

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Manufactured Housing Institute PAC

ADDRESS (number and street) Manufactured Housing Institute PAC  
2101 Wilson Blvd  
 Check if different than previously reported. (ACC)  
Arlington VA 22201

2. **FEC IDENTIFICATION NUMBER** C00043463  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 04 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Christopher Stinebert

Signature of Treasurer Electronically Filed by Christopher Stinebert Date 10 24 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Manufactured Housing Institute PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		34327.87
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	60972.78									
(c) Total Receipts (from Line 19) .....	13453.21	69098.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	74425.99	103425.99								
7. Total Disbursements (from Line 31) .....	48900.00	77900.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25525.99	25525.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Manufactured Housing Institute PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11873.21	64858.47
(i) Itemized (use Schedule A) .....	1580.00	4239.65
(ii) Unitemized .....	13453.21	69098.12
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	13453.21	69098.12
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13453.21	69098.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13453.21	69098.12

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46900.00	73900.00
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.....	2000.00	4000.00
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))..	48900.00	77900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	48900.00	77900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13453.21	69098.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13453.21	69098.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
Manufactured Housing Institute PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph C. Adams

Mailing Address Biltmore Station  
PO Box 15408

City Asheville State NC Zip Code 28813

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

Name of Employer The Housing Marketplace 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  
0 4 / 0 4 / 2 0 0 6

Transaction ID: R11451

Amount of Each Receipt this Period  
1000.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Janette C. Barrett

Mailing Address 257 Paseo Del Lago Cir

City Henderson State NV Zip Code 89074

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

Name of Employer Champion Enterprises Occupation wife of Richard Barrett

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

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

Transaction ID: R11453

Amount of Each Receipt this Period  
535.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael Berman

Mailing Address 2 N Riverside Plaza  
Suite 800

City Chicago State IL Zip Code 60606

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

Name of Employer Equity Lifestyle Properties, Inc Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

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

Transaction ID: R11510

Amount of Each Receipt this Period  
535.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2070.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<input 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)  
Manufactured Housing Institute PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr David M. Booth

Mailing Address 1308 Wendover Rd.

City State Zip Code  
Knoxville TN 37932

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

Name of Employer Clayton Homes Inc. Occupation President of Retail

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2006

Transaction ID: R11450

Amount of Each Receipt this Period  
1000.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. James L. Clayton

Mailing Address PO Box 9800

City State Zip Code  
Maryville TN 37802-9800

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

Name of Employer Clayton Homes Inc. Occupation CEO and COB

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2006

Transaction ID: R11446

Amount of Each Receipt this Period  
2000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brian Cooney

Mailing Address 2101 Wilson Blvd Suite 610

City State Zip Code  
Arlington VA 22201

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

Name of Employer Manufactured Housing Institute Occupation VP, Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 267.60

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2006

Transaction ID: R11523

Amount of Each Receipt this Period  
22.30

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3022.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Brian Cooney		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 2101 Wilson Blvd Suite 610		<b>Transaction ID:</b> R11524	
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period 22.30
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Manufactured Housing Institute	Occupation VP, Government Affairs	Aggregate Year-to-Date ▼ 267.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Brian Cooney		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2101 Wilson Blvd Suite 610		<b>Transaction ID:</b> R11525	
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period 22.30
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Manufactured Housing Institute	Occupation VP, Government Affairs	Aggregate Year-to-Date ▼ 267.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Brian Cooney		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 2101 Wilson Blvd Suite 610		<b>Transaction ID:</b> R11526	
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period 22.30
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Manufactured Housing Institute	Occupation VP, Government Affairs	Aggregate Year-to-Date ▼ 267.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	66.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input 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)  
Manufactured Housing Institute PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Brian Cooney

Mailing Address 2101 Wilson Blvd  
Suite 610

City Arlington State VA Zip Code 22201

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

Name of Employer: Manufactured Housing Institute  
Occupation: VP, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
267.60

Date of Receipt  
06 / 15 / 2006

Transaction ID: R11540

Amount of Each Receipt this Period  
22.30

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brian Cooney

Mailing Address 2101 Wilson Blvd  
Suite 610

City Arlington State VA Zip Code 22201

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

Name of Employer: Manufactured Housing Institute  
Occupation: VP, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
267.60

Date of Receipt  
06 / 30 / 2006

Transaction ID: R11541

Amount of Each Receipt this Period  
22.30

Payroll Deduction

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

Mailing Address 11700 Industry Ave.

