial Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2006

Transaction ID: 10001055

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jack Wheatley

Mailing Address 3225 Ash Street

City Palo Alto State CA Zip Code 94306

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 10001077

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mary Lois Wheatley

Mailing Address 3225 Ash Street

City Palo Alto State CA Zip Code 94306

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 10001079

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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 64 / 265
	<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)
Dag Wilkinson

Mailing Address 11 Vista Cielo

City Dana Point State CA Zip Code 92629

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

Name of Employer Capital Pacific Holdings Occupation Legal Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	7	/	2	0	0	6

Transaction ID: 61006.C1160

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Carolu Wilson

Mailing Address 25925 Ridgeview Ct

City Colfax State CA Zip Code 95713-9450

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	6

Transaction ID: 100001052

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Douglas Wilson

Mailing Address 356 Pincrest Drive

City Laguna Beach State CA Zip Code 92651

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

Name of Employer Next Solutions Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	6

Transaction ID: 61006.C1183

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
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 65 / 265
	<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)
Stephen Woodsum

Mailing Address 21 Commonwealth Ave.

City State Zip Code
Boston MA 02116

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

Name of Employer Summit Partners Occupation Venture Capital

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 61006.C1555

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Timothy Wright

Mailing Address 3803 Heather Court

City State Zip Code
Rocklin CA 95765

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

Name of Employer Crescendo Properties Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2006

Transaction ID: 61006.C1258

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Walter Wunderlich

Mailing Address 1814 Suffolk Way

City State Zip Code
Carmichael CA 95608

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2006

Transaction ID: 61006.C1259

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 265
	<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) A. Linda Yellin		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006	
Mailing Address 2505 Miramar Ave.		Transaction ID: 61006.C1185	
City State Zip Code Long Beach CA 90815		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None	Occupation Retired		
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. Robert Yellin		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006	
Mailing Address 2505 Miramar Ave.		Transaction ID: 61006.C1184	
City State Zip Code Long Beach CA 90815		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cal Protection	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Rodger Young		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 219 Guilford		Transaction ID: 100001115	
City State Zip Code Bloomfield Hills MI 48304		Amount of Each Receipt this Period 5000.00	
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 ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 265
	<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)
Angela Zobrist

Mailing Address 1626 Red Rock St

City State Zip Code
Las Vegas NV 89146

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

Name of Employer Occupation
Angela Zobrist Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2006

Transaction ID: 100001046

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 1626 Red Rock St

City State Zip Code
Las Vegas NV 89146

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

Name of Employer Occupation
Richard Zobrist Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2006

Transaction ID: 100001050

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Edward Zuker

Mailing Address PO Box 377

City State Zip Code
Chestnut Hill MA 02467

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

Name of Employer Occupation
Chestnut Hill Real Estate Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: 61006.C1391

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	559665.09

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 265
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. American Intl Group Pac
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Pine Street, 19th Fl.
 City State Zip Code
 New York NY 10270
 FEC ID number of contributing federal political committee. **C** C00097725
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 5 / 2 0 0 6
Transaction ID: 61006.C1429
 Amount of Each Receipt this Period
 5000.00
 Receipt

B. At&t Pac
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 20th St. NW, Suite 1000
 City State Zip Code
 Washington DC 20036
 FEC ID number of contributing federal political committee. **C** C00109017
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 6
Transaction ID: 61006.C1344
 Amount of Each Receipt this Period
 5000.00
 Receipt

C. Pfizer Pac
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 East 42nd Street
 City State Zip Code
 New York NY 10017
 FEC ID number of contributing federal political committee. **C** C00016683
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 6 / 2 0 0 6
Transaction ID: 61006.C1297
 Amount of Each Receipt this Period
 5000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **15000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 265
(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)
The Irvine Company Pac

Mailing Address 550 Newport Center Dr

City	State	Zip Code
Newport Beach	CA	92658

FEC ID number of contributing federal political committee. **C** C00131615

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 61006.C1156

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	20000.00

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 70 / 265
	<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

Full Name (Last, First, Middle Initial) A. William Dailey		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 1 Bushnell Drive		Transaction ID: 61006.C1377	
City State Zip Code Lexington MA 02421-	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure		
Name of Employer Sloane and Walsh, LLP Occupation Attorney	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Carcieri for Governor		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 413 Knight Street		Transaction ID: 61006.C1295	
City State Zip Code Warwick RI 02886-	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure		
Name of Employer Occupation	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Timothy Moran		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 331 Denton St.		Transaction ID: 61010.C1709	
City State Zip Code Council Bluffs IA 51503-	Amount of Each Receipt this Period 1268.36		
FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure		
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date 1268.36		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	3268.36
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 71 / 265	
	(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 checked="" 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) A. Johnson for Senate	
Mailing Address RR 2, Box 105	
City Decorah	State IA
Zip Code 52101-	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Transaction ID: 61006.C1376
Amount of Each Receipt this Period 1000.00
Offsets to Operating Expenditure

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	4268.36

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) A. Nstar		Transaction ID: 200002336 Date of Disbursement MM / DD / YYYY 07 / 11 / 2006	
Mailing Address PO Box 4508		Amount of Each Disbursement this Period 730.27	
City Woburn	State MA	Zip Code 01888-4508	
Purpose of Disbursement PRO-RATED OFFICE UTILITIES		Category/ Type	
Candidate Name		PRO-RATED OFFICE UTILITIES	
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. Nstar		Transaction ID: 61006.E2900 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006	
Mailing Address PO Box 4508		Amount of Each Disbursement this Period 758.94	
City Woburn	State MA	Zip Code 01888-4508	
Purpose of Disbursement PRO-RATED OFFICE UTILITIES		Category/ Type	
Candidate Name		PRO-RATED OFFICE UTILITIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Nstar		Transaction ID: 61006.E3240 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006	
Mailing Address PO Box 4508		Amount of Each Disbursement this Period 844.40	
City Woburn	State MA	Zip Code 01888-4508	
Purpose of Disbursement PRO-RATED OFFICE UTILITIES		Category/ Type	
Candidate Name		PRO-RATED OFFICE UTILITIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2333.61
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 200002619 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 1		Amount of Each Disbursement this Period 488.14
City Worcester State MA Zip Code 01654-0001	Category/ Type PRO-RATED OFFICE PHONES	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 61006.E2931 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address PO Box 1		Amount of Each Disbursement this Period 534.34
City Worcester State MA Zip Code 01654-0001	Category/ Type PRO-RATED OFFICE PHONES	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 61006.E3547 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 1		Amount of Each Disbursement this Period 626.67
City Worcester State MA Zip Code 01654-0001	Category/ Type PRO-RATED OFFICE PHONES	
Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1649.15
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Salesforce .Com		Transaction ID: 200002335 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address PO Box 5126		Amount of Each Disbursement this Period 3465.00
City Carol Stream State IL Zip Code 60197-5126	PRO-RATED DATABASE	
Purpose of Disbursement PRO-RATED DATABASE 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. Mark Adomanis		Transaction ID: 61006.E4074 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 2313 Avon Road		Amount of Each Disbursement this Period 851.38
City Ardmore State PA Zip Code 19003-	PAYROLL	
Purpose of Disbursement 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) C. Mark Adomanis		Transaction ID: 61006.E4092 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 2313 Avon Road		Amount of Each Disbursement this Period 340.55
City Ardmore State PA Zip Code 19003-	PAYROLL	
Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4656.93
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mark Adomanis		Transaction ID: 61006.E4112 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 2313 Avon Road		Amount of Each Disbursement this Period 182.76
City Ardmore State PA Zip Code 19003-	Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Chad Airhart		Transaction ID: 61006.E4176 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 4400 Park Ave. #30		Amount of Each Disbursement this Period 1184.12
City Des Moines State IA Zip Code 50321-	Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Chad Airhart		Transaction ID: 61006.E4060 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 4400 Park Ave. #30		Amount of Each Disbursement this Period 1184.12
City Des Moines State IA Zip Code 50321-	Purpose of Disbursement 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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2551.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Chad Airhart		Transaction ID: 61006.E4075 Date of Disbursement 07 / 28 / 2006	
Mailing Address 4400 Park Ave. #30		Amount of Each Disbursement this Period 1184.12	
City Des Moines State IA Zip Code 50321-	Purpose of Disbursement 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. Chad Airhart		Transaction ID: 61006.E4093 Date of Disbursement 08 / 11 / 2006	
Mailing Address 4400 Park Ave. #30		Amount of Each Disbursement this Period 1184.12	
City Des Moines State IA Zip Code 50321-	Purpose of Disbursement 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) C. Chad Airhart		Transaction ID: 61006.E4113 Date of Disbursement 08 / 25 / 2006	
Mailing Address 4400 Park Ave. #30		Amount of Each Disbursement this Period 1184.12	
City Des Moines State IA Zip Code 50321-	Purpose of Disbursement 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3552.36
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Chad Airhart		Transaction ID: 61006.E4131 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 4400 Park Ave. #30		Amount of Each Disbursement this Period 1184.12
City Des Moines State IA Zip Code 50321-	Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Chad Airhart		Transaction ID: 61006.E4151 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 4400 Park Ave. #30		Amount of Each Disbursement this Period 1184.12
City Des Moines State IA Zip Code 50321-	Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Tyler Allen		Transaction ID: 61006.E4076 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 1181 W. Cahvez Drive		Amount of Each Disbursement this Period 510.83
City South Jordan State UT Zip Code 84095-	Purpose of Disbursement 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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2879.07
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Tyler Allen		Transaction ID: 61006.E4094 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 1181 W. Cahvez Drive		Amount of Each Disbursement this Period 319.24
City South Jordan State UT Zip Code 84095-	Category/ Type	
Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 61006.E4172 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 37.57
City Boston State MA Zip Code 02108-2000	Category/ Type	
Purpose of Disbursement BANK FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK FEES

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 61006.E4194 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 584.42
City Boston State MA Zip Code 02108-2000	Category/ Type	
Purpose of Disbursement BANK MERCHANT FEES-JUNE		
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) ▼	BANK MERCHANT FEES-JUNE

SUBTOTAL of Disbursements This Page (optional) ▶	941.23
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 61011.E4574 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 1148.08
City Boston State MA Zip Code 02108-2000	MERCHANT FFES	
Purpose of Disbursement MERCHANT FFES		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. Bank of America		Transaction ID: 61011.E4571 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 10000.00
City Boston State MA Zip Code 02108-2000	NSF	
Purpose of Disbursement NSF		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 61006.E4185 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 4247.57
City Boston State MA Zip Code 02108-2000	BANK MERCHANT FEES	
Purpose of Disbursement BANK MERCHANT 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15395.65
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 61006.E4186 Date of Disbursement MM / DD / YYYY 07 / 31 / 2006	
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 47.00	
City Boston	State MA	Zip Code 02108-2000	Category/ Type
Purpose of Disbursement BANK FEES			
Candidate Name		BANK FEES	
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. Bank of America		Transaction ID: 61006.E4187 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006	
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 402.23	
City Boston	State MA	Zip Code 02108-2000	Category/ Type
Purpose of Disbursement BANK MERCHANT FEES			
Candidate Name		BANK MERCHANT FEES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. SCM Associates		Transaction ID: 60804.E2814 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006	
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 6112.92	
City Jaffrey	State NH	Zip Code 03452-	Category/ Type
Purpose of Disbursement PRO-RATED DIRECT MAIL			
Candidate Name		PRO-RATED DIRECT MAIL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	6562.15
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. SCM Associates		Transaction ID: 61006.E3339 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 375.00
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. SCM Associates		Transaction ID: 61006.E3492 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 1661.78
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) C. The Bridges At Rancho Santa Fe		Transaction ID: 200002730 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address PO Box 1322		Amount of Each Disbursement this Period 10119.90
City Rancho Santa Fe State CA Zip Code 92067-	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) ▼	PRO-RATED FUNDRAISING EXP-ENSE

SUBTOTAL of Disbursements This Page (optional) ▶	12156.68
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Blue Cross Blue Shield		Transaction ID: 200002608 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 4701		Amount of Each Disbursement this Period 1497.84
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. Blue Cross Blue Shield		Transaction ID: 61006.E3013 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 4701		Amount of Each Disbursement this Period 1890.82
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) C. Blue Cross Blue Shield		Transaction ID: 61006.E3493 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 4701		Amount of Each Disbursement this Period 2113.50
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5502.16
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Patton Boggs		Transaction ID: 60804.E2817 Date of Disbursement 08 / 01 / 2006
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 2338.96
City Washington State DC Zip Code 20037-1301	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) ▼	PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial) B. Patton Boggs		Transaction ID: 61006.E3114 Date of Disbursement 09 / 05 / 2006
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 1416.72
City Washington State DC Zip Code 20037-1301	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) ▼	PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial) C. Mr. Nicholas Breeding		Transaction ID: 61006.E4178 Date of Disbursement 07 / 01 / 2006
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 1432.16
City Columbia State SC Zip Code 29201-	Purpose of Disbursement 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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	5187.84
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Nicholas Breeding		Transaction ID: 61006.E4182 Date of Disbursement MM / DD / YYYY 07 / 07 / 2006	
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 674.29	
City Columbia State SC Zip Code 29201-	Purpose of Disbursement 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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) B. Mr. Nicholas Breeding		Transaction ID: 61006.E3193 Date of Disbursement MM / DD / YYYY 07 / 11 / 2006	
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 463.57	
City Columbia State SC Zip Code 29201-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: 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 REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Mr. Nicholas Breeding		Transaction ID: 200002625 Date of Disbursement MM / DD / YYYY 06 / 24 / 2006	
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 110.36	
City Columbia State SC Zip Code 29201-	Purpose of Disbursement PRO-RATED MILEAGE	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 MILEAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	1137.86
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Nicholas Breeding		Transaction ID: 200002627 Date of Disbursement MM / DD / YYYY 06 / 23 / 2006
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 34.27
City Columbia State SC Zip Code 29201-	Purpose of Disbursement PRO-RATED MILEAGE 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 MILEAGE

Full Name (Last, First, Middle Initial) B. Mr. Nicholas Breeding		Transaction ID: 200002629 Date of Disbursement MM / DD / YYYY 06 / 22 / 2006
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 59.63
City Columbia State SC Zip Code 29201-	Purpose of Disbursement PRO-RATED MILEAGE 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 MILEAGE

