

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

The Leadership Circle PAC

ADDRESS (number and street) PO Box 2888  
Check if different than previously reported. (ACC) Raleigh NC 27602

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00394916

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 Collin McMichael, Asst. Treasurer

Signature of Treasurer Electronically Filed by Collin McMichael, Asst. Treasurer Date 07 10 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.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
The Leadership Circle 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		35542.76
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	45224.30									
(c) Total Receipts (from Line 19) .....	182702.00	273152.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	227926.30	308694.76								
7. Total Disbursements (from Line 31) .....	161922.52	242690.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	66003.78	66003.78								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
The Leadership Circle 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	97250.00	155500.00
(i) Itemized (use Schedule A) .....	100.00	300.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	97350.00	155800.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	83500.00	115500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	180850.00	271300.00
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) .....	1852.00	1852.00
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)) .....	182702.00	273152.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	182702.00	273152.00

**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.....	113922.52	167190.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	113922.52	167190.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	67500.00
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 .....	3000.00	3000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	8000.00	8000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	161922.52	242690.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	161922.52	242690.98

**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) .....	180850.00	271300.00
34. Total Contribution Refunds (from Line 28(d)) .....	8000.00	8000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	172850.00	263300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	113922.52	167190.98
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1852.00	1852.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	112070.52	165338.98

**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 / 53
	<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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
Am. Academy of Otolaryngology PAC

Mailing Address 1 Prince Street

City State Zip Code  
Alexandria VA 22314-3354

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

**Transaction ID:** 60629.C1766

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
American International Group, Inc. (AIG)

Mailing Address AIG Political Action Committee  
1399 New York Avenue, NW, Suite 90

City State Zip Code  
Washington DC 20005

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  
05 / 09 / 2006

**Transaction ID:** 60615.C1755

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Build PAC of the Natl Assoc. of

Mailing Address Home Builders  
1201 15th Street, NW

City State Zip Code  
Washington DC 20005-2800

FEC ID number of contributing federal political committee. **C** C70002712

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  
05 / 09 / 2006

**Transaction ID:** 60615.C1757

Amount of Each Receipt this Period  
5000.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 53		
	<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

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Build PAC of the Natl Assoc. of Mailing Address Home Builders 1201 15th Street, NW City State Zip Code Washington DC 20005-2800 FEC ID number of contributing federal political committee. <b>C</b> C70002712 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6 Transaction ID: 60615.C1761 Amount of Each Receipt this Period 5000.00 Receipt
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Full Name (Last, First, Middle Initial) <b>B.</b> Duke Energy PAC Mailing Address 401 9th St NW Ste 1100 City State Zip Code Washington DC 20004-2148 FEC ID number of contributing federal political committee. <b>C</b> C00083535 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Transaction ID: 60615.C1750 Amount of Each Receipt this Period 5000.00 Receipt
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Full Name (Last, First, Middle Initial) <b>C.</b> Ernst & Young PAC Mailing Address 1225 Connecticut Avenue, NW City State Zip Code Washington DC 20036 FEC ID number of contributing federal political committee. <b>C</b> C00227744 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Transaction ID: 60615.C1751 Amount of Each Receipt this Period 5000.00 Receipt
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<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)

**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 / 53
	<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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
Federal Express PAC

Mailing Address PO Box 529

City State Zip Code  
Washington DC 20044-0529

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2006

**Transaction ID:** 60615.C1736

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Food Lion LLC PAC

Mailing Address PO Box 1330

City State Zip Code  
Salisbury NC 28145-1330

FEC ID number of contributing federal political committee. **C** C00214304

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2006

**Transaction ID:** 60615.C1727

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Friends of Bill Zelif

Mailing Address 6 Thorn Mountain Road, Box 487

City State Zip Code  
Jackson NH 03846

FEC ID number of contributing federal political committee. **C** C00279935

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2006

**Transaction ID:** 60615.C1734

Amount of Each Receipt this Period  
5000.00

Receipt

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 53		
	<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