City Fontana State CA Zip Code 92337

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

Name of Employer: Kinro Inc.  
Occupation: Sales Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
267.50

Date of Receipt  
04 / 04 / 2006

Transaction ID: R11448

Amount of Each Receipt this Period  
133.75

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **178.35**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John Evans		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 11700 Industry Ave.		<b>Transaction ID:</b> R11449	
City State Zip Code Fontana CA 92337		Amount of Each Receipt this Period 133.75	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Kinro Inc. Occupation Sales Representative			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 267.50	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Tom Heneghan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6	
Mailing Address 2 N Riverside Plaza Suite 800		<b>Transaction ID:</b> R11509	
City State Zip Code Chicago IL 60606		Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Equity Lifestyle Properties, Inc. Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Leroy Jones		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address PO Box 6269		<b>Transaction ID:</b> R11505	
City State Zip Code Texarkana TX 75505		Amount of Each Receipt this Period 535.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
Name of Employer Investment Housing Inc. Occupation Regional VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1418.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Shawn Kling

Mailing Address 2150 S Country Club Dr.  
Suite 30

City State Zip Code  
Mesa AZ 85210

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

Name of Employer Pinnacle Transportation Systems  
Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2006

Transaction ID: R11507

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger Maynard

Mailing Address 2 N Riverside Plaza  
Suite 800

City State Zip Code  
Chicago IL 60606

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

Name of Employer Equity Lifestyle Properties, Inc.  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2006

Transaction ID: R11511

Amount of Each Receipt this Period  
535.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary P. McDaniel

Mailing Address 6160 S. Syracuse Way

City State Zip Code  
Greenwood Village CO 80111-4628

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

Name of Employer BaseCamp Capital LLC  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 04 / 2006

Transaction ID: R11454

Amount of Each Receipt this Period  
1000.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2035.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael E. McKitrick		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 3480 Taylorville Road P.O. Box 1839		<b>Transaction ID:</b> R11508
City Statesville State NC Zip Code 28687-1839	Amount of Each Receipt this Period 133.75	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Alcan Composites USA Occupation Product and Sales Manager	Aggregate Year-to-Date ▼ 267.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Bart Mize		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1826 Peppertree Dr.		<b>Transaction ID:</b> R11518
City Alcoa State TN Zip Code 37701	Amount of Each Receipt this Period 535.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer 21st Mortgage Corp. Occupation Vice President - Remarketing	Aggregate Year-to-Date ▼ 535.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Michael O'Brien		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 243 Barton St.		<b>Transaction ID:</b> R11528
City Arlington State VA Zip Code 22201-1413	Amount of Each Receipt this Period 21.20	
FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction	
Name of Employer Manufactured Housing Institute Occupation Vice President	Aggregate Year-to-Date ▼ 255.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	689.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael O'Brien

Mailing Address 243 Barton St.

City State Zip Code  
Arlington VA 22201-1413

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

Name of Employer  
Manufactured Housing Institute

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.10

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2006

Transaction ID: R11529

Amount of Each Receipt this Period  
21.30

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael O'Brien

Mailing Address 243 Barton St.

City State Zip Code  
Arlington VA 22201-1413

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

Name of Employer  
Manufactured Housing Institute

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.10

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2006

Transaction ID: R11530

Amount of Each Receipt this Period  
21.30

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael O'Brien

Mailing Address 243 Barton St.

City State Zip Code  
Arlington VA 22201-1413

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

Name of Employer  
Manufactured Housing Institute

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.10

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2006

Transaction ID: R11531

Amount of Each Receipt this Period  
21.30

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 34
	(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)  
Manufactured Housing Institute PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael O'Brien

Mailing Address 243 Barton St.

City State Zip Code  
Arlington VA 22201-1413

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

Name of Employer  
Manufactured Housing Institute

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.10

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** R11538

Amount of Each Receipt this Period  
21.30

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael O'Brien

Mailing Address 243 Barton St.

City State Zip Code  
Arlington VA 22201-1413

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

Name of Employer  
Manufactured Housing Institute

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.10

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

**Transaction ID:** R11539

Amount of Each Receipt this Period  
21.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Chris Parrish

Mailing Address 517 Commons Walk Circle

City State Zip Code  
Cary NC 27519

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

Name of Employer  
Parrish Manor

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1025.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2006