Full Name (Last, First, Middle Initial) C. Mr. Nicholas Breeding		Transaction ID: 200002635 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 112.14
City Columbia State SC Zip Code 29201-	Purpose of Disbursement PRO-RATED MILEAGE 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 MILEAGE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Nicholas Breeding		Transaction ID: 61006.E4061 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 1557.65
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) B. Mr. Nicholas Breeding		Transaction ID: 61006.E4077 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 1557.65
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) C. Mr. Nicholas Breeding		Transaction ID: 61006.E4095 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 1557.65
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4672.95
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Mr. Nicholas Breeding		Transaction ID: 61006.E4114 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 1557.65
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Nicholas Breeding		Transaction ID: 61006.E3091 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 1557.65
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Nicholas Breeding		Transaction ID: 61006.E4132 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 1557.65
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4672.95
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Nicholas Breeding		Transaction ID: 61006.E4152 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 900 Taylor St Apt. 212		Amount of Each Disbursement this Period 1557.65
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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. Capital Campaigns		Transaction ID: 200002343 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 213.87
City Sacramento State CA Zip Code 95814-	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Capital Campaigns		Transaction ID: 200002609 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 85.88
City Sacramento State CA Zip Code 95814-	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1857.40
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Capital Campaigns		Transaction ID: 60804.E2823 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 146.02
City Sacramento State CA Zip Code 95814-	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. Capital Campaigns		Transaction ID: 61006.E3491 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 16801.45
City Sacramento State CA Zip Code 95814-	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) C. Capital Campaigns		Transaction ID: 61006.E3495 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 1372.86
City Sacramento State CA Zip Code 95814-	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	18320.33
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sally Canfield		Transaction ID: 61006.E4062 Date of Disbursement MM / DD / YYYY 07 / 14 / 2006	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3704.22	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement 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. Sally Canfield		Transaction ID: 61006.E4078 Date of Disbursement MM / DD / YYYY 07 / 28 / 2006	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3704.22	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement 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) C. Sally Canfield		Transaction ID: 61006.E4096 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3704.22	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	11112.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Sally Canfield		Transaction ID: 61006.E4115 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3704.22	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement 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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) B. Sally Canfield		Transaction ID: 61006.E4133 Date of Disbursement MM / DD / YYYY 09 / 08 / 2006	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3704.22	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement 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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) C. Sally Canfield		Transaction ID: 61006.E4153 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006	
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 3704.22	
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement 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) ▼	PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	11112.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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<input 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. Mr. Craig Cannon		Transaction ID: 61006.E4079 Date of Disbursement 07 / 28 / 2006
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 147.76
City Phoenix State AZ Zip Code 85023-	Category/ Type	
Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Mr. Craig Cannon		Transaction ID: 61006.E2914 Date of Disbursement 08 / 08 / 2006
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 75.55
City Phoenix State AZ Zip Code 85023-	Category/ Type	
Purpose of Disbursement PRO-RATED 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) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) C. Mr. Craig Cannon		Transaction ID: 61006.E4097 Date of Disbursement 08 / 11 / 2006
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 369.40
City Phoenix State AZ Zip Code 85023-	Category/ Type	
Purpose of Disbursement 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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	592.71
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Craig Cannon		Transaction ID: 61006.E3107 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006	
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 369.40	
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement 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. Mr. Craig Cannon		Transaction ID: 61006.E4134 Date of Disbursement MM / DD / YYYY 09 / 08 / 2006	
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 369.40	
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement 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) C. Mr. Craig Cannon		Transaction ID: 61006.E4154 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006	
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 369.40	
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1108.20
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Emilee Cannon		Transaction ID: 61006.E3504 Date of Disbursement MM / DD / YYYY 09 / 19 / 2006
Mailing Address 129 West 56th St., #4R		Amount of Each Disbursement this Period 648.28
City New York State NY Zip Code 10019-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	
Candidate Name	Category/Type	PRO-RATED REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input 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. Blatt Billiards		Transaction ID: 61006.E3505 Date of Disbursement MM / DD / YYYY 09 / 11 / 2006
Mailing Address 809 Broadway		Amount of Each Disbursement this Period 648.28
City New York State NY Zip Code 10003-	Purpose of Disbursement PRO-RATED EVENT EXPENSE	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: PRO-RATED EVENT EXP- ENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ritz Carlton		Transaction ID: 61006.E3752 Date of Disbursement MM / DD / YYYY 09 / 26 / 2006
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period 500.00
City Boston State MA Zip Code 02116-	Purpose of Disbursement PRO-RATED CATERING	
Candidate Name	Category/Type	PRO-RATED CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1148.28
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Capers Catering, Inc.		Transaction ID: 200002728 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 21 Emerson Street		Amount of Each Disbursement this Period 2084.45
City Stoneham State MA Zip Code 02180-	PRO-RATED FUNDRAISING EXP-ENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING 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. Capers Catering, Inc.		Transaction ID: 61006.E2907 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 21 Emerson Street		Amount of Each Disbursement this Period 130.73
City Stoneham State MA Zip Code 02180-	PRO-RATED FUNDRAISING EXP-ENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING 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) C. Jules Catering		Transaction ID: 200002727 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 66 South Street		Amount of Each Disbursement this Period 965.77
City Somerville State MA Zip Code 02143-	PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3180.95
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jules Catering		Transaction ID: 61006.E3014 Date of Disbursement MM / DD / YYYY 08 / 22 / 2006
Mailing Address 66 South Street		Amount of Each Disbursement this Period 984.40
City Somerville State MA Zip Code 02143-	Purpose of Disbursement PRO-RATED CATERING	
Candidate Name		Category/Type PRO-RATED CATERING
Office Sought: <input type="checkbox"/> House <input 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. Jules Catering		Transaction ID: 61006.E3747 Date of Disbursement MM / DD / YYYY 09 / 26 / 2006
Mailing Address 66 South Street		Amount of Each Disbursement this Period 561.67
City Somerville State MA Zip Code 02143-	Purpose of Disbursement PRO-RATED CATERING	
Candidate Name		Category/Type PRO-RATED CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Crescent Club		Transaction ID: 61006.E3667 Date of Disbursement MM / DD / YYYY 09 / 25 / 2006
Mailing Address 200 Crescent Court		Amount of Each Disbursement this Period 1650.00
City Dallas State TX Zip Code 75201-	Purpose of Disbursement PRO-RATED EVENT EXPENSE	
Candidate Name		Category/Type PRO-RATED EVENT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3196.07
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

A. Full Name (Last, First, Middle Initial) Boston Coach		Transaction ID: 61006.E2908 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 3295.22
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED CAR SERVICE 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 CAR SERVICE

B. Full Name (Last, First, Middle Initial) Boston Coach		Transaction ID: 61006.E3224 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 1061.49
City Everett State MA Zip Code 02149-1951	Purpose of Disbursement PRO-RATED CAR SERVICE 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 CAR SERVICE

C. Full Name (Last, First, Middle Initial) The Romney Committee		Transaction ID: 61006.E3753 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 85 Merrimac Street, Sute 400		Amount of Each Disbursement this Period 5557.30
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED DATABASE 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 DATABASE

SUBTOTAL of Disbursements This Page (optional) ▶	9914.01
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Sea Island Company		Transaction ID: 61006.E3086 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 100 Salt Marsh Road		Amount of Each Disbursement this Period 9900.00
City State Zip Code Saint Simons Islan GA 31522-	Category/ Type PRO-RATED EVENT EXPENSE	
Purpose of Disbursement PRO-RATED EVENT EXPENSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Moran Company		Transaction ID: 61006.E4190 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 1655 N. Fort Myer Dr. Suite 1250		Amount of Each Disbursement this Period 346.47
City State Zip Code Arlington VA 22209-	Category/ Type REIMBURSEMENT: TRAVEL	
Purpose of Disbursement REIMBURSEMENT: TRAVEL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Accu Conference		Transaction ID: 200002332 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 6300 Ridglea Place #318		Amount of Each Disbursement this Period 203.84
City State Zip Code Bellevue WA 98005-	Category/ Type PRO-RATED CONFERENCE CALL SERVICES	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10450.31
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Accu Conference		Transaction ID: 60804.E2826 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 6300 Ridglea Place #318		Amount of Each Disbursement this Period 203.84
City Bellevue State WA Zip Code 98005-	Category/ Type PRO-RATED CONFERENCE CALL	
Purpose of Disbursement PRO-RATED CONFERENCE CALL		
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. Accu Conference		Transaction ID: 61006.E3329 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 6300 Ridglea Place #318		Amount of Each Disbursement this Period 401.05
City Bellevue State WA Zip Code 98005-	Category/ Type PRO-RATED CONFERENCE CALL SERVICES	
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) ▼

Full Name (Last, First, Middle Initial) C. Research in Motion Corporation		Transaction ID: 61006.E3338 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 12432 Collections Center Dr.		Amount of Each Disbursement this Period 214.50
City Chicago State IL Zip Code 60693-	Category/ Type PRO-RATED LICENSES	
Purpose of Disbursement PRO-RATED LICENSES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	819.39
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Culinary Crafts		Transaction ID: 200002341 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 1400 West 400 North		Amount of Each Disbursement this Period 1405.53
City Orem State UT Zip Code 84057-	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) ▼	PRO-RATED FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) B. Staples Credit Plan		Transaction ID: 200002618 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 496.42
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

Full Name (Last, First, Middle Initial) C. Staples Credit Plan		Transaction ID: 61006.E2929 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 378.82
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

SUBTOTAL of Disbursements This Page (optional) ▶	2280.77
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hui Jojo Deng		Transaction ID: 200002331 Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period 396.00	
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. Hui Jojo Deng		Transaction ID: 60804.E2820 Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period 453.75	
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) C. Hui Jojo Deng		Transaction ID: 61006.E3234 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period 660.00	
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	

SUBTOTAL of Disbursements This Page (optional) ▶	1509.75
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Paul DiMaggio		Transaction ID: 61006.E4080 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6	
Mailing Address 325 Highland Lane		Amount of Each Disbursement this Period 1021.65	
City Bryn Mawr	State PA	Zip Code 19010-	Category/ Type PAYROLL
Purpose of Disbursement 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. Paul DiMaggio		Transaction ID: 61006.E4098 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 325 Highland Lane		Amount of Each Disbursement this Period 340.55	
City Bryn Mawr	State PA	Zip Code 19010-	Category/ Type PAYROLL
Purpose of Disbursement 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) C. Paul DiMaggio		Transaction ID: 61006.E4116 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address 325 Highland Lane		Amount of Each Disbursement this Period 340.55	
City Bryn Mawr	State PA	Zip Code 19010-	Category/ Type PAYROLL
Purpose of Disbursement 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:			

SUBTOTAL of Disbursements This Page (optional) ▶	1702.75
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Paul DiMaggio		Transaction ID: 61006.E4135 Date of Disbursement MM / DD / YYYY 09 / 08 / 2006
Mailing Address 325 Highland Lane		Amount of Each Disbursement this Period 340.55
City Bryn Mawr	State PA	
Zip Code 19010-		PAYROLL
Purpose of Disbursement PAYROLL		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Paul DiMaggio		Transaction ID: 61006.E4155 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 325 Highland Lane		Amount of Each Disbursement this Period 340.55
City Bryn Mawr	State PA	
Zip Code 19010-		PAYROLL
Purpose of Disbursement PAYROLL		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CDW Direct, LLC		Transaction ID: 61006.E2915 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address PO Box 75723		Amount of Each Disbursement this Period 26.25
City Chicago	State IL	
Zip Code 60675-5723		SOFTWARE LICENSE
Purpose of Disbursement SOFTWARE LICENSE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	707.35
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Modern Display		Transaction ID: 200002731 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 424 South 700 East		Amount of Each Disbursement this Period 950.00
City Salt Lake City State UT Zip Code 84102-	PRO-RATED MEETING EXPENSE	
Purpose of Disbursement PRO-RATED MEETING 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) ▼

Full Name (Last, First, Middle Initial) B. Caplin & Drysdale		Transaction ID: 200002610 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 2655.97
City Washington State DC Zip Code 20005-	PRO-RATED LEGAL FEES	
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) ▼

Full Name (Last, First, Middle Initial) C. Caplin & Drysdale		Transaction ID: 61006.E2917 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4364.21
City Washington State DC Zip Code 20005-	PRO-RATED LEGAL FEES	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7970.18
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Caplin & Drysdale		Transaction ID: 61006.E3333 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4296.55
City Washington State DC Zip Code 20005-	Purpose of Disbursement PRO-RATED LEGAL 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) ▼	PRO-RATED LEGAL FEES

Full Name (Last, First, Middle Initial) B. Rainmaker Sport and Entertainment, LLC		Transaction ID: 61006.E2898 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 9350 South 150 East, Suite 100		Amount of Each Disbursement this Period 1000.00
City Sandy State UT Zip Code 84070-	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) ▼	PRO-RATED CONSULTING

Full Name (Last, First, Middle Initial) C. Rainmaker Sport and Entertainment, LLC		Transaction ID: 61006.E3502 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 9350 South 150 East, Suite 100		Amount of Each Disbursement this Period 1000.00
City Sandy State UT Zip Code 84070-	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) ▼	PRO-RATED CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶	6296.55
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. The Entity, Inc.		Transaction ID: 61006.E3503 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 110055 Gambol Oak Circle		Amount of Each Disbursement this Period 2000.00
City American Fork State UT Zip Code 84003-	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. The Entity, Inc.		Transaction ID: 61006.E3613 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 110055 Gambol Oak Circle		Amount of Each Disbursement this Period 10000.00
City American Fork State UT Zip Code 84003-	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) C. Power Events, LLC		Transaction ID: 60804.E2815 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 9293 Ivy Tree Lane		Amount of Each Disbursement this Period 1754.00
City Great Falls State VA Zip Code 22066-	Purpose of Disbursement PRO-RATED CATERING 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 CATERING

SUBTOTAL of Disbursements This Page (optional) ▶	13754.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 200002548 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 3234.37
City Fort Lauderdale State FL Zip Code 33336-0001	PRO-RATED CREDIT CARD: SEE BELOW	
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Empress Hotel		Transaction ID: 200002505 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 7766 Fay Ave		Amount of Each Disbursement this Period 209.80
City La Jolla State CA Zip Code 92037-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Little America Hotel		Transaction ID: 200002523 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 500 South Main Street		Amount of Each Disbursement this Period 57.61
City Salt Lake City State UT Zip Code 84101-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3234.37
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Little America Hotel		Transaction ID: 200002525 Date of Disbursement MM / DD / YYYY 06 / 13 / 2006
Mailing Address 500 South Main Street		Amount of Each Disbursement this Period 142.63
City Salt Lake City State UT Zip Code 84101-		
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Little America Hotel		Transaction ID: 200002529 Date of Disbursement MM / DD / YYYY 06 / 14 / 2006
Mailing Address 500 South Main Street		Amount of Each Disbursement this Period 15.46
City Salt Lake City State UT Zip Code 84101-		
Purpose of Disbursement PRO-RATED FEE		[MEMO ITEM] MEMO: PRO-RATED FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Marriott Hotel		Transaction ID: 200002507 Date of Disbursement MM / DD / YYYY 06 / 10 / 2006
Mailing Address 660 K St.		Amount of Each Disbursement this Period 580.49
City San Diego State CA Zip Code 92101-		
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sheraton Hotels		Transaction ID: 200002513 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 530 West Pico Boulevard		Amount of Each Disbursement this Period 135.11
City Santa Monica State CA Zip Code 90405-1223	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. Sheraton Hotels		Transaction ID: 200002515 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 530 West Pico Boulevard		Amount of Each Disbursement this Period 132.53
City Santa Monica State CA Zip Code 90405-1223	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) C. Sheraton Hotels		Transaction ID: 200002517 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 530 West Pico Boulevard		Amount of Each Disbursement this Period 113.48
City Santa Monica State CA Zip Code 90405-1223	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sheraton Hotels		Transaction ID: 200002519 Date of Disbursement MM / DD / YYYY 06 / 11 / 2006
Mailing Address 530 West Pico Boulevard		Amount of Each Disbursement this Period 1.27
City Santa Monica State CA Zip Code 90405-1223	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. Avis Rent A Car		Transaction ID: 200002509 Date of Disbursement MM / DD / YYYY 06 / 10 / 2006
Mailing Address 1670 Kattner Blvd. #1		Amount of Each Disbursement this Period 421.74
City San Diego State CA Zip Code 92101-	Purpose of Disbursement PRO-RATED RENTAL CAR 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 RENTAL CAR