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. GlaxoSmithKline PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 1500 K St NW Ste 650		<b>Transaction ID: 60629.C1765</b>	
City State Zip Code Washington DC 20005-1209	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C C00199703</b>		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. MBNA Corp PAC</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2006	
Mailing Address 1505 Prince St Ste 300		<b>Transaction ID: 60615.C1740</b>	
City State Zip Code Alexandria VA 22314-2874	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C C00252866</b>		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Microsoft Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2006	
Mailing Address 16011 NE 36th Way		<b>Transaction ID: 60629.C1768</b>	
City State Zip Code Redmond WA 98073-9717	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C C00227546</b>		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 53						
	(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

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
National Restaurant Association PAC

Mailing Address 1200 17th St NW

City State Zip Code  
Washington DC 20036-3004

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2006

Transaction ID: 60615.C1726

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
NC Bank PAC

Mailing Address PO Box 19999

City State Zip Code  
Raleigh NC 27619-1999

FEC ID number of contributing federal political committee. **C** C00249995

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: 60615.C1749

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
NELNET Higher Education Access PAC

Mailing Address National Education Loan Network  
1726 M Street NW, Suite 701

City State Zip Code  
Washington DC 20036-4524

FEC ID number of contributing federal political committee. **C** C00370015

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: 60615.C1752

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 53
	(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 Leadership Circle PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Pfizer PAC Mailing Address 325 7th St NW Suite 1200 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. <b>C</b> C00016683 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 60615.C1756 Amount of Each Receipt this Period 5000.00 Receipt
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<b>B.</b> Full Name (Last, First, Middle Initial) Trucking PAC of the American Trucking Mailing Address Association, Inc, 430 First Street, SE City Washington State DC Zip Code 20003 FEC ID number of contributing federal political committee. <b>C</b> C00002881 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 60615.C1759 Amount of Each Receipt this Period 2500.00 Receipt
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<b>C.</b> Full Name (Last, First, Middle Initial) Wachovia Employees Good Govt Fed Fund Mailing Address NC0024 301 S. College Street City Charlotte State NC Zip Code 28288-0001 FEC ID number of contributing federal political committee. <b>C</b> C00012518 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 60615.C1735 Amount of Each Receipt this Period 5000.00 Receipt
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>12500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>83500.00</b>

# 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 / 53
	<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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. Pauline Bales

Mailing Address PO Box 185

City Logan State KS Zip Code 67646

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 3 / 2 0 0 6

Transaction ID: 60410.C1715

Amount of Each Receipt this Period  
 250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
MR. Ben Mayo Boddie

Mailing Address PO Box 1908

City Rocky Mount State NC Zip Code 27804

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

Name of Employer Boddie-Noel Enterprises Occupation Owner

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 4 / 0 6 / 2 0 0 6

Transaction ID: 60410.C1722

Amount of Each Receipt this Period  
 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
MR. Everett Branam

Mailing Address 9106 Mill Creek Lndg

City Great Falls State VA Zip Code 22066-2330

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

Name of Employer Self Employed Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 3 / 2 0 0 6

Transaction ID: 60410.C1716

Amount of Each Receipt this Period  
 5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 53
	<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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. Elizabeth Cox

Mailing Address PO Box 1988

City State Zip Code  
Blowing Rock NC 28605-1988

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 18 / 2006

Transaction ID: 60615.C1733

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
MR. Michael Cox

Mailing Address PO Box 1988

City State Zip Code  
Blowing Rock NC 28605-1988

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

Name of Employer Occupation  
Altec Medical Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 18 / 2006

Transaction ID: 60615.C1732

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Roberta Feist

Mailing Address 330 N Terrace Dr

City State Zip Code  
Wichita KS 67208-3944

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

Name of Employer Occupation  
Feist Inc. Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2006

Transaction ID: 60615.C1745

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 53
	<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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. Sheldon Goldberg

Mailing Address 15835 Delasol Ln

City State Zip Code  
Naples FL 34110-2810

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

Name of Employer Occupation  
Voyaer Pharmaceutical Corp. Sr. VP, Corporate Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2006