**Transaction ID:** R11502

Amount of Each Receipt this Period  
25.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	67.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Bruce Savage		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 2101 Wilson Blvd Suite 610		Transaction ID: R11519	
City State Zip Code Arlington VA 22201		Amount of Each Receipt this Period 22.30	
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Manufactured Housing Institute Occupation Vice President		Aggregate Year-to-Date ▼ 267.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Bruce Savage		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 2101 Wilson Blvd Suite 610		Transaction ID: R11520	
City State Zip Code Arlington VA 22201		Amount of Each Receipt this Period 22.30	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Manufactured Housing Institute Occupation Vice President		Aggregate Year-to-Date ▼ 267.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Bruce Savage		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2101 Wilson Blvd Suite 610		Transaction ID: R11521	
City State Zip Code Arlington VA 22201		Amount of Each Receipt this Period 22.30	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Manufactured Housing Institute Occupation Vice President		Aggregate Year-to-Date ▼ 267.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	66.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Bruce Savage		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 2101 Wilson Blvd Suite 610		Transaction ID: R11522
City Arlington State VA Zip Code 22201	Amount of Each Receipt this Period 22.30	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction
Name of Employer Manufactured Housing Institute	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.60	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Bruce Savage		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 2101 Wilson Blvd Suite 610		Transaction ID: R11542
City Arlington State VA Zip Code 22201	Amount of Each Receipt this Period 22.30	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction
Name of Employer Manufactured Housing Institute	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.60	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Bruce Savage		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 2101 Wilson Blvd Suite 610		Transaction ID: R11543
City Arlington State VA Zip Code 22201	Amount of Each Receipt this Period 22.30	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction
Name of Employer Manufactured Housing Institute	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	66.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

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

Mailing Address PO Box 124

City State Zip Code  
Carlisle PA 17013

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

Name of Employer Occupation  
Sienkiewicz Holdings VP, PA MHA Board

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

**Transaction ID:** R11506

Amount of Each Receipt this Period  
535.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. William H. Stamer

Mailing Address 2701 Cambridge Ct.  
Suite 300

City State Zip Code  
Auburn Hills MI 48326

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

Name of Employer Occupation  
Champion Enterprises Inc. Vice President of Engineering

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2006

**Transaction ID:** R11498

Amount of Each Receipt this Period  
535.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Chris Stinebert

Mailing Address 1216 S 20th St.

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation  
Manufactured Housing Institute President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1043.52

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2006

**Transaction ID:** R11532

Amount of Each Receipt this Period  
86.96

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1156.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Chris Stinebert

Mailing Address 1216 S 20th St.

City State Zip Code  
Arlington VA 22202

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

Name of Employer  
Manufactured Housing Institute

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1043.52

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2006

**Transaction ID:** R11533

Amount of Each Receipt this Period  
86.96

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Chris Stinebert

Mailing Address 1216 S 20th St.

City State Zip Code  
Arlington VA 22202

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

Name of Employer  
Manufactured Housing Institute

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1043.52

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

**Transaction ID:** R11534

Amount of Each Receipt this Period  
86.96

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Chris Stinebert

Mailing Address 1216 S 20th St.

City State Zip Code  
Arlington VA 22202

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

Name of Employer  
Manufactured Housing Institute

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1043.52

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

**Transaction ID:** R11535

Amount of Each Receipt this Period  
86.96

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>260.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Chris Stinebert

Mailing Address 1216 S 20th St.

City State Zip Code  
Arlington VA 22202

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

Name of Employer  
Manufactured Housing Institute

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1043.52

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** R11544

Amount of Each Receipt this Period  
86.96

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Chris Stinebert

Mailing Address 1216 S 20th St.

City State Zip Code  
Arlington VA 22202

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

Name of Employer  
Manufactured Housing Institute

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1043.52

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

**Transaction ID:** R11545

Amount of Each Receipt this Period  
86.96

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kim Trounce

Mailing Address 1505 E Missouri Ave  
Suite 200

City State Zip Code  
Phoenix AZ 85014

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

Name of Employer  
Edison Micro Utilities

Occupation  
VP of Marketing & Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2006

**Transaction ID:** R11517

Amount of Each Receipt this Period  
535.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>708.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11873.21</b>

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

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 34

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Bachus For Congress</b>		<b>Transaction ID: D2275</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address P O Box 59444		Amount of Each Disbursement this Period 1000.00	
City Birmingham State AL Zip Code 35259	Purpose of Disbursement Contr.	Category/ Type	
Candidate Name Spencer Thomas Bachus, III			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bachus For Congress</b>		<b>Transaction ID: D2321</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address P O Box 59444		Amount of Each Disbursement this Period -1000.00	
City Birmingham State AL Zip Code 35259	Purpose of Disbursement Returned Check #4163 dated 10/19/2005	Category/ Type	
Candidate Name Spencer Thomas Bachus, III			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

for Spencer Thomas Bachus, III (AL-6-R).