Full Name (Last, First, Middle Initial) C. Avis Rent A Car		Transaction ID: 200002539 Date of Disbursement MM / DD / YYYY 06 / 17 / 2006
Mailing Address 656 N. 3800 W		Amount of Each Disbursement this Period 576.16
City Salt Lake City State UT Zip Code 84116-	Purpose of Disbursement PRO-RATED RENTAL CAR 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 RENTAL CAR

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

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

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

FOR LINE NUMBER: (check only one)

<input 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. Avis Rent A Car		Transaction ID: 200002543 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 2140 N. Skyline Dr		Amount of Each Disbursement this Period 314.77
City Idaho Falls State ID Zip Code 83402-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 61006.E4184 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 13081.89
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) C. C-Span		Transaction ID: 61009.E4556 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 400 North Capitol Street Northwest		Amount of Each Disbursement this Period 309.50
City Washington State DC Zip Code 20001-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	13081.89
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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. C-Span		Transaction ID: 61009.E4557 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 400 North Capitol Street Northwest		Amount of Each Disbursement this Period 256.00
City Washington State DC Zip Code 20001-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 61009.E4553 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 413.88
City Boston State MA Zip Code 02108-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 61009.E4554 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 213.41
City Boston State MA Zip Code 02108-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 61009.E4555 Date of Disbursement MM / DD / YYYY 07 / 10 / 2006	
Mailing Address 25 Court Street		Amount of Each Disbursement this Period 125.99	
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) ▼	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) B. America West Airlines		Transaction ID: 61009.E4486 Date of Disbursement MM / DD / YYYY 06 / 16 / 2006	
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 359.80	
City Phoenix State AZ Zip Code 85034-	Purpose of Disbursement PRO-RATED STAFF AIRFARE	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) C. America West Airlines		Transaction ID: 61009.E4487 Date of Disbursement MM / DD / YYYY 06 / 16 / 2006	
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 359.80	
City Phoenix State AZ Zip Code 85034-	Purpose of Disbursement PRO-RATED STAFF AIRFARE	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	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. America West Airlines		Transaction ID: 61009.E4502 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. America West Airlines		Transaction ID: 61009.E4503 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. America West Airlines		Transaction ID: 61009.E4511 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 131.15
City Phoenix State AZ Zip Code 85034-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. America West Airlines		Transaction ID: 61009.E4512 Date of Disbursement 06 / 20 / 2006
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 131.15
City Phoenix	State AZ Zip Code 85034-	
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. America West Airlines		Transaction ID: 61009.E4513 Date of Disbursement 06 / 20 / 2006
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 131.15
City Phoenix	State AZ Zip Code 85034-	
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) C. America West Airlines		Transaction ID: 61009.E4514 Date of Disbursement 06 / 20 / 2006
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 131.15
City Phoenix	State AZ Zip Code 85034-	
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:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. America West Airlines		Transaction ID: 61009.E4515 Date of Disbursement 06 / 20 / 2006
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 131.15
City Phoenix	State AZ Zip Code 85034-	
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. America West Airlines		Transaction ID: 61009.E4516 Date of Disbursement 06 / 20 / 2006
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 131.15
City Phoenix	State AZ Zip Code 85034-	
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) C. America West Airlines		Transaction ID: 61009.E4522 Date of Disbursement 06 / 25 / 2006
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 173.65
City Phoenix	State AZ Zip Code 85034-	
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:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 61009.E4491 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 307.15
City Fort Worth State TX Zip Code 76155-		
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 61009.E4488 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 354.65
City Atlanta State GA Zip Code 30320-6001		
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61009.E4489 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 359.80
City Atlanta State GA Zip Code 30320-6001		
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61009.E4492 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 127.15
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 61009.E4493 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 252.50
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 AIR-FARE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61009.E4494 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 384.80
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 AIR-FARE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61009.E4495 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 354.65
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. Delta Airlines		Transaction ID: 61009.E4496 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 126.15
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) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61009.E4497 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 141.00
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61009.E4505 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 319.65
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. Delta Airlines		Transaction ID: 61009.E4507 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 342.30
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) C. Delta Airlines		Transaction ID: 61009.E4508 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 342.30
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61009.E4509 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 342.30	
City Atlanta State GA Zip Code 30320-6001	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 61009.E4510 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 342.30	
City Atlanta State GA Zip Code 30320-6001	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61009.E4517 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 319.65	
City Atlanta State GA Zip Code 30320-6001	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE		

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61009.E4519 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 339.80
City Atlanta State GA Zip Code 30320-6001	Category/Type	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE
Office Sought: <input type="checkbox"/> House <input 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. Delta Airlines		Transaction ID: 61009.E4520 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 339.80
City Atlanta State GA Zip Code 30320-6001	Category/Type	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 61009.E4498 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 384.80
City Amf Ohare State IL Zip Code 60666-0100	Category/Type	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 61009.E4504 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 164.65
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 61009.E4506 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 267.30
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 61009.E4518 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 4 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 219.80
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. JetBlue Airways		Transaction ID: 61009.E4490 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 184.65
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 61009.E4500 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 351.05
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 61009.E4501 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 183.90
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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. US Airways		Transaction ID: 61009.E4499 Date of Disbursement MM / DD / YYYY 07 / 10 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 389.30
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. US Airways		Transaction ID: 61009.E4521 Date of Disbursement MM / DD / YYYY 06 / 20 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 347.30
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) C. PI Alley		Transaction ID: 61009.E4548 Date of Disbursement MM / DD / YYYY 07 / 05 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Borders Books		Transaction ID: 61009.E4552 Date of Disbursement MM / DD / YYYY 06 / 19 / 2006
Mailing Address 24 School Street		Amount of Each Disbursement this Period 100.45
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING 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. Hertz Rent-A-Car		Transaction ID: 61009.E4564 Date of Disbursement MM / DD / YYYY 06 / 12 / 2006
Mailing Address 1530 South 500 West		Amount of Each Disbursement this Period 197.02
City Salt Lake City State UT Zip Code 84115-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Ritz Carlton		Transaction ID: 61009.E4539 Date of Disbursement MM / DD / YYYY 07 / 07 / 2006
Mailing Address 100 Carondelet Plaza		Amount of Each Disbursement this Period 176.08
City Saint Louis State MO Zip Code 63105-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Ritz Carlton		Transaction ID: 61009.E4540 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 100 Carondelet Plaza		Amount of Each Disbursement this Period 482.91
City Saint Louis State MO Zip Code 63105-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) B. Dell Computers		Transaction ID: 61009.E4533 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address One Dell Way		Amount of Each Disbursement this Period 508.27
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement PRO-RATED COMPUTER 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 COMPUTER

Full Name (Last, First, Middle Initial) C. Dell Computers		Transaction ID: 61009.E4534 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address One Dell Way		Amount of Each Disbursement this Period 512.40
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement PRO-RATED COMPUTER 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 COMPUTER

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. CDW Direct, LLC		Transaction ID: 61009.E4532 Date of Disbursement 06 / 20 / 2006
Mailing Address PO Box 75723		Amount of Each Disbursement this Period 493.78
City Chicago State IL Zip Code 60675-5723	Purpose of Disbursement PRO-RATED SOFTWARE LICENSES 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 SOFTWARE LICENSES

Full Name (Last, First, Middle Initial) B. Inverness Hotel		Transaction ID: 61009.E4541 Date of Disbursement 06 / 16 / 2006
Mailing Address 200 Inverness Drive		Amount of Each Disbursement this Period 118.26
City Englewood State CO Zip Code 80112-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) C. Inverness Hotel		Transaction ID: 61009.E4542 Date of Disbursement 06 / 16 / 2006
Mailing Address 200 Inverness Drive		Amount of Each Disbursement this Period 118.26
City Englewood State CO Zip Code 80112-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

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

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

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

FOR LINE NUMBER: (check only one)

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<input 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. Inverness Hotel		Transaction ID: 61009.E4543 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 200 Inverness Drive		Amount of Each Disbursement this Period 118.26
City Englewood State CO Zip Code 80112-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) B. Ninezero Hotel		Transaction ID: 61009.E4535 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 90 Tremont Street		Amount of Each Disbursement this Period 470.04
City Boston State MA Zip Code 02108-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) C. Ninezero Hotel		Transaction ID: 61009.E4536 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 6
Mailing Address 90 Tremont Street		Amount of Each Disbursement this Period 474.17
City Boston State MA Zip Code 02108-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Omni Parker House Hotel		Transaction ID: 61009.E4528 Date of Disbursement 06 / 14 / 2006	
Mailing Address 60 School Street		Amount of Each Disbursement this Period 130.00	
City Boston	State MA	Zip Code 02108-	Category/ Type
Purpose of Disbursement PRO-RATED MEETING EXPENSE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
MEMO: PRO-RATED MEETING EXPENSE

Full Name (Last, First, Middle Initial) B. Omni Parker House Hotel		Transaction ID: 61009.E4537 Date of Disbursement 06 / 27 / 2006	
Mailing Address 60 School Street		Amount of Each Disbursement this Period 182.50	
City Boston	State MA	Zip Code 02108-	Category/ Type
Purpose of Disbursement PRO-RATED MEETING EXPENSE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
MEMO: PRO-RATED MEETING EXPENSE

Full Name (Last, First, Middle Initial) C. Phoenix Hotel		Transaction ID: 61009.E4545 Date of Disbursement 06 / 26 / 2006	
Mailing Address 520 North Capitol Street, NW		Amount of Each Disbursement this Period 228.43	
City Washington	State DC	Zip Code 20001-	Category/ Type
Purpose of Disbursement 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:			

[MEMO ITEM]
MEMO: PRO-RATED LODGING

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. St. Regis Hotel		Transaction ID: 61009.E4558 Date of Disbursement 06 / 26 / 2006
Mailing Address One Monarch Beach Resort		Amount of Each Disbursement this Period 273.88
City Dana Point State CA Zip Code 92629-	Purpose of Disbursement PRO-RATED STAFF LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF LODGING

Full Name (Last, First, Middle Initial) B. Fedex Kinkos		Transaction ID: 61009.E4529 Date of Disbursement 07 / 10 / 2006
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 187.57
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED PRINTING 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 PRINTING

Full Name (Last, First, Middle Initial) C. Fedex Kinkos		Transaction ID: 61009.E4531 Date of Disbursement 06 / 26 / 2006
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 166.46
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED PRINTING 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 PRINTING

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Smooth Move Moving

Full Name (Last, First, Middle Initial)

Mailing Address 7476 New Ridge Rd

City Hanover State MD Zip Code 21076-

Purpose of Disbursement PRO-RATED MOVING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 61009.E4546
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]
MEMO: PRO-RATED MOVING

B. Central Parking

Full Name (Last, First, Middle Initial)

Mailing Address 50 New Sudbury Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement PRO-RATED PARKING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 61009.E4547
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]
MEMO: PRO-RATED PARKING

C. North End Parking

Full Name (Last, First, Middle Initial)

Mailing Address 600 Commercial Street

City Boston State MA Zip Code 02113-

Purpose of Disbursement PRO-RATED PARKING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 61009.E4549
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]
MEMO: PRO-RATED PARKING

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. USPS Post Office		Transaction ID: 61009.E4550 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 360.00
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED POSTAGE 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. Boston Red Sox		Transaction ID: 61009.E4524 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 4 Yawkey Way		Amount of Each Disbursement this Period 190.00
City Boston State MA Zip Code 02215-	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING 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) C. Boston Red Sox		Transaction ID: 61009.E4525 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 4 Yawkey Way		Amount of Each Disbursement this Period 142.50
City Boston State MA Zip Code 02215-	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING 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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Avis Rent A Car		Transaction ID: 61009.E4565 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 83 East 120th Avenue		Amount of Each Disbursement this Period 212.59
City Denver State CO Zip Code 80221-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial) B. Enterprise Rent A Car		Transaction ID: 61009.E4559 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 6400 East Pacific Coast Hwy		Amount of Each Disbursement this Period 132.03
City Long Beach State CA Zip Code 90804-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial) C. Enterprise Rent A Car		Transaction ID: 61009.E4561 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 220 William F. McClellan Hwy		Amount of Each Disbursement this Period 775.23
City Boston State MA Zip Code 02128-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hertz Rent A Car		Transaction ID: 61009.E4562 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 207 Porter Street		Amount of Each Disbursement this Period 227.59
City Boston State MA Zip Code 02128-	[MEMO ITEM] 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. Intuit Software		Transaction ID: 61009.E4551 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 6220 Greenwich Drive		Amount of Each Disbursement this Period 124.50
City San Diego State CA Zip Code 92122-	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING 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) C. Ruth Chris Steakhouse		Transaction ID: 61009.E4523 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 45 School Street		Amount of Each Disbursement this Period 186.51
City Boston State MA Zip Code 02108-	[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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 61006.E4051 Date of Disbursement MM / DD / YYYY 08 / 29 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 44183.91
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement PRO-RATED CREDIT CARD: 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 CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 61009.E4208 Date of Disbursement MM / DD / YYYY 08 / 10 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 5.00
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) ▼	[MEMO ITEM] MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 61009.E4210 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 5.00
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) ▼	[MEMO ITEM] MEMO: PRO-RATED FEE

SUBTOTAL of Disbursements This Page (optional) ▶	44183.91
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 61009.E4277 Date of Disbursement MM / DD / YYYY 08 / 10 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 324.55
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 61009.E4384 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 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 61009.E4385 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 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 61009.E4386 Date of Disbursement 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 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 61009.E4387 Date of Disbursement 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 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 61009.E4392 Date of Disbursement 08 / 10 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 267.55
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 61009.E4393 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 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. Northwest Airlines		Transaction ID: 61009.E4394 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 Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 61009.E4395 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 Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 61009.E4401 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 437.11
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) ▼