Transaction ID: 60615.C1737

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
MR. William Graham

Mailing Address 2719 Crenshaw Ct

City State Zip Code  
Salisbury NC 28144-8412

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

Name of Employer Occupation  
Wallace & Graham Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: 60615.C1753

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
MR. Howard Groff

Mailing Address 9832 Calvin Avenue

City State Zip Code  
Northridge CA 91324-1619

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

Name of Employer Occupation  
Northwest Excavating Company Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2006

Transaction ID: 60615.C1760

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 53
	<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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. Samuel Hardage

Mailing Address 12730 High Bluff Dr Ste 250

City State Zip Code  
San Diego CA 92130-3023

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

Name of Employer Occupation  
Wooten Suite Hotels 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  
06 / 08 / 2006

Transaction ID: 60615.C1762

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
MR. Nicholas Karangelen

Mailing Address 3100 N Nelson St

City State Zip Code  
Arlington VA 22207-5318

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

Name of Employer Occupation  
Trident Systems, Inc. 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  
05 / 01 / 2006

Transaction ID: 60615.C1744

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
MR. Thomas Loeffler

Mailing Address 150 Thelma Drive

City State Zip Code  
San Antonio TX 78212

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

Name of Employer Occupation  
Loeffler Group Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 60410.C1718

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 53
	<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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. Patricia Long

Mailing Address 628 Pendleton Lake Rd

City Raleigh State NC Zip Code 27614-9093

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

Name of Employer Longistics Transportation Occupation Business Owner

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 5 / 0 1 / 2 0 0 6

Transaction ID: 60615.C1748

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Morongo Band of Mission Indians

Mailing Address Native American Rights Fund - B  
PO Box 366

City Cabazon State CA Zip Code 92230-0366

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60410.C1717

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
MRS. Marilyn Nelson

Mailing Address 301 Carlson Parkway, Suite 102

City Hopkins State MN Zip Code 55305

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 6

Transaction ID: 60615.C1729

Amount of Each Receipt this Period  
5000.00

Receipt

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 53
	<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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. Joseph Robert Norris

Mailing Address 106 Gorge Court

City State Zip Code  
Cary NC 27511

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: 60615.C1743

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
MG (Ret) Hugh R. Overholt

Mailing Address 705 Cove Hbr

City State Zip Code  
New Bern NC 28562-7300

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

Name of Employer Ward and Smith PA Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: 60615.C1747

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
MRS. Dodie Rotherham

Mailing Address 200 Harbor Dr Unit 703

City State Zip Code  
San Diego CA 92101-6847

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

Name of Employer Self-employed Occupation Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: 60615.C1742

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 18 / 53
	<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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. Ronald Rotherham

Mailing Address 200 Harbor Dr Unit 703

City San Diego State CA Zip Code 92101-6847

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

Name of Employer Self-employed Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
05 / 01 / 2006

Transaction ID: 60615.C1741

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
MRS. Melanie Sabelhaus

Mailing Address 227 Greenspring Valley Road

City Owings Mills State MD Zip Code 21117-4118

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

Name of Employer US Small Business Adm. Occupation Deputy Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
05 / 02 / 2006

Transaction ID: 60615.C1754

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
MR. D. Harding Stowe

Mailing Address PO Box 546

City Belmont State NC Zip Code 28012-0546

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

Name of Employer RL Stowe Mills Occupation Textile Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
04 / 20 / 2006

Transaction ID: 60615.C1739

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:	PAGE 19 / 53
	(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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. Thresa Toll

Mailing Address 1841 Lerner Lane

City State Zip Code  
Santa Ana CA 92705

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

Name of Employer Occupation  
R T Interiors CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2006

Transaction ID: 60615.C1730

Amount of Each Receipt this Period  
8000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
MRS. Jill Feist Utz

Mailing Address 1903 Bedford Drive  
Nichols Hills

City State Zip Code  
Oklahoma City OK 73116

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: 60615.C1746

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	13000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	97250.00