Full Name (Last, First, Middle Initial) <b>C. Baker for Congress Committee</b>		<b>Transaction ID: D2274</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address Post Office Box 1694		Amount of Each Disbursement this Period 1000.00	
City Baton Rouge State LA Zip Code 70821	Purpose of Disbursement Contr.	Category/ Type	
Candidate Name Richard H. Baker			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Boyd for Congress</b>		<b>Transaction ID: D2276</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 15703 P.O. Box 15703		Amount of Each Disbursement this Period 1000.00
City Tallahassee	State FL	
Zip Code 32317	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Allen Boyd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 02		

Full Name (Last, First, Middle Initial) <b>B. Citizens for Tom Petri</b>		<b>Transaction ID: D2263</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 270		Amount of Each Disbursement this Period 1000.00
City Fond Du Lac	State WI	
Zip Code 54936	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Thomas E. Petri		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 06		

Full Name (Last, First, Middle Initial) <b>C. Defend America PAC</b>		<b>Transaction ID: D2249</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 228 South Washington St. Suite B-20		Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	
Zip Code 22314	Category/ Type	
Purpose of Disbursement Contr. DEFEND AMERICA PAC (-O)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 34

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		<b>Transaction ID: D2282</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contr. Democratic Congressional (-D) 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>B. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID: D2271</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address Attn: Eli Joseph 120 Maryland Ave NE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contr. Democratic Senatorial Cam (-D) 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>C. Dreier for Congress Committee</b>		<b>Transaction ID: D2277</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00
City Upland State CA Zip Code 91785	Purpose of Disbursement Contr. Candidate Name David Dreier Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 26		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Ed Royce for Congress</b>		<b>Transaction ID: D2235</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 2525		Amount of Each Disbursement this Period 1000.00
City Orange State CA Zip Code 92859	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Edward R. Royce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Freedom Fund</b>		<b>Transaction ID: D2247</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 128 North Columbus Street		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Contr. Freedom Fund (VA-R)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Bennie Thompson</b>		<b>Transaction ID: D2285</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 100		Amount of Each Disbursement this Period 1000.00
City Bolton State MS Zip Code 39041	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Bennie G. Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Bennie Thompson</b>		<b>Transaction ID: D2325</b> Date of Disbursement 06 / 22 / 2006
Mailing Address P.O. Box 100		Amount of Each Disbursement this Period -1000.00  Bennie G. Thompson (MS-2-D).
City Bolton State MS Zip Code 39041	Purpose of Disbursement Returned Check #4202 dated 2/24/2006 for	
Candidate Name Bennie G. Thompson	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Conrad Burns</b>		<b>Transaction ID: D2291</b> Date of Disbursement 06 / 29 / 2006
Mailing Address P O Box 1532		Amount of Each Disbursement this Period 1000.00
City Billings State MT Zip Code 59103	Purpose of Disbursement Contr.	
Candidate Name Conrad Burns	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of John Boehner</b>		<b>Transaction ID: D2228</b> Date of Disbursement 04 / 05 / 2006
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 1000.00
City West Chester State OH Zip Code 45069	Purpose of Disbursement Contr.	
Candidate Name John A. Boehner	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Mark Foley</b>		Transaction ID: D2269 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 1316 Lake Victoria Dr 1316 Lake Victoria Dr		Amount of Each Disbursement this Period 1000.00
City Lake Worth State FL Zip Code 33461	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Mark A. Foley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Goode for Congress</b>		Transaction ID: D2283 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 235 South Main Street		Amount of Each Disbursement this Period 1000.00
City Rocky Mount State VA Zip Code 24151	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Virgil H. Goode, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hall for Congress Committee</b>		Transaction ID: D2272 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address Post Office Box 711		Amount of Each Disbursement this Period 1000.00
City Rockwall State TX Zip Code 75087	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Ralph M. Hall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Heath Shuler for Congress</b>		<b>Transaction ID: D2227</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address PO Box 97		Amount of Each Disbursement this Period 1000.00
City Hazelwood State NC Zip Code 28738		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Joseph Heath Shuler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Heather Wilson for Congress</b>		<b>Transaction ID: D2281</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 14070 P.O. Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hoyer for Congress</b>		<b>Transaction ID: D2289</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 1000.00
City Clinton State MD Zip Code 20735		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Steny H. Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Jd Hayworth for Congress</b>		<b>Transaction ID: D2248</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address PO Box 14273		Amount of Each Disbursement this Period 1000.00
City Scottsdale	State AZ	
Zip Code 85267	Purpose of Disbursement Contr.	
Candidate Name J.D. Hayworth	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 05		