Full Name (Last, First, Middle Initial) B. Alaska Airlines		Transaction ID: 61009.E4358 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address PO Box 68900 - SEAHE		Amount of Each Disbursement this Period 272.15
City Seattle State WA Zip Code 98168-	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) C. Alaska Airlines		Transaction ID: 61009.E4360 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address PO Box 68900 - SEAHE		Amount of Each Disbursement this Period 177.15
City Seattle State WA Zip Code 98168-	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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Alaska Airlines		Transaction ID: 61009.E4361 Date of Disbursement 08 / 08 / 2006	
Mailing Address PO Box 68900 - SEAHE		Amount of Each Disbursement this Period 177.15	
City Seattle	State WA	Zip Code 98168-	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Alaska Airlines		Transaction ID: 61009.E4362 Date of Disbursement 08 / 08 / 2006	
Mailing Address PO Box 68900 - SEAHE		Amount of Each Disbursement this Period 177.15	
City Seattle	State WA	Zip Code 98168-	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. America West Airlines		Transaction ID: 61009.E4258 Date of Disbursement 07 / 20 / 2006	
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period -389.30	
City Phoenix	State AZ	Zip Code 85034-	Category/ Type
Purpose of Disbursement PRO-RATED REIMBURSED 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:			

[MEMO ITEM]
MEMO: PRO-RATED REIMBURSED TRAVEL

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. America West Airlines		Transaction ID: 61009.E4290 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. America West Airlines		Transaction ID: 61009.E4291 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. America West Airlines		Transaction ID: 61009.E4292 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. America West Airlines		Transaction ID: 61009.E4293 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	[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. America West Airlines		Transaction ID: 61009.E4294 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	[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) C. America West Airlines		Transaction ID: 61009.E4295 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	[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) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. America West Airlines		Transaction ID: 61009.E4296 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. America West Airlines		Transaction ID: 61009.E4297 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. America West Airlines		Transaction ID: 61009.E4298 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 400 East Sky Harbour Boulevard		Amount of Each Disbursement this Period 307.15
City Phoenix State AZ Zip Code 85034-	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 61009.E4212 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 10.00
City Fort Worth State TX Zip Code 76155-	[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. American Airlines		Transaction ID: 61009.E4222 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 387.30
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED AIRFARE	
Purpose of Disbursement PRO-RATED 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) C. American Airlines		Transaction ID: 61009.E4224 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 387.30
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE	
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) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 61009.E4266 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 209.65
City Fort Worth State TX Zip Code 76155-		
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. American Airlines		Transaction ID: 61009.E4268 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 209.65
City Fort Worth State TX Zip Code 76155-		
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) C. American Airlines		Transaction ID: 61009.E4279 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 102.15
City Fort Worth State TX Zip Code 76155-		
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:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: 61009.E4324 Date of Disbursement MM / DD / YYYY 07 / 28 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 262.30
City Fort Worth State TX Zip Code 76155-	[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. Continental Airlines		Transaction ID: 61009.E4230 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 46.65
City Houston State TX Zip Code 77002-	[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) C. Continental Airlines		Transaction ID: 61009.E4231 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 46.65
City Houston State TX Zip Code 77002-	[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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Continental Airlines		Transaction ID: 61009.E4262 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 328.80
City Houston State TX Zip Code 77002-	[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. Continental Airlines		Transaction ID: 61009.E4264 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 328.80
City Houston State TX Zip Code 77002-	[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) C. Continental Airlines		Transaction ID: 61009.E4320 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 339.30
City Houston State TX Zip Code 77002-	[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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61009.E4204 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED FEE	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PRO-RATED FEE		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 61009.E4206 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED FEE	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PRO-RATED FEE		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61009.E4242 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 216.55	
City Atlanta State GA Zip Code 30320-6001	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61009.E4246 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 664.30
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. Delta Airlines		Transaction ID: 61009.E4249 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period -309.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED RETURN TRAVEL	
Purpose of Disbursement PRO-RATED RETURN TRAVEL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61009.E4251 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period -309.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED REIMBURSED TRAVEL	
Purpose of Disbursement PRO-RATED REIMBURSED TRAVEL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61009.E4256 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 162.50
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED REIMBURSED 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) ▼	[MEMO ITEM] MEMO: PRO-RATED REIMBURSED AIRFARE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 61009.E4270 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 360.05
City Atlanta State GA Zip Code 30320-6001	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61009.E4275 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 118.90
City Atlanta State GA Zip Code 30320-6001	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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61009.E4350 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 357.15
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 61009.E4351 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 357.15
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61009.E4352 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 357.15
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Delta Airlines		Transaction ID: 61009.E4353 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 357.15
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 61009.E4366 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 124.65
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 AIR-FARE

Full Name (Last, First, Middle Initial) C. Midwest Airlines		Transaction ID: 61009.E4340 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 6744 South Howell Ave		Amount of Each Disbursement this Period 25.00
City Oak Creek State WI Zip Code 53154-	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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: 61009.E4226 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 60.65
City Dallas State TX Zip Code 75235-1647	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

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: 61009.E4228 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 60.65
City Dallas State TX Zip Code 75235-1647	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

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 61009.E4282 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 504.65
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. United Airlines		Transaction ID: 61009.E4284 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 354.65
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 61009.E4286 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 362.30
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 61009.E4288 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 339.80
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 61009.E4342 Date of Disbursement MM / DD / YYYY 08 / 08 / 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 61009.E4344 Date of Disbursement MM / DD / YYYY 08 / 08 / 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 61009.E4346 Date of Disbursement MM / DD / YYYY 08 / 08 / 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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 61009.E4348 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 61009.E4368 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 487.15
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 61009.E4369 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 487.15
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. United Airlines		Transaction ID: 61009.E4372 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 61009.E4373 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 61009.E4374 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. United Airlines		Transaction ID: 61009.E4378 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 61009.E4379 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 61009.E4380 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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. JetBlue Airways		Transaction ID: 61009.E4403 Date of Disbursement 07 / 13 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 184.65
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 61009.E4405 Date of Disbursement 07 / 23 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 328.55
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) C. JetBlue Airways		Transaction ID: 61009.E4407 Date of Disbursement 07 / 27 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 37.50
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. JetBlue Airways		Transaction ID: 61009.E4409 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 166.40
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) B. JetBlue Airways		Transaction ID: 61009.E4411 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
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) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 61009.E4196 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	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

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61009.E4198 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
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) ▼

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 61009.E4200 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
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) ▼

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 61009.E4202 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61009.E4234 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
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. US Airways		Transaction ID: 61009.E4236 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.65
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) C. US Airways		Transaction ID: 61009.E4244 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.30
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61009.E4260 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.65
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. US Airways		Transaction ID: 61009.E4273 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 333.90
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) C. US Airways		Transaction ID: 61009.E4308 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 381.55
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61009.E4310 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 381.55
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. US Airways		Transaction ID: 61009.E4312 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 307.15
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) C. US Airways		Transaction ID: 61009.E4314 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 307.15
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61009.E4316 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 307.15
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. US Airways		Transaction ID: 61009.E4322 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 336.55
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) C. US Airways		Transaction ID: 61009.E4326 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 118.80
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61009.E4328 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 118.80
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) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 61009.E4330 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 184.65
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) C. US Airways		Transaction ID: 61009.E4332 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 237.60
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) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61009.E4334 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 156.55
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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:	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 61009.E4337 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 156.55
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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:	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 61009.E4338 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 166.80
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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:	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61009.E4400 Date of Disbursement MM / DD / YYYY 07 / 25 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 1343.70
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: STAFF AIRFARE	
Purpose of Disbursement 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. PI Alley		Transaction ID: 61009.E4457 Date of Disbursement MM / DD / YYYY 07 / 11 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 17.50
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED STAFF PARKING	
Purpose of Disbursement PRO-RATED STAFF 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) C. PI Alley		Transaction ID: 61009.E4459 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED STAFF PARKING	
Purpose of Disbursement PRO-RATED STAFF 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) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. PI Alley		Transaction ID: 61009.E4460 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston State MA Zip Code 02108-4304	[MEMO ITEM] MEMO: PRO-RATED STAFF PARKING	
Purpose of Disbursement PRO-RATED STAFF PARKING 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. National Car Rental		Transaction ID: 61009.E4478 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 50 Logan Airport		Amount of Each Disbursement this Period 297.52
City Boston State MA Zip Code 02128-	[MEMO ITEM] 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) C. National Car Rental		Transaction ID: 61009.E4480 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 50 Logan Airport		Amount of Each Disbursement this Period 372.67
City Boston State MA Zip Code 02128-	[MEMO ITEM] 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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hertz Rent-A-Car		Transaction ID: 61009.E4474 Date of Disbursement MM / DD / YYYY 07 / 16 / 2006
Mailing Address 1530 South 500 West		Amount of Each Disbursement this Period 780.97
City Salt Lake City State UT Zip Code 84115-		
Purpose of Disbursement PRO-RATED CAR RENTAL		[MEMO ITEM] MEMO: 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) ▼	

Full Name (Last, First, Middle Initial) B. Ritz Carlton Boston Common		Transaction ID: 61009.E4443 Date of Disbursement MM / DD / YYYY 07 / 31 / 2006
Mailing Address 10 Avery Street		Amount of Each Disbursement this Period 1468.02
City Boston State MA Zip Code 02111-		
Purpose of Disbursement PRO-RATED EVENT EXPENSE		[MEMO ITEM] MEMO: PRO-RATED EVENT EXP-ENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ritz Carlton		Transaction ID: 61009.E4415 Date of Disbursement MM / DD / YYYY 07 / 15 / 2006
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period 325.00
City Boston State MA Zip Code 02116-		
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Boston Coach		Transaction ID: 61009.E4214 Date of Disbursement MM / DD / YYYY 07 / 12 / 2006
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 63.42
City Everett State MA Zip Code 02149-1951	[MEMO ITEM] MEMO: PRO-RATED CAR SERVICE	
Purpose of Disbursement PRO-RATED CAR SERVICE		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. Chez Daniel		Transaction ID: 61009.E4453 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address 2800 American Boulevard West		Amount of Each Disbursement this Period 365.82
City Minneapolis State MN Zip Code 55431-	[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE	
Purpose of Disbursement PRO-RATED MEETING 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) C. Saks Fifth Avenue		Transaction ID: 61009.E4413 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 700 Hickory Drive		Amount of Each Disbursement this Period 263.50
City Aberdeen State MD Zip Code 21001-3628	[MEMO ITEM] MEMO: PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hotel At Gateway		Transaction ID: 61009.E4445 Date of Disbursement MM / DD / YYYY 07 / 25 / 2006
Mailing Address US 30 Elmwood Drive		Amount of Each Disbursement this Period 1654.76
City Ames State IA Zip Code 50010-	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. Hotel At Gateway		Transaction ID: 61009.E4447 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address US 30 Elmwood Drive		Amount of Each Disbursement this Period 94.88
City Ames State IA Zip Code 50010-	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) C. Redstone Grill		Transaction ID: 61009.E4455 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 8000 Eden Road		Amount of Each Disbursement this Period 1562.32
City Eden Prairie State MN Zip Code 55344-	Purpose of Disbursement PRO-RATED MEETING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Embassy Suites Hotel		Transaction ID: 61009.E4431 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 1811 Broadway		Amount of Each Disbursement this Period 267.00
City Nashville State TN Zip Code 37203-	[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. Hilton Hotel		Transaction ID: 61009.E4429 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 7373 Turfway Road		Amount of Each Disbursement this Period 130.61
City Florence State KY Zip Code 41042-	[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) C. Hilton Hotel		Transaction ID: 61009.E4433 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 7373 Turfway Road		Amount of Each Disbursement this Period 124.68
City Florence State KY Zip Code 41042-	[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) ▼	

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Hilton Hotel Full Name (Last, First, Middle Initial) Mailing Address 7373 Turfway Road City Florence State KY Zip Code 41042- 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) ▼		Transaction ID: 61009.E4435 Date of Disbursement 07 / 31 / 2006 Amount of Each Disbursement this Period 46.01 [MEMO ITEM] MEMO: PRO-RATED LODGING
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B. Intercontinental Hotel Full Name (Last, First, Middle Initial) Mailing Address 701 Congress Avenue City Austin State TX Zip Code 78701- 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) ▼		Transaction ID: 61009.E4421 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 146.10 [MEMO ITEM] MEMO: PRO-RATED LODGING
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C. Intercontinental Hotel Full Name (Last, First, Middle Initial) Mailing Address 701 Congress Avenue City Austin State TX Zip Code 78701- 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) ▼		Transaction ID: 61009.E4423 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 114.43 [MEMO ITEM] MEMO: PRO-RATED LODGING
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Intercontinental Hotel		Transaction ID: 61009.E4439 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 701 Congress Avenue		Amount of Each Disbursement this Period 85.88
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		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. Intercontinental Hotel		Transaction ID: 61009.E4440 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 701 Congress Avenue		Amount of Each Disbursement this Period 85.88
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sofitel Hotel		Transaction ID: 61009.E4437 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 5601 West 78th Street		Amount of Each Disbursement this Period 286.08
City Minneapolis State MN Zip Code 55439-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Fedex Kinkos		Transaction ID: 61009.E4467 Date of Disbursement 08 / 03 / 2006	
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 169.35	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED PRINTING	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 PRINTING	

Full Name (Last, First, Middle Initial) B. Fedex Kinkos		Transaction ID: 61009.E4469 Date of Disbursement 08 / 11 / 2006	
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 176.40	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED PRINTING	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 PRINTING	