**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 20 / 53
	<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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
Decatur House Museum

Mailing Address Special Events Department  
1610 H Street, NW

City State Zip Code  
Washington DC 20006-

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2006

Transaction ID: 60629.C1767

Amount of Each Receipt this Period  
600.00

Offsets to Operating Expenditure

**B.** Full Name (Last, First, Middle Initial)  
Durfey - Hoover - Bowden Insurance, In

Mailing Address 3741 Benson Dr

City State Zip Code  
Raleigh NC 27609-7324

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1252.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2006

Transaction ID: 60629.C1763

Amount of Each Receipt this Period  
1252.00

Offsets to Operating Expenditure

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1852.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1852.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 53

<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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. AirBand Communications, Inc.</b>		<b>Transaction ID:</b> 60615.E1127 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address Dept 0386 PO Box 120386		Amount of Each Disbursement this Period 311.00
City Dallas State TX Zip Code 75312-0386	Category/ Type  INTERNET SERVICES	
Purpose of Disbursement INTERNET 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) <b>B. Alltel</b>		<b>Transaction ID:</b> 60410.E1046 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address PO Box 96019		Amount of Each Disbursement this Period 159.95
City Charlotte State NC Zip Code 28296-0019	Category/ Type  TELEPHONE	
Purpose of Disbursement TELEPHONE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alltel</b>		<b>Transaction ID:</b> 60615.E1099 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address PO Box 96019		Amount of Each Disbursement this Period 148.67
City Charlotte State NC Zip Code 28296-0019	Category/ Type  TELEPHONE	
Purpose of Disbursement TELEPHONE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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) ..... ▶	619.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

PAGE 22 / 53

<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 Leadership Circle PAC

<b>A. Alltel</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 96019 City Charlotte State NC Zip Code 28296-0019 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60629.E1152</b> Date of Disbursement 06 / 15 / 2006 Amount of Each Disbursement this Period 150.08 TELEPHONE
---	--	--

<b>B. Aristotle Publishing, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 205 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement SOFTWARE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60410.E1045</b> Date of Disbursement 04 / 03 / 2006 Amount of Each Disbursement this Period 750.00 SOFTWARE MAINTENANCE
--	--	---

<b>C. Aristotle Publishing, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 205 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement CREDIT CARD PROCESSING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60629.E1151</b> Date of Disbursement 04 / 27 / 2006 Amount of Each Disbursement this Period 701.00 CREDIT CARD PROCESSING
--	--	---