Full Name (Last, First, Middle Initial) <b>B. Janet Bain Company</b>		<b>Transaction ID: D2233</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 1333 New Hampshire Ave., NW		Amount of Each Disbursement this Period 2400.00
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement In-kind Contr.	
Candidate Name Ken Calvert	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 44		

Full Name (Last, First, Middle Initial) <b>C. Marion Berry for Congress</b>		<b>Transaction ID: D2267</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 8084 P.O. Box 8084		Amount of Each Disbursement this Period 1000.00
City Jonesboro	State AR	
Zip Code 72403	Purpose of Disbursement Contr.	
Candidate Name Marion Berry	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)

# SCHEDULE 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)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Menendez for Senate</b>		<b>Transaction ID: D2290</b> Date of Disbursement 06 / 29 / 2006	
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 1000.00	
City Union City State NJ Zip Code 07087	Purpose of Disbursement Contr. Robert Menendez (NJ-??-D)	Category/ Type	
Candidate Name Robert Menendez	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:		

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Comm.</b>		<b>Transaction ID: D2292</b> Date of Disbursement 06 / 29 / 2006	
Mailing Address 320 FIRST STREET, SE		Amount of Each Disbursement this Period 1000.00	
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Contr. National Republican Congr (-R)	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. People for Pete Domenici</b>		<b>Transaction ID: D2237</b> Date of Disbursement 04 / 19 / 2006	
Mailing Address Post Office Box 93656		Amount of Each Disbursement this Period 4000.00	
City Albuquerque State NM Zip Code 87119	Purpose of Disbursement Contr.	Category/ Type	
Candidate Name Pete V. Domenici	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. People for Pete Domenici</b>		<b>Transaction ID: D2238</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address Post Office Box 93656		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87119	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Pete V. Domenici		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pryce for Congress</b>		<b>Transaction ID: D2278</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Reed Committee</b>		<b>Transaction ID: D2260</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1000.00
City Cranston State RI Zip Code 02920	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Jack Reed		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Ron Lewis for Congress</b>		<b>Transaction ID: D2239</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address PO Box 307		Amount of Each Disbursement this Period 1000.00
City Elizabethtown State KY Zip Code 42702	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Ron Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sensenbrenner Committee</b>		<b>Transaction ID: D2262</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address PO Box 575		Amount of Each Disbursement this Period 500.00
City Brookfield State WI Zip Code 53008	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name F. James Sensenbrenner, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sherman for Congress</b>		<b>Transaction ID: D2273</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Brad Sherman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. Janet Bain Company</b>		<b>Transaction ID: D2293</b> Date of Disbursement 06 / 30 / 2006
Mailing Address 1333 New Hampshire Ave. NW, Suite		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement In-kind Contr.		
Candidate Name Olympia J. Snowe		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Snyder for Congress Campaign Committee</b>		<b>Transaction ID: D2268</b> Date of Disbursement 05 / 15 / 2006
Mailing Address PO Box 250998		Amount of Each Disbursement this Period 1000.00
City Little Rock State AR Zip Code 72225	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Vic Snyder		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sweeney for Congress</b>		<b>Transaction ID: D2280</b> Date of Disbursement 06 / 01 / 2006
Mailing Address PO Box 1465		Amount of Each Disbursement this Period 1000.00
City Clifton Park State NY Zip Code 12065	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name John E. Sweeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. The Senate Victory Fund</b>		<b>Transaction ID: D2250</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 228 S Washington St Suite B20		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Thad Cochran		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Senate Victory Fund</b>		<b>Transaction ID: D2253</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 228 S Washington St Suite B20		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Thad Cochran		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tiberi for Congress</b>		<b>Transaction ID: D2259</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 2021 East Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43229		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Patrick J. Tiberi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 34

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial)

**A.** Trent Lott for Mississippi

Mailing Address PO Box 22824

City Jackson State MS Zip Code 39225

Purpose of Disbursement  
Contr.

Candidate Name  
Trent Lott

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MS District:

Transaction ID: D2254

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

Full Name (Last, First, Middle Initial) <b>A. LINC PAC</b>		<b>Transaction ID: D2261</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 301 4th Street, NE, 2nd Floor		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Contr. LINC PAC (AR-D)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LINC PAC</b>		<b>Transaction ID: D2266</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 301 4th Street, NE, 2nd Floor		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Contr. LINC PAC (AR-D)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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