Full Name (Last, First, Middle Initial) C. Central Parking		Transaction ID: 61009.E4463 Date of Disbursement 08 / 01 / 2006	
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 200.00	
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED STAFF PARKING	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 PARKING	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Cranbury Printing		Transaction ID: 61009.E4471 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 19 Richards Road		Amount of Each Disbursement this Period 6395.86
City Plymouth State MA Zip Code 02360-	[MEMO ITEM] MEMO: PRINTING	
Purpose of Disbursement PRINTING		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. Avis Rent A Car		Transaction ID: 61009.E4476 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 9012 Taylorsville Road		Amount of Each Disbursement this Period 304.49
City Louisville State KY Zip Code 40299-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. The Setai South Beach		Transaction ID: 61009.E4417 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 2001 Collins Avenue		Amount of Each Disbursement this Period 305.10
City Miami State FL Zip Code 33139-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. The Setai South Beach		Transaction ID: 61009.E4418 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 2001 Collins Avenue		Amount of Each Disbursement this Period 305.10
City Miami State FL Zip Code 33139-	[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. The Setai South Beach		Transaction ID: 61009.E4425 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 2001 Collins Avenue		Amount of Each Disbursement this Period 12.66
City Miami State FL Zip Code 33139-	[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) C. The Setai South Beach		Transaction ID: 61009.E4426 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 2001 Collins Avenue		Amount of Each Disbursement this Period 2.98
City Miami State FL Zip Code 33139-	[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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. T-Mobile Telephone		Transaction ID: 61009.E4465 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 36 South State Street		Amount of Each Disbursement this Period 213.08
City Salt Lake City State UT Zip Code 84111-	[MEMO ITEM] MEMO: PRO-RATED CELL PHONE	
Purpose of Disbursement PRO-RATED CELL PHONE		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. American Express		Transaction ID: 61006.E3870 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 1810.91
City Fort Lauderdale State FL Zip Code 33336-0001	PRO-RATED CREDIT CARD: SEE BELOW	
Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61006.E3825 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 309.30
City Atlanta State GA Zip Code 30320-6001	[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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1810.91
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 61006.E3829 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 25.01
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. Delta Airlines		Transaction ID: 61006.E3833 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 167.16
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) C. US Airways		Transaction ID: 61006.E3835 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 76.55
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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61006.E3837 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 76.55
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. National Car Rental		Transaction ID: 61006.E3861 Date of Disbursement MM / DD / YYYY 08 / 24 / 2006
Mailing Address 50 Logan Airport		Amount of Each Disbursement this Period 353.92
City Boston State MA Zip Code 02128-	[MEMO ITEM] 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) C. Boston Coach		Transaction ID: 61006.E3841 Date of Disbursement MM / DD / YYYY 08 / 29 / 2006
Mailing Address 69 Norman St		Amount of Each Disbursement this Period 43.04
City Everett State MA Zip Code 02149-1951	[MEMO ITEM] MEMO: PRO-RATED CAR SERVICE	
Purpose of Disbursement PRO-RATED CAR SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Dell Computers		Transaction ID: 61006.E3823 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address One Dell Way		Amount of Each Disbursement this Period 94.48
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement PRO-RATED COMPUTER ACCESSORY 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 COMPUTER ACCESSORY

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 61006.E3791 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 12.50
City Fort Lauderdale State FL Zip Code 33336-0001	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) C. American Express		Transaction ID: 61006.E3793 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 16.04
City Fort Lauderdale State FL Zip Code 33336-0001	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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 61006.E3795 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 12.50
City Fort Lauderdale State FL Zip Code 33336-0001	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. American Express		Transaction ID: 61006.E3802 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 12.50
City Fort Lauderdale State FL Zip Code 33336-0001	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) C. American Express		Transaction ID: 61006.E3804 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 16.04
City Fort Lauderdale State FL Zip Code 33336-0001	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

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 61006.E3806 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 12.50
City Fort Lauderdale State FL Zip Code 33336-0001	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. American Express		Transaction ID: 61006.E3808 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 16.04
City Fort Lauderdale State FL Zip Code 33336-0001	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) C. American Express		Transaction ID: 61006.E3810 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 12.50
City Fort Lauderdale State FL Zip Code 33336-0001	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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. American Express		Transaction ID: 61006.E3812 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 16.04
City Fort Lauderdale State FL Zip Code 33336-0001	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. American Express		Transaction ID: 61006.E3815 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 12.50
City Fort Lauderdale State FL Zip Code 33336-0001	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) C. American Express		Transaction ID: 61006.E3817 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 16.04
City Fort Lauderdale State FL Zip Code 33336-0001	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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. American Express		Transaction ID: 61006.E3819 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 12.50
City Fort Lauderdale State FL Zip Code 33336-0001	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. American Express		Transaction ID: 61006.E3843 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 12.50
City Fort Lauderdale State FL Zip Code 33336-0001	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) C. American Express		Transaction ID: 61006.E3845 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 16.04
City Fort Lauderdale State FL Zip Code 33336-0001	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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Federal Express		Transaction ID: 61006.E3857 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 1.05
City Pittsburgh State PA Zip Code 15250-7461	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) ▼	[MEMO ITEM] MEMO: PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 61006.E3859 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 34.09
City Pittsburgh State PA Zip Code 15250-7461	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) ▼	[MEMO ITEM] MEMO: PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 61006.E3867 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 11.31
City Pittsburgh State PA Zip Code 15250-7461	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) ▼	[MEMO ITEM] MEMO: PRO-RATED SHIPPING

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Omni Parker House Hotel		Transaction ID: 61006.E3800	
Mailing Address 60 School Street		Date of Disbursement 08 / 23 / 2006	
City Boston	State MA	Zip Code 02108-	Amount of Each Disbursement this Period 43.94
Purpose of Disbursement PRO-RATED MEETING EXPENSE		Category/Type	
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE	
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. Federal Express		Transaction ID: 200002339	
Mailing Address PO Box 371461		Date of Disbursement 07 / 11 / 2006	
City Pittsburgh	State PA	Zip Code 15250-7461	Amount of Each Disbursement this Period 525.73
Purpose of Disbursement PRO-RATED SHIPPING		Category/Type	
Candidate Name		PRO-RATED SHIPPING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 200002611	
Mailing Address PO Box 371461		Date of Disbursement 07 / 19 / 2006	
City Pittsburgh	State PA	Zip Code 15250-7461	Amount of Each Disbursement this Period 237.06
Purpose of Disbursement PRO-RATED SHIPPING		Category/Type	
Candidate Name		PRO-RATED SHIPPING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	762.79
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Federal Express 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) ▼		Transaction ID: 200002733 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 243.60 Category/Type PRO-RATED SHIPPING
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B. Federal Express 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) ▼		Transaction ID: 61006.E2903 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 247.78 Category/Type PRO-RATED SHIPPING
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C. Federal Express 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) ▼		Transaction ID: 61006.E2922 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 440.42 Category/Type PRO-RATED SHIPPING
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SUBTOTAL of Disbursements This Page (optional) ▶	931.80
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 61006.E3111 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 356.49
City Pittsburgh State PA Zip Code 15250-7461	Category/ Type PRO-RATED SHIPPING	
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) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 61006.E3335 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 134.53
City Pittsburgh State PA Zip Code 15250-7461	Category/ Type PRO-RATED SHIPPING	
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) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 61006.E3498 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 201.51
City Pittsburgh State PA Zip Code 15250-7461	Category/ Type PRO-RATED SHIPPING	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	692.53
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 61006.E3749 Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 218.07
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) ▼	PRO-RATED SHIPPING

Full Name (Last, First, Middle Initial) B. Eric Fehrstrom		Transaction ID: 200002344 Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 83 Risley Rd		Amount of Each Disbursement this Period 66.00
City Chestnut Hill State MA Zip Code 02467-3274	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

Full Name (Last, First, Middle Initial) C. Eric Fehrstrom		Transaction ID: 61006.E3771 Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 83 Risley Rd		Amount of Each Disbursement this Period 171.93
City Chestnut Hill State MA Zip Code 02467-3274	Purpose of Disbursement PRO-RATED 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) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	456.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Hilton Hotel Full Name (Last, First, Middle Initial) Mailing Address 1919 Connecticut Avenue NW City Washington State DC Zip Code 20009- 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) ▼		Transaction ID: 61006.E3768 Date of Disbursement 09 / 22 / 2006 Amount of Each Disbursement this Period 113.93 [MEMO ITEM] MEMO: PRO-RATED LODGING
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B. Congress Fine Dining Full Name (Last, First, Middle Initial) Mailing Address 355 Congress St. City Boston State MA Zip Code 02210- Purpose of Disbursement PRO-RATED MEETING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60804.E2822 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 1989.57 PRO-RATED MEETING EXPENSE
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C. Mr. Mason Fink Full Name (Last, First, Middle Initial) Mailing Address 60 Palatine st. #329 City Irvine State CA Zip Code 92612- Purpose of Disbursement 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) ▼		Transaction ID: 61006.E4063 Date of Disbursement 07 / 14 / 2006 Amount of Each Disbursement this Period 2011.15 PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	4000.72
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Mason Fink		Transaction ID: 61006.E4081 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 2011.15
City Irvine State CA Zip Code 92612-	PAYROLL	
Purpose of Disbursement 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. Mr. Mason Fink		Transaction ID: 61006.E4099 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 2011.15
City Irvine State CA Zip Code 92612-	PAYROLL	
Purpose of Disbursement 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) C. Mr. Mason Fink		Transaction ID: 61006.E4117 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 2011.15
City Irvine State CA Zip Code 92612-	PAYROLL	
Purpose of Disbursement 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6033.45
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Mr. Mason Fink		Transaction ID: 61006.E4136 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 2011.15
City Irvine State CA Zip Code 92612-	PAYROLL	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) B. Mr. Mason Fink		Transaction ID: 61006.E4156 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 2011.15
City Irvine State CA Zip Code 92612-	PAYROLL	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) C. Derek Flowers		Transaction ID: 61006.E4064 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 716 N. Elm St		Amount of Each Disbursement this Period 1202.13
City Creston State IA Zip Code 50801-	PAYROLL	
Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5224.43
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Derek Flowers		Transaction ID: 61006.E4082 Date of Disbursement MM / DD / YYYY 07 / 28 / 2006	
Mailing Address 716 N. Elm St		Amount of Each Disbursement this Period 1202.13	
City Creston	State IA	Zip Code 50801-	PAYROLL
Purpose of Disbursement 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. Derek Flowers		Transaction ID: 61006.E4100 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006	
Mailing Address 716 N. Elm St		Amount of Each Disbursement this Period 1202.13	
City Creston	State IA	Zip Code 50801-	PAYROLL
Purpose of Disbursement 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) C. Derek Flowers		Transaction ID: 61006.E4118 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006	
Mailing Address 716 N. Elm St		Amount of Each Disbursement this Period 1202.13	
City Creston	State IA	Zip Code 50801-	PAYROLL
Purpose of Disbursement 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:			

SUBTOTAL of Disbursements This Page (optional) ▶	3606.39
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Derek Flowers		Transaction ID: 61006.E4137 Date of Disbursement MM / DD / YYYY 09 / 08 / 2006
Mailing Address 716 N. Elm St		Amount of Each Disbursement this Period 1202.13
City Creston	State IA	
Zip Code 50801-	Purpose of Disbursement 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:	PAYROLL

Full Name (Last, First, Middle Initial) B. Derek Flowers		Transaction ID: 61006.E4157 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 716 N. Elm St		Amount of Each Disbursement this Period 1202.13
City Creston	State IA	
Zip Code 50801-	Purpose of Disbursement 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:	PAYROLL

Full Name (Last, First, Middle Initial) C. Media Forum, Inc.		Transaction ID: 61006.E3169 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
Mailing Address 6405 South 3000 East Suite 200		Amount of Each Disbursement this Period 12500.00
City Salt Lake City	State UT	
Zip Code 84121-	Purpose of Disbursement PRO-RATED FUNDRAISING DEVELOPMENT	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:	PRO-RATED FUNDRAISING DEV- EVELOPMENT

SUBTOTAL of Disbursements This Page (optional) ▶	14904.26
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Doug Gamble		Transaction ID: 61006.E3110 Date of Disbursement 09 / 05 / 2006	
Mailing Address PO Box 4517		Amount of Each Disbursement this Period 500.00	
City Carmel By The Sea State CA Zip Code 93921-4517	Purpose of Disbursement PRO-RATED CONSULTANT 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 CONSULTANT		

Full Name (Last, First, Middle Initial) B. Standard Chair Gardener		Transaction ID: 61006.E2928 Date of Disbursement 08 / 16 / 2006	
Mailing Address 1 South Main St		Amount of Each Disbursement this Period 572.00	
City Gardner State MA Zip Code 01440-	Purpose of Disbursement PRO-RATED FUNDRAISING 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) ▼ PRO-RATED FUNDRAISING EXP-ENSE		

Full Name (Last, First, Middle Initial) C. Standard Chair Gardener		Transaction ID: 61006.E3751 Date of Disbursement 09 / 26 / 2006	
Mailing Address 1 South Main St		Amount of Each Disbursement this Period 150.00	
City Gardner State MA Zip Code 01440-	Purpose of Disbursement PRO-RATED FUNDRAISING 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) ▼ PRO-RATED FUNDRAISING EXP-ENSE		

SUBTOTAL of Disbursements This Page (optional) ▶	1222.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Ben Godley		Transaction ID: 61006.E4065 Date of Disbursement MM / DD / YYYY 07 / 14 / 2006	
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 2249.80	
City Auburndale State MA Zip Code 02466-	Purpose of Disbursement 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:	PAYROLL		

Full Name (Last, First, Middle Initial) B. Ben Godley		Transaction ID: 61012.E4575 Date of Disbursement MM / DD / YYYY 07 / 14 / 2006	
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 4575.07	
City Auburndale State MA Zip Code 02466-	Purpose of Disbursement 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:	PAYROLL		

Full Name (Last, First, Middle Initial) C. Ben Godley		Transaction ID: 61006.E4083 Date of Disbursement MM / DD / YYYY 07 / 28 / 2006	
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 2190.76	
City Auburndale State MA Zip Code 02466-	Purpose of Disbursement 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:	PAYROLL		

SUBTOTAL of Disbursements This Page (optional) ▶	9015.63
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 200 / 265

<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. Ben Godley		Transaction ID: 61006.E2909 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 571.19
City Auburndale State MA Zip Code 02466-	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. Ben Godley		Transaction ID: 61006.E4101 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 2190.76
City Auburndale State MA Zip Code 02466-	Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Ben Godley		Transaction ID: 61006.E4119 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 2190.76
City Auburndale State MA Zip Code 02466-	Purpose of Disbursement 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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	4952.71
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Ben Godley Full Name (Last, First, Middle Initial) Mailing Address 1817 Commonwealth Avenue City Auburndale State MA Zip Code 02466- Purpose of Disbursement 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) ▼		Transaction ID: 61006.E4138 Date of Disbursement 09 / 08 / 2006 Amount of Each Disbursement this Period 2186.69 Category/Type PAYROLL
--	--	--

B. Ben Godley Full Name (Last, First, Middle Initial) Mailing Address 1817 Commonwealth Avenue City Auburndale State MA Zip Code 02466- Purpose of Disbursement 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) ▼		Transaction ID: 61006.E4158 Date of Disbursement 09 / 22 / 2006 Amount of Each Disbursement this Period 2186.69 Category/Type PAYROLL
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C. Big Cottonwood Group, Inc. Full Name (Last, First, Middle Initial) Mailing Address 2755 East Cottonwood Pkwy Suite 350 City Salt Lake City State UT Zip Code 84121- 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) ▼		Transaction ID: 200002607 Date of Disbursement 07 / 19 / 2006 Amount of Each Disbursement this Period 1250.00 Category/Type PRO-RATED CONSULTING
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SUBTOTAL of Disbursements This Page (optional)	5623.38
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Big Cottonwood Group, Inc.		Transaction ID: 60804.E2824 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 350.00
City Salt Lake City State UT Zip Code 84121-	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) ▼	

Full Name (Last, First, Middle Initial) B. Big Cottonwood Group, Inc.		Transaction ID: 61006.E3012 Date of Disbursement MM / DD / YYYY 08 / 22 / 2006
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 180.66
City Salt Lake City State UT Zip Code 84121-	PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Big Cottonwood Group, Inc.		Transaction ID: 61006.E3332 Date of Disbursement MM / DD / YYYY 09 / 12 / 2006
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 1250.00
City Salt Lake City State UT Zip Code 84121-	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1780.66
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. The Amaral Group LLC		Transaction ID: 200002333 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 201 Great Rd Ste 2 Suite 2		Amount of Each Disbursement this Period 297.50
City Acton State MA Zip Code 01720-5700		
Purpose of Disbursement PRO-RATED IT CONSULTING		PRO-RATED IT 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. Brian Henderson		Transaction ID: 61006.E3508 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 1126 South 1450 East		Amount of Each Disbursement this Period 289.70
City Provo State UT Zip Code 84606-		
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		PRO-RATED 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) ▼	

Full Name (Last, First, Middle Initial) C. St. Regis Hotel		Transaction ID: 61006.E3532 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address One Monarch Beach Resort		Amount of Each Disbursement this Period 75.54
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	587.20
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jurys Boston Hotel		Transaction ID: 200002338 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 350 Stuart Street		Amount of Each Disbursement this Period 704.50
City Boston State MA Zip Code 02116-	Category/ Type PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		
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. Jurys Boston Hotel		Transaction ID: 60804.E2829 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 350 Stuart Street		Amount of Each Disbursement this Period 1409.90
City Boston State MA Zip Code 02116-	Category/ Type PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CMDI Inc.		Transaction ID: 200002342 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 3900.00
City Falls Church State VA Zip Code 22043-	Category/ Type PRO-RATED DATABASE SERVICES	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6014.40
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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<input 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. CMDI Inc.		Transaction ID: 61006.E2906 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 1175.40
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. CMDI Inc.		Transaction ID: 61006.E3496 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 970.48
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) C. Paychex Inc.		Transaction ID: 61006.E4174 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 188.80
City Woburn State MA Zip Code 01801-1181	Category/ Type	
Purpose of Disbursement PAYROLL FEES - JUNE		
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 - JUNE

SUBTOTAL of Disbursements This Page (optional) ▶	2334.68
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Paychex Inc.		Transaction ID: 61006.E4175	
Mailing Address 120 Presidential Way		Date of Disbursement MM / DD / YYYY 07 / 01 / 2006	
City Woburn	State MA	Zip Code 01801-1181	Amount of Each Disbursement this Period 1844.59
Purpose of Disbursement ADDITIONAL PAYROLL TAXES - JUNE		Category/ Type	ADDITIONAL PAYROLL TAXES - JUNE
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. Paychex Inc.		Transaction ID: 61006.E4181	
Mailing Address 120 Presidential Way		Date of Disbursement MM / DD / YYYY 07 / 07 / 2006	
City Woburn	State MA	Zip Code 01801-1181	Amount of Each Disbursement this Period 732.33
Purpose of Disbursement PAYROLL TAXES		Category/ Type	PAYROLL TAXES
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Paychex Inc.		Transaction ID: 61006.E4091	
Mailing Address 120 Presidential Way		Date of Disbursement MM / DD / YYYY 07 / 14 / 2006	
City Woburn	State MA	Zip Code 01801-1181	Amount of Each Disbursement this Period 10738.45
Purpose of Disbursement PAYROLL TAXES		Category/ Type	PAYROLL TAXES
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	13315.37
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Paychex Inc.		Transaction ID: 61006.E4090 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 9645.50
City Woburn State MA Zip Code 01801-1181	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) B. Paychex Inc.		Transaction ID: 61006.E4188 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 268.91
City Woburn State MA Zip Code 01801-1181	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

Full Name (Last, First, Middle Initial) C. Paychex Inc.		Transaction ID: 61006.E4111 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 11643.45
City Woburn State MA Zip Code 01801-1181	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ► 21557.86

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Paychex Inc.		Transaction ID: 61006.E4130 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 11558.91
City Woburn State MA Zip Code 01801-1181	Category/ Type PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex Inc.		Transaction ID: 61006.E4150 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 11888.91
City Woburn State MA Zip Code 01801-1181	Category/ Type PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex Inc.		Transaction ID: 61006.E4191 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 233.79
City Woburn State MA Zip Code 01801-1181	Category/ Type PAYROLL FEES	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	23681.61
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Paychex Inc.		Transaction ID: 61006.E4192 Date of Disbursement
Mailing Address 120 Presidential Way		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Woburn	State MA	Zip Code 01801-1181
Purpose of Disbursement PAYROLL FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="40.00"/>
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) ▼	PAYROLL FEES
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex Inc.		Transaction ID: 61006.E4171 Date of Disbursement
Mailing Address 120 Presidential Way		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City Woburn	State MA	Zip Code 01801-1181
Purpose of Disbursement PAYROLL TAXES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="12778.06"/>
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) ▼	PAYROLL TAXES
State: District:		

Full Name (Last, First, Middle Initial) C. Theikos Inc.		Transaction ID: 61006.E3017 Date of Disbursement
Mailing Address 153 Cordaville Road, Suite 100		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City Southborough	State MA	Zip Code 01772-
Purpose of Disbursement PRO-RATED CONSULTING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="8970.00"/>
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 CONSULTING
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="21788.06"/>
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)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Theikos Inc.		Transaction ID: 61006.E3241 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 153 Cordaville Road, Suite 100		Amount of Each Disbursement this Period 784.56
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. Sentient Jet		Transaction ID: 200002616 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 97 Libbey Parkway		Amount of Each Disbursement this Period 17309.45
City Weymouth State MA Zip Code 02189-	Category/ Type PRO-RATED STAFF TRAVEL	
Purpose of Disbursement PRO-RATED STAFF TRAVEL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sentient Jet		Transaction ID: 61006.E3016 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 97 Libbey Parkway		Amount of Each Disbursement this Period 1557.07
City Weymouth State MA Zip Code 02189-	Category/ Type PRO-RATED STAFF TRAVEL	
Purpose of Disbursement PRO-RATED STAFF TRAVEL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	19651.08
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Sentient Jet		Transaction ID: 61006.E3018 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 97 Libbey Parkway		Amount of Each Disbursement this Period 13833.82
City Weymouth State MA Zip Code 02189-	Category/ Type PRO-RATED STAFF TRAVEL	
Purpose of Disbursement PRO-RATED STAFF TRAVEL 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. Timothy Jost		Transaction ID: 61006.E4066 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 1031.87
City Boston State MA Zip Code 02109-	Category/ Type PAYROLL	
Purpose of Disbursement 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) C. Timothy Jost		Transaction ID: 61006.E4084 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 1031.87
City Boston State MA Zip Code 02109-	Category/ Type PAYROLL	
Purpose of Disbursement 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	15897.56
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Timothy Jost		Transaction ID: 61006.E4102 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 1031.87
City Boston State MA Zip Code 02109-	Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Timothy Jost		Transaction ID: 61006.E2930 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 50.19
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT

Full Name (Last, First, Middle Initial) C. Timothy Jost		Transaction ID: 61006.E4120 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 1031.87
City Boston State MA Zip Code 02109-	Purpose of Disbursement 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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2113.93
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Timothy Jost		Transaction ID: 61006.E4139 Date of Disbursement MM / DD / YYYY 09 / 08 / 2006	
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 1031.87	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PAYROLL	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:	PAYROLL		

Full Name (Last, First, Middle Initial) B. Timothy Jost		Transaction ID: 61006.E4159 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006	
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 1031.87	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PAYROLL	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:	PAYROLL		

Full Name (Last, First, Middle Initial) C. Old City Landmark Corporation		Transaction ID: 200002614 Date of Disbursement MM / DD / YYYY 07 / 19 / 2006	
Mailing Address 45 School St		Amount of Each Disbursement this Period 4756.00	
City Boston State MA Zip Code 02108-3206	Purpose of Disbursement PRO-RATED RENT	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:	PRO-RATED RENT		

SUBTOTAL of Disbursements This Page (optional) ▶	6819.74
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Old City Landmark Corporation		Transaction ID: 61006.E2926 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 45 School St		Amount of Each Disbursement this Period 4756.00
City Boston State MA Zip Code 02108-3206	Category/ Type PRO-RATED RENT	
Purpose of Disbursement PRO-RATED RENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Old City Landmark Corporation		Transaction ID: 61006.E3750 Date of Disbursement MM / DD / YYYY 09 / 26 / 2006
Mailing Address 45 School St		Amount of Each Disbursement this Period 4756.00
City Boston State MA Zip Code 02108-3206	Category/ Type PRO-RATED RENT	
Purpose of Disbursement PRO-RATED RENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Elizabeth Lascaze		Transaction ID: 61006.E3194 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
Mailing Address PO Box 44		Amount of Each Disbursement this Period 18.69
City Boston State MA Zip Code 02133-0044	Category/ Type REIMBURSEMENT: SEE BELOW	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9530.69
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Elizabeth Lascaze		Transaction ID: 61006.E4140 Date of Disbursement 09 / 08 / 2006
Mailing Address PO Box 44		Amount of Each Disbursement this Period 558.90
City Boston State MA Zip Code 02133-0044	PAYROLL	
Purpose of Disbursement 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. Elizabeth Lascaze		Transaction ID: 61006.E4160 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 44		Amount of Each Disbursement this Period 1064.39
City Boston State MA Zip Code 02133-0044	PAYROLL	
Purpose of Disbursement 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) C. Joshua Leffler		Transaction ID: 61006.E4067 Date of Disbursement 07 / 14 / 2006
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1566.92
City Lynnfield State MA Zip Code 01940-1625	PAYROLL	
Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3190.21
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Joshua Leffler		Transaction ID: 61006.E4085 Date of Disbursement MM / DD / YYYY 07 / 28 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1566.92	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement 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:	PAYROLL		

Full Name (Last, First, Middle Initial) B. Joshua Leffler		Transaction ID: 61006.E4103 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1566.92	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement 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:	PAYROLL		

Full Name (Last, First, Middle Initial) C. Joshua Leffler		Transaction ID: 61006.E4121 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1562.84	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement 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:	PAYROLL		

SUBTOTAL of Disbursements This Page (optional) ▶	4696.68
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Joshua Leffler		Transaction ID: 61006.E4141 Date of Disbursement 09 / 08 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1562.84	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement 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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) B. Joshua Leffler		Transaction ID: 61006.E4161 Date of Disbursement 09 / 22 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 1562.84	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement 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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) C. ENIlsson, LLC		Transaction ID: 200002340 Date of Disbursement 07 / 11 / 2006	
Mailing Address 6 Depot St		Amount of Each Disbursement this Period 3806.41	
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	

SUBTOTAL of Disbursements This Page (optional) ▶	6932.09
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. ENilsson, LLC Full Name (Last, First, Middle Initial) Mailing Address 6 Depot St City Westford State MA Zip Code 01886-2608 Purpose of Disbursement PRO-RATED WEBSITE DESIGN 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) ▼		Transaction ID: 60804.E2821 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 7500.00 Category/Type PRO-RATED WEBSITE DESIGN
--	--	---

B. ENilsson, LLC Full Name (Last, First, Middle Initial) Mailing Address 6 Depot St City Westford State MA Zip Code 01886-2608 Purpose of Disbursement PRO-RATED WEBSITE DESIGN 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) ▼		Transaction ID: 61006.E2905 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 4660.75 Category/Type PRO-RATED WEBSITE DESIGN
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C. SJZ, LLC Full Name (Last, First, Middle Initial) Mailing Address PO Box 151 City Boston State MA Zip Code 02117-0151 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) ▼		Transaction ID: 200002334 Date of Disbursement 07 / 11 / 2006 Amount of Each Disbursement this Period 9400.00 Category/Type PRO-RATED CONSULTING
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SUBTOTAL of Disbursements This Page (optional) ▶	21560.75
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. SJZ, LLC		Transaction ID: 61006.E2927 Date of Disbursement 08 / 16 / 2006	
Mailing Address PO Box 151		Amount of Each Disbursement this Period 12061.32	
City Boston State MA Zip Code 02117-0151	Purpose of Disbursement PRO-RATED CONSULTING	Category/ Type PRO-RATED CONSULTING	
Office Sought: <input type="checkbox"/> House <input 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. SJZ, LLC		Transaction ID: 61006.E4189 Date of Disbursement 09 / 05 / 2006	
Mailing Address PO Box 151		Amount of Each Disbursement this Period 13417.50	
City Boston State MA Zip Code 02117-0151	Purpose of Disbursement PRO-RATED CONSULTING	Category/ Type PRO-RATED CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SJZ, LLC		Transaction ID: 61006.E3340 Date of Disbursement 09 / 12 / 2006	
Mailing Address PO Box 151		Amount of Each Disbursement this Period 45287.05	
City Boston State MA Zip Code 02117-0151	Purpose of Disbursement PRO-RATED CONSULTING	Category/ Type PRO-RATED CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	70765.87
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Nathan Locke		Transaction ID: 61006.E4122 Date of Disbursement 08 / 25 / 2006
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 565.07
City Boston State MA Zip Code 02109-	Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Nathan Locke		Transaction ID: 61006.E3195 Date of Disbursement 09 / 05 / 2006
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 1305.75
City Boston State MA Zip Code 02109-	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) C. US Airways		Transaction ID: 61006.E3196 Date of Disbursement 08 / 20 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 302.10
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED 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 AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	1870.82
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61006.E3204 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 374.60
City Tempe State AZ Zip Code 85281-2880	[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. Holiday Inn Select Hotel		Transaction ID: 61006.E3203 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 5 Blossom Street		Amount of Each Disbursement this Period 494.68
City Boston State MA Zip Code 02114-	[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) C. Nathan Locke		Transaction ID: 61006.E4142 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 1025.24
City Boston State MA Zip Code 02109-	PAYROLL	
Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1025.24
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Nathan Locke Full Name (Last, First, Middle Initial) Mailing Address 98 Fulton St. City Boston State MA Zip Code 02109-		Transaction ID: 61006.E4162 Date of Disbursement 09 / 22 / 2006 Amount of Each Disbursement this Period 1025.24
Purpose of Disbursement 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) ▼		Category/Type PAYROLL

B. Kelly Maguire Full Name (Last, First, Middle Initial) Mailing Address 9 Hearthstone Way City Hanover State MA Zip Code 02339-		Transaction ID: 61006.E4068 Date of Disbursement 07 / 14 / 2006 Amount of Each Disbursement this Period 340.55
Purpose of Disbursement 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) ▼		Category/Type PAYROLL

C. Kelly Maguire Full Name (Last, First, Middle Initial) Mailing Address 9 Hearthstone Way City Hanover State MA Zip Code 02339-		Transaction ID: 61006.E4086 Date of Disbursement 07 / 28 / 2006 Amount of Each Disbursement this Period 340.55
Purpose of Disbursement 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) ▼		Category/Type PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1706.34
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Kelly Maguire		Transaction ID: 61006.E4104 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 9 Hearthstone Way		Amount of Each Disbursement this Period 340.55
City Hanover State MA Zip Code 02339-	Category/ Type	
Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Kelly Maguire		Transaction ID: 61006.E4123 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 9 Hearthstone Way		Amount of Each Disbursement this Period 340.55
City Hanover State MA Zip Code 02339-	Category/ Type	
Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Kelly Maguire		Transaction ID: 61006.E4143 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 9 Hearthstone Way		Amount of Each Disbursement this Period 182.76
City Hanover State MA Zip Code 02339-	Category/ Type	
Purpose of Disbursement 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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	863.86
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bostonian Jewelers Manufacturers, Inc.		Transaction ID: 61006.E3225 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 333 Washington Street, Room 710-13		Amount of Each Disbursement this Period 727.65
City Boston State MA Zip Code 02108-	PRO-RATED FUNDRAISING EXP-ENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING 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. OBrien Communications		Transaction ID: 60804.E2818 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 175.00
City Wrentham State MA Zip Code 02093-0659	PRO-RATED PHONE INSTALLAT-ION	
Purpose of Disbursement PRO-RATED PHONE INSTALLATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. OBrien Communications		Transaction ID: 61006.E3501 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 248.75
City Wrentham State MA Zip Code 02093-0659	PRO-RATED PHONE INSTALLAT-ION	
Purpose of Disbursement PRO-RATED PHONE INSTALLATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1151.40
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

A. Robert Millett Full Name (Last, First, Middle Initial) Mailing Address 370 Joseph Smith Building City Provo State UT Zip Code 84602-		Transaction ID: 61006.E3172 Date of Disbursement 08 / 22 / 2006
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW Candidate Name		Amount of Each Disbursement this Period 566.99
Office Sought: <input type="checkbox"/> House <input 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

B. Delta Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 20706 City Atlanta State GA Zip Code 30320-6001		Transaction ID: 61006.E3174 Date of Disbursement 07 / 18 / 2006
Purpose of Disbursement PRO-RATED AIRFARE Candidate Name		Amount of Each Disbursement this Period 227.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED AIRFARE

C. Delta Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 20706 City Atlanta State GA Zip Code 30320-6001		Transaction ID: 61006.E3175 Date of Disbursement 07 / 18 / 2006
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Amount of Each Disbursement this Period 227.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	566.99
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Timothy Moran		Transaction ID: 61006.E4179 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 331 Denton St.		Amount of Each Disbursement this Period 1498.08
City Council Bluffs State IA Zip Code 51503-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Timothy Moran		Transaction ID: 61006.E4069 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 331 Denton St.		Amount of Each Disbursement this Period 1268.36
City Council Bluffs State IA Zip Code 51503-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Timothy Moran		Transaction ID: 61006.E4087 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 331 Denton St.		Amount of Each Disbursement this Period 1268.36
City Council Bluffs State IA Zip Code 51503-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4034.80
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

A. Timothy Moran Full Name (Last, First, Middle Initial) Timothy Moran Mailing Address 331 Denton St. City Council Bluffs State IA Zip Code 51503-		Transaction ID: 61006.E4105 Date of Disbursement 08 / 11 / 2006 Amount of Each Disbursement this Period 1268.36
Purpose of Disbursement 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) ▼		Category/Type PAYROLL

B. Timothy Moran Full Name (Last, First, Middle Initial) Timothy Moran Mailing Address 331 Denton St. City Council Bluffs State IA Zip Code 51503-		Transaction ID: 61006.E4124 Date of Disbursement 08 / 25 / 2006 Amount of Each Disbursement this Period 1268.36
Purpose of Disbursement 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) ▼		Category/Type PAYROLL

C. Timothy Moran Full Name (Last, First, Middle Initial) Timothy Moran Mailing Address 331 Denton St. City Council Bluffs State IA Zip Code 51503-		Transaction ID: 61006.E4144 Date of Disbursement 09 / 08 / 2006 Amount of Each Disbursement this Period 1268.36
Purpose of Disbursement 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) ▼		Category/Type PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	3805.08
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Timothy Moran		Transaction ID: 61006.E4163 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 331 Denton St.		Amount of Each Disbursement this Period 1268.36
City Council Bluffs	State IA Zip Code 51503-	
Purpose of Disbursement PAYROLL		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. Beth Myers		Transaction ID: 61006.E3331 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 201 Buckminster Road		Amount of Each Disbursement this Period 982.00
City Brookline	State MA Zip Code 02445-	
Purpose of Disbursement PRO-RATED CONSULTING		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) C. Lexis Nexis		Transaction ID: 61006.E2902 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 106.46
City Philadelphia	State PA Zip Code 19170-	
Purpose of Disbursement PRO-RATED SUBSCRIPTION		PRO-RATED SUBSCRIPTION
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2356.82
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Lexis Nexis		Transaction ID: 61006.E3337 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 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 State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mike Nobil		Transaction ID: 61006.E4164 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 968.22
City Natick State MA Zip Code 01760-	Category/ Type PAYROLL	
Purpose of Disbursement 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) C. Mr. Paul Norwood		Transaction ID: 200002615 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 483 Main Street		Amount of Each Disbursement this Period 1725.00
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 State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2843.22
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Mr. Paul Norwood		Transaction ID: 61006.E2899 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 483 Main Street		Amount of Each Disbursement this Period 650.00
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Blue Cross Of California		Transaction ID: 61006.E3109 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
Mailing Address PO Box 9051		Amount of Each Disbursement this Period 209.00
City Oxnard State CA Zip Code 93031-	Category/ Type PRO-RATED INSURANCE	
Purpose of Disbursement 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) C. New England Office Supply		Transaction ID: 61006.E3113 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
Mailing Address 135 Lundquist Dr		Amount of Each Disbursement this Period 602.92
City Braintree State MA Zip Code 02184-5208	Category/ Type PRO-RATED OFFICE FURNITURE	
Purpose of Disbursement PRO-RATED OFFICE FURNITURE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1461.92
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Jessica Peterson		Transaction ID: 61006.E4070 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1188.85
City Chelsea State MA Zip Code 02150-3300	PAYROLL	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) B. Jessica Peterson		Transaction ID: 61006.E4183 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 905.59
City Chelsea State MA Zip Code 02150-3300	PAYROLL	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) C. Jessica Peterson		Transaction ID: 61006.E4088 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1916.74
City Chelsea State MA Zip Code 02150-3300	PAYROLL	
Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4011.18
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Jessica Peterson Full Name (Last, First, Middle Initial) Mailing Address 175 Cottage St Unit 605 Unit 605 City Chelsea State MA Zip Code 02150-3300 Purpose of Disbursement 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) ▼		Transaction ID: 61006.E4107 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 1916.74 Category/Type PAYROLL
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B. Jessica Peterson Full Name (Last, First, Middle Initial) Mailing Address 175 Cottage St Unit 605 Unit 605 City Chelsea State MA Zip Code 02150-3300 Purpose of Disbursement 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) ▼		Transaction ID: 61006.E4125 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 1916.74 Category/Type PAYROLL
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C. Jessica Peterson Full Name (Last, First, Middle Initial) Mailing Address 175 Cottage St Unit 605 Unit 605 City Chelsea State MA Zip Code 02150-3300 Purpose of Disbursement 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) ▼		Transaction ID: 61006.E4145 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 1916.74 Category/Type PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	5750.22
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jessica Peterson		Transaction ID: 61006.E4165 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1916.74
City Chelsea State MA Zip Code 02150-3300		
Purpose of Disbursement PAYROLL Candidate Name		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. Jennifer Phelan		Transaction ID: 61006.E4071 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 947.15
City Boston State MA Zip Code 02115-		
Purpose of Disbursement PAYROLL Candidate Name		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) C. Jennifer Phelan		Transaction ID: 61006.E4089 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 921.03
City Boston State MA Zip Code 02115-		
Purpose of Disbursement PAYROLL Candidate Name		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:		

SUBTOTAL of Disbursements This Page (optional) ▶	3784.92
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jennifer Phelan		Transaction ID: 61006.E4108 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 921.03
City Boston State MA Zip Code 02115-	PAYROLL	
Purpose of Disbursement 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. Jennifer Phelan		Transaction ID: 61006.E4126 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 921.03
City Boston State MA Zip Code 02115-	PAYROLL	
Purpose of Disbursement 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) C. Jennifer Phelan		Transaction ID: 61006.E4146 Date of Disbursement MM / DD / YYYY 09 / 08 / 2006
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 921.03
City Boston State MA Zip Code 02115-	PAYROLL	
Purpose of Disbursement 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	2763.09
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jennifer Phelan		Transaction ID: 61006.E4166 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 921.03
City Boston State MA Zip Code 02115-	Category/ Type	
Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Mr. Kyle Plotkin		Transaction ID: 61006.E2913 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 88.36
City Boston State MA Zip Code 02114-	Category/ Type	
Purpose of Disbursement PRO-RATED 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) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) C. PI Alley		Transaction ID: 61006.E3106 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 70.00
City Boston State MA Zip Code 02108-4304	Category/ Type	
Purpose of Disbursement PARKING		
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: PARKING

SUBTOTAL of Disbursements This Page (optional) ▶	1009.39
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Kyle Plotkin		Transaction ID: 61006.E4109 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 912.81
City Boston State MA Zip Code 02114-	PAYROLL	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Kyle Plotkin		Transaction ID: 61006.E4127 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 640.31
City Boston State MA Zip Code 02114-	PAYROLL	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Kyle Plotkin		Transaction ID: 61006.E4147 Date of Disbursement MM / DD / YYYY 09 / 08 / 2006
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 640.30
City Boston State MA Zip Code 02114-	PAYROLL	
Purpose of Disbursement 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2193.42
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Kyle Plotkin		Transaction ID: 61006.E4167 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 886.68
City Boston State MA Zip Code 02114-	PAYROLL	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Kyle Plotkin		Transaction ID: 61006.E3756 Date of Disbursement MM / DD / YYYY 09 / 26 / 2006
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 56.82
City Boston State MA Zip Code 02114-	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Kyle Plotkin		Transaction ID: 61006.E3757 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 10.30
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: MILEAGE	
Purpose of Disbursement MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	943.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Kyle Plotkin		Transaction ID: 61006.E3758 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 7.65
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: MILEAGE	
Purpose of Disbursement MILEAGE 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. Mr. Kyle Plotkin		Transaction ID: 61006.E3759 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 2.87
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: MILEAGE	
Purpose of Disbursement MILEAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Kendall Press		Transaction ID: 200002613 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 731.85
City Cambridge State MA Zip Code 02141-	PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	731.85
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Cambridge Offset Printing		Transaction ID: 61006.E2916 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 56 Creighton St		Amount of Each Disbursement this Period 390.00
City Cambridge State MA Zip Code 02140-2032	PRO-RATED DIRECT MAIL	
Purpose of Disbursement PRO-RATED DIRECT MAIL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Cambridge Offset Printing		Transaction ID: 61006.E3746 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 56 Creighton St		Amount of Each Disbursement this Period 3750.92
City Cambridge State MA Zip Code 02140-2032	PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mr. George Ramsey		Transaction ID: 61006.E4110 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 510 Heywood St. Apt. 320		Amount of Each Disbursement this Period 1589.38
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5730.30
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. George Ramsey		Transaction ID: 61006.E4128 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 510 Heywood St. Apt. 320		Amount of Each Disbursement this Period 1589.38
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) B. Mr. George Ramsey		Transaction ID: 61006.E4148 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 510 Heywood St. Apt. 320		Amount of Each Disbursement this Period 1589.38
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) C. Mr. George Ramsey		Transaction ID: 61006.E4168 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 510 Heywood St. Apt. 320		Amount of Each Disbursement this Period 1589.38
City Columbia State SC Zip Code 29201-	PAYROLL	
Purpose of Disbursement 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4768.14
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Scott Rasmussen		Transaction ID: 61006.E4072 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 130 S. Hall Street		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">361.75</div>
City Provo State UT Zip Code 84604-		
Purpose of Disbursement 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Mitchell Reiss		Transaction ID: 61006.E3112 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 108 John Fawler Rd		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">273.20</div>
City Williamsburg State VA Zip Code 23185-		
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) C. Massachusetts Republican Party		Transaction ID: 61006.E3096 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 85 Merrimac Street Suite 400		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">12500.00</div>
City Boston State MA Zip Code 02114-		
Purpose of Disbursement PRO-RATED VIDEO RIGHTS PURCHASE	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) ▼	PRO-RATED VIDEO RIGHTS PU- RCHASE

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; text-align: right;">13134.95</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Copper Hill Restaurant		Transaction ID: 200002735 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 55 North St. #408		Amount of Each Disbursement this Period 2688.19
City Logan State UT Zip Code 84321-	Category/ Type PRO-RATED EVENT EXPENSE	
Purpose of Disbursement PRO-RATED EVENT EXPENSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Steve Roche		Transaction ID: 60804.E2828 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 14362.50
City Waltham State MA Zip Code 02453-	Category/ Type CONSULTING	
Purpose of Disbursement 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) C. Mr. Steve Roche		Transaction ID: 61006.E2912 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 5000.00
City Waltham State MA Zip Code 02453-	Category/ Type CONSULTING FEE	
Purpose of Disbursement CONSULTING FEE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	22050.69
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mr. Steve Roche		Transaction ID: 61006.E3219 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 5000.00
City Waltham State MA Zip Code 02453-	Category/ Type	
Purpose of Disbursement CONSULTING FEE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTING FEE

Full Name (Last, First, Middle Initial) B. Mr. Steve Roche		Transaction ID: 61006.E3763 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 1369.06
City Waltham State MA Zip Code 02453-	Category/ Type	
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

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61006.E3764 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 628.60
City Atlanta State GA Zip Code 30320-6001	Category/ Type	
Purpose of Disbursement 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) ▼	[MEMO ITEM] MEMO: STAFF AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	6369.06
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Wellington Hotel		Transaction ID: 61006.E3765 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 871 Seveth Ave. @ 55th St.		Amount of Each Disbursement this Period 580.96
City New York State NY Zip Code 10019-	[MEMO ITEM] MEMO: LODGING	
Purpose of Disbursement LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Shelly Seguin		Transaction ID: 61006.E4129 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 135 Mountain Road		Amount of Each Disbursement this Period 470.42
City Windsor State CT Zip Code 06095-	PAYROLL	
Purpose of Disbursement 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) C. Poland Spring		Transaction ID: 200002606 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period 51.72
City Louisville State KY Zip Code 40258-	WATER	
Purpose of Disbursement WATER		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	522.14
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Poland Spring		Transaction ID: 61006.E3011 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period 51.72
City Louisville State KY Zip Code 40258-	Category/ Type PRO-RATED WATER	
Purpose of Disbursement PRO-RATED WATER		
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. Poland Spring		Transaction ID: 61006.E3541 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period 141.24
City Louisville State KY Zip Code 40258-	Category/ Type PRO-RATED WATER	
Purpose of Disbursement PRO-RATED WATER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Don Stirling		Transaction ID: 61006.E2904 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 751 South Ave		Amount of Each Disbursement this Period 2800.00
City Weston State MA Zip Code 02493-1119	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2992.96
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Don Stirling		Transaction ID: 61006.E3181 Date of Disbursement 08 / 22 / 2006
Mailing Address 751 South Ave		Amount of Each Disbursement this Period 838.37
City Weston State MA Zip Code 02493-1119	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. Delta Airlines		Transaction ID: 61006.E3183 Date of Disbursement 06 / 09 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 82.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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 AIRFARE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 61006.E3186 Date of Disbursement 08 / 08 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 609.00
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED 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 AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	838.37
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Budget Rent A Car		Transaction ID: 61006.E3185 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 776 North Terminal Drive		Amount of Each Disbursement this Period 109.47
City Salt Lake City State UT Zip Code 84112-		
Purpose of Disbursement PRO-RATED CAR RENTAL		[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL
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. Jay Stirling		Transaction ID: 61006.E4149 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 389.75
City Somerville State MA Zip Code 02143-		
Purpose of Disbursement PAYROLL		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) C. Jay Stirling		Transaction ID: 61006.E4170 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 774.07
City Somerville State MA Zip Code 02143-		
Purpose of Disbursement PAYROLL		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:		

SUBTOTAL of Disbursements This Page (optional) ▶	1163.82
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Barry Security Systems, Inc.		Transaction ID: 200002729 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period 81.25
City State Zip Code Tewksbury MA 01876-	Purpose of Disbursement SECURITY SYSTEM 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) ▼	SECURITY SYSTEM

Full Name (Last, First, Middle Initial) B. Barry Security Systems, Inc.		Transaction ID: 60804.E2825 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period 162.53
City State Zip Code Tewksbury MA 01876-	Purpose of Disbursement PRO-RATED SECURITY SYSTEM 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 SECURITY SYSTEM

Full Name (Last, First, Middle Initial) C. Barry Security Systems, Inc.		Transaction ID: 61006.E2910 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period 50.00
City State Zip Code Tewksbury MA 01876-	Purpose of Disbursement PRO-RATED SECURITY SYSTEM 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 SECURITY SYSTEM

SUBTOTAL of Disbursements This Page (optional) ▶	293.78
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Barry Security Systems, Inc.		Transaction ID: 61006.E3330 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period 50.00
City State Zip Code Tewksbury MA 01876-	Category/ Type PRO-RATED SECURITY SYSTEM	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) B. Dan Taggart		Transaction ID: 61006.E2920 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 10457 N. 6300 W		Amount of Each Disbursement this Period 3750.00
City State Zip Code American Fork UT 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) C. Dan Taggart		Transaction ID: 61006.E3334 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 10457 N. 6300 W		Amount of Each Disbursement this Period 4947.21
City State Zip Code American Fork UT 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8747.21
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

A. Dan Taggart Full Name (Last, First, Middle Initial) Mailing Address 10457 N. 6300 W City American Fork State UT Zip Code 84003- 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) ▼		Transaction ID: 61006.E3497 Date of Disbursement 09 / 19 / 2006 Amount of Each Disbursement this Period 6250.00 Category/Type PRO-RATED CONSULTING
--	--	---

B. Mindshift Technologies, Inc. Full Name (Last, First, Middle Initial) Mailing Address 307 Waverly Oaks Rd. #201 City Waltham State MA Zip Code 02452- 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) ▼		Transaction ID: 61006.E2901 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 1377.78 Category/Type PRO-RATED OFFICE IT
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C. Mindshift Technologies, Inc. Full Name (Last, First, Middle Initial) Mailing Address 307 Waverly Oaks Rd. #201 City Waltham State MA Zip Code 02452- 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) ▼		Transaction ID: 61006.E2925 Date of Disbursement 08 / 16 / 2006 Amount of Each Disbursement this Period 4723.70 Category/Type PRO-RATED OFFICE IT
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SUBTOTAL of Disbursements This Page (optional) ▶	12351.48
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Mindshift Technologies, Inc.		Transaction ID: 61006.E3500 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 307 Waverly Oaks Rd. #201		Amount of Each Disbursement this Period 5024.13
City Waltham State MA Zip Code 02452-	PRO-RATED OFFICE IT	
Purpose of Disbursement PRO-RATED OFFICE IT 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. Julie Teer		Transaction ID: 200001541 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 1 Devonshire Pl Apt 3807 Apt 3807		Amount of Each Disbursement this Period 3125.00
City Boston State MA Zip Code 02109-3581	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) C. Julie Teer		Transaction ID: 200002612 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 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	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	14399.13
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Julie Teer		Transaction ID: 61006.E2923 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 1 Devonshire PI 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) ▼	

Full Name (Last, First, Middle Initial) B. Julie Teer		Transaction ID: 61006.E3336 Date of Disbursement MM / DD / YYYY 09 / 12 / 2006
Mailing Address 1 Devonshire PI 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) ▼	

Full Name (Last, First, Middle Initial) C. Logos To Go		Transaction ID: 200002337 Date of Disbursement MM / DD / YYYY 07 / 11 / 2006
Mailing Address 145 High St		Amount of Each Disbursement this Period 429.00
City Hingham State MA Zip Code 02043-3338	Category/ Type PRO-RATED FUNDRAISING EXP- ENSE	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12929.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Logos To Go		Transaction ID: 200002732 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 145 High St		Amount of Each Disbursement this Period 6056.52
City Hingham State MA Zip Code 02043-3338	Category/ Type PRO-RATED FUNDRAISING EXP-ENSE	
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) ▼	

Full Name (Last, First, Middle Initial) B. Logos To Go		Transaction ID: 60804.E2819 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 145 High St		Amount of Each Disbursement this Period 466.64
City Hingham State MA Zip Code 02043-3338	Category/ Type PRO-RATED FUNDRAISING EXP-ENSE	
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) ▼	

Full Name (Last, First, Middle Initial) C. Logos To Go		Transaction ID: 61006.E2924 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 145 High St		Amount of Each Disbursement this Period 1024.40
City Hingham State MA Zip Code 02043-3338	Category/ Type PRO-RATED FUNDRAISING EXP-ENSE	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7547.56
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. St. Paul Travelers		Transaction ID: 200002617 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 258 Blanchard Rd		Amount of Each Disbursement this Period 903.00
City Belmont State MA Zip Code 02478-	PRO-RATED INSURANCE	
Purpose of Disbursement PRO-RATED INSURANCE		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. Vineyard Vines		Transaction ID: 61006.E3754 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 37 Brown House Ct.		Amount of Each Disbursement this Period 1795.00
City Stamford State CT Zip Code 06902-6303	PRO-RATED FUNDRAISING EXP-ENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING 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) C. Cingular Wireless		Transaction ID: 200002726 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address PO Box 6414		Amount of Each Disbursement this Period 1428.42
City Carol Stream State IL Zip Code 60197-6414	PRO-RATED STAFF CELL PHON-ES	
Purpose of Disbursement PRO-RATED STAFF CELL PHONES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4126.42
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 200002736 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address PO Box 6414		Amount of Each Disbursement this Period 92.32
City Carol Stream State IL Zip Code 60197-6414	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) ▼	PRO-RATED CELL PHONES

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 61006.E2918 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address PO Box 6414		Amount of Each Disbursement this Period 115.31
City Carol Stream State IL Zip Code 60197-6414	Purpose of Disbursement PRO-RATED STAFF 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) ▼	PRO-RATED STAFF CELL PHONES

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 61006.E3015 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 6414		Amount of Each Disbursement this Period 2021.54
City Carol Stream State IL Zip Code 60197-6414	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) ▼	PRO-RATED CELL PHONES

SUBTOTAL of Disbursements This Page (optional) ▶	2229.17
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 61006.E3748 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 6414		Amount of Each Disbursement this Period 2054.76
City Carol Stream State IL Zip Code 60197-6414	PRO-RATED STAFF CELL PHONES	
Purpose of Disbursement PRO-RATED STAFF CELL PHONES		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. Verizon Wireless		Transaction ID: 60804.E2813 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 877.77
City Worcester State MA Zip Code 01615-0023	PRO-RATED CELL PHONES	
Purpose of Disbursement PRO-RATED CELL PHONES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 61006.E3250 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 1019.10
City Worcester State MA Zip Code 01615-0023	PRO-RATED STAFF CELL PHONES	
Purpose of Disbursement PRO-RATED STAFF CELL PHONES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3951.63
TOTAL This Period (last page this line number only) ▶	719861.39

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Knollenberg for Congress		Transaction ID: 200002345 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 31000 Telegraph Road, Suite 110		Amount of Each Disbursement this Period 2500.00 CONTRIBUTION
City Franklin State MI Zip Code 48025-	Purpose of Disbursement CONTRIBUTION	
Candidate Name JOSEPH K KNOLLENBERG	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Knollenberg Congress Committee		Transaction ID: 61006.E3067 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2006
Mailing Address 31000 Telegraph Road, Suite 110		Amount of Each Disbursement this Period 2500.00 CONTRIBUTION
City Franklin State MI Zip Code 48025-	Purpose of Disbursement CONTRIBUTION	
Candidate Name JOSEPH K KNOLLENBERG	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Van Taylor for Congress Committee		Transaction ID: 61006.E3071 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2006
Mailing Address PO Box 485		Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
City Waco State TX Zip Code 76703-	Purpose of Disbursement CONTRIBUTION	
Candidate Name NICHOLAS VANCAMPEN TAYLOR	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) A. Friends of David Reichert		Transaction ID: 61006.E3755 Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 3023 80th Avenue SE		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Mercer Island State WA Zip Code 98040-	Purpose of Disbursement CONTRIBUTION	
Candidate Name DAVE REICHERT	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jeb Bradley For Congress		Transaction ID: 61006.E3070 Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2006
Mailing Address 645 S. Main Street		Amount of Each Disbursement this Period 2500.00 CONTRIBUTION
City Wolfeboro State NH Zip Code 03894-	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ralph Norman For Congress		Transaction ID: 61006.E3658 Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address PO Box 36335		Amount of Each Disbursement this Period 2000.00 CONTRIBUTION
City Rock Hill State SC Zip Code 29732-	Purpose of Disbursement CONTRIBUTION	
Candidate Name RALPH W MR. JR NORMAN	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) A. Tim Walberg For Congress		Transaction ID: 61006.E3069 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 6769 Teachout Road		Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
City Tipton State MI Zip Code 49287-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name TIMOTHY WALBERG		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI 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. The Barrett For Congress Committ		Transaction ID: 60804.E2835 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address PO Box 869		Amount of Each Disbursement this Period 2500.00 CONTRIBUTION
City Westminster State SC Zip Code 29693-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JAMES GRESHAM BARRETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC 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) C. Steele For Maryland		Transaction ID: 61006.E3253 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 347		Amount of Each Disbursement this Period 2900.00 CONTRIBUTION
City Annapolis State MD Zip Code 21404-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL STEELE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10400.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Bouchard For US Senate		Transaction ID: 61006.E3068 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 4050 W. Maple Road		Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
City Bloomfield Hills State MI Zip Code 48301-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL J BOUCHARD		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI 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) B. Tom Kean For US Senate		Transaction ID: 200002660 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 187 Mill Lane		Amount of Each Disbursement this Period 3000.00 CONTRIBUTION
City Mountainside State NJ Zip Code 07092-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name THOMAS H JR KEAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ 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. Friends of George Allen		Transaction ID: 61006.E3687 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
City Arlington State VA Zip Code 22206-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name GEORGE ALLEN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) A. The Palmetto Freedom Pac		Transaction ID: 61006.E3398 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 1995		Amount of Each Disbursement this Period 1000.00
City Lexington State SC Zip Code 29071-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Maine Republican Party		Transaction ID: 61006.E3252 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 9 Higgins Street		Amount of Each Disbursement this Period 5000.00
City Augusta State ME Zip Code 04330-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	CONTRIBUTION

Full Name (Last, First, Middle Initial) C. West Virginia Republican Party		Transaction ID: 200002737 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address PO Box 2711		Amount of Each Disbursement this Period 5000.00
City Charleston State WV Zip Code 25330-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) A. Chaffee for Senate		Transaction ID: 61006.E3341 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Warwick State RI Zip Code 02887-	Purpose of Disbursement CONTRIBUTION Candidate Name LINCOLN D CHAFEE Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI 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) B. DeMint for Senate		Transaction ID: 61006.E3397 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address PO Box 12425		Amount of Each Disbursement this Period 2500.00 CONTRIBUTION
City Columbia State SC Zip Code 29201-	Purpose of Disbursement CONTRIBUTION Candidate Name JAMES W DEMINT Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC 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. Mike DeWine for U.S. Senate 2006		Transaction ID: 61006.E3604 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 2000.00 CONTRIBUTION
City Columbus State OH Zip Code 43234-	Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD MICHAEL DEWINE Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	55400.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Jim Douglas For Governor		Transaction ID: 60804.E2833 Date of Disbursement MM / DD / YYYY 07 / 27 / 2006
Mailing Address 100 State Street Suite 308		Amount of Each Disbursement this Period 3000.00
City Montpelier State VT Zip Code 05601-	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Bob Riley For Governor		Transaction ID: 61006.E3065 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006
Mailing Address PO Box 59708		Amount of Each Disbursement this Period 5000.00
City Birmingham State AL Zip Code 35209-	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. Bryson For Governor		Transaction ID: 61006.E3073 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006
Mailing Address PO Box 330158		Amount of Each Disbursement this Period 5000.00
City Nashville State TN Zip Code 37203-	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	13000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Casey Cagle For Lt. Governor		Transaction ID: 61006.E3090 Date of Disbursement 08 / 31 / 2006	
Mailing Address PO Box 489		Amount of Each Disbursement this Period 5000.00	
City Oakwood	State GA	Zip Code 30566-	Category/ Type
Purpose of Disbursement CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			

Full Name (Last, First, Middle Initial) B. Poizner for Insurance Commission		Transaction ID: 61006.E3074 Date of Disbursement 08 / 24 / 2006	
Mailing Address PO Box 508		Amount of Each Disbursement this Period 1000.00	
City Los Altos	State CA	Zip Code 94023-	Category/ Type
Purpose of Disbursement CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			

Full Name (Last, First, Middle Initial) C. Perdue for a New Georgia		Transaction ID: 200002474 Date of Disbursement 07 / 17 / 2006	
Mailing Address PO Box 12369		Amount of Each Disbursement this Period 5000.00	
City Atlanta	State GA	Zip Code 30355-2369	Category/ Type
Purpose of Disbursement CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Commonwealth PAC

Full Name (Last, First, Middle Initial) A. Hamilton County Republican Committee		Transaction ID: 61006.E3603	
Mailing Address 700 Walnut Street, Suite 309		Date of Disbursement 09 / 21 / 2006	
City Cincinnati	State OH	Zip Code 45202-	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	Other		

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	24500.00