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

1601.08

**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)

PAGE 23 / 53

<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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Aristotle Publishing, Inc.</b>		<b>Transaction ID:</b> 60615.E1106 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 701.00
City Washington State DC Zip Code 20003-1164	CREDIT CARD PROCESSING	
Purpose of Disbursement CREDIT CARD PROCESSING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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. Aristotle Publishing, Inc.</b>		<b>Transaction ID:</b> 60615.E1145 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 750.00
City Washington State DC Zip Code 20003-1164	SOFTWARE MAINTENANCE	
Purpose of Disbursement SOFTWARE MAINTENANCE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Bagwell &amp; Bagwell, Inc.</b>		<b>Transaction ID:</b> 60615.E1069 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address PO Box 2326		Amount of Each Disbursement this Period 1625.00
City Raleigh State NC Zip Code 27602-2326	INSURANCE	
Purpose of Disbursement INSURANCE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3076.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. BellSouth</b>		Transaction ID: 60615.E1065 Date of Disbursement MM / DD / YYYY 04 / 24 / 2006	
Mailing Address PO Box 70529		Amount of Each Disbursement this Period 254.06	
City Charlotte	State NC	Zip Code 28272-0529	TELEPHONE
Purpose of Disbursement TELEPHONE		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>B. BellSouth</b>		Transaction ID: 60615.E1125 Date of Disbursement MM / DD / YYYY 05 / 22 / 2006	
Mailing Address PO Box 70529		Amount of Each Disbursement this Period 269.93	
City Charlotte	State NC	Zip Code 28272-0529	TELEPHONE
Purpose of Disbursement TELEPHONE		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>C. BellSouth</b>		Transaction ID: 60629.E1161 Date of Disbursement MM / DD / YYYY 06 / 22 / 2006	
Mailing Address PO Box 70529		Amount of Each Disbursement this Period 219.95	
City Charlotte	State NC	Zip Code 28272-0529	TELEPHONE
Purpose of Disbursement TELEPHONE		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	743.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Lynda J. Blount</b>		Transaction ID: 60410.E1040 Date of Disbursement MM / DD / YYYY 04 / 03 / 2006
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 3000.00
City Bethel State NC Zip Code 27812-	Category/ Type  PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lynda J. Blount</b>		Transaction ID: 60410.E1041 Date of Disbursement MM / DD / YYYY 04 / 03 / 2006
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 363.37
City Bethel State NC Zip Code 27812-	Category/ Type  PAC TRAVEL REIMBURSEMENT: SEE BELO	
Purpose of Disbursement PAC TRAVEL REIMBURSEMENT: SEE BELO		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lynda J. Blount</b>		Transaction ID: 60410.E1052 Date of Disbursement MM / DD / YYYY 04 / 10 / 2006
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 310.40
City Bethel State NC Zip Code 27812-	Category/ Type  PAC TRAVEL REIMBURSEMENT	
Purpose of Disbursement PAC TRAVEL REIMBURSEMENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3673.77
<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 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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Lynda J. Blount</b>		Transaction ID: 60615.E1056 Date of Disbursement 04 / 17 / 2006
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 330.86
City Bethel      State NC      Zip Code 27812-	PAC TRAVEL REIMBURSEMENT: SEE BELO	
Purpose of Disbursement PAC TRAVEL REIMBURSEMENT: SEE BELO		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. Lynda J. Blount</b>		Transaction ID: 60615.E1061 Date of Disbursement 04 / 20 / 2006
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 603.93
City Bethel      State NC      Zip Code 27812-	PAC TRAVEL REIMBURSEMENT: SEE BELO	
Purpose of Disbursement PAC TRAVEL REIMBURSEMENT: SEE BELO		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Lynda J. Blount</b>		Transaction ID: 60615.E1072 Date of Disbursement 05 / 01 / 2006
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 755.72
City Bethel      State NC      Zip Code 27812-	PAC TRAVEL REIMBURSEMENT: SEE BELO	
Purpose of Disbursement PAC TRAVEL REIMBURSEMENT: SEE BELO		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) ..... ▶	1690.51
<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 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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Lynda J. Blount</b>		Transaction ID: 60615.E1071 Date of Disbursement 05 / 01 / 2006	
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 3000.00	
City Bethel State NC Zip Code 27812-	Purpose of Disbursement PAC FUNDRAISING CONSULTING	Category/ Type PAC FUNDRAISING 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>B. Lynda J. Blount</b>		Transaction ID: 60615.E1101 Date of Disbursement 05 / 08 / 2006	
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 300.32	
City Bethel State NC Zip Code 27812-	Purpose of Disbursement PAC TRAVEL REIMBURSEMENT: SEE BELO	Category/ Type PAC TRAVEL REIMBURSEMENT: SEE BELO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lynda J. Blount</b>		Transaction ID: 60615.E1120 Date of Disbursement 05 / 18 / 2006	
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 1000.00	
City Bethel State NC Zip Code 27812-	Purpose of Disbursement PAC FUNDRAISING CONSULTING	Category/ Type PAC FUNDRAISING 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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4300.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Lynda J. Blount</b>		Transaction ID: 60615.E1118 Date of Disbursement 05 / 18 / 2006	
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 388.00	
City Bethel State NC Zip Code 27812-	Purpose of Disbursement PAC TRAVEL REIMBURSEMENT Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PAC TRAVEL REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>B. Lynda J. Blount</b>		Transaction ID: 60615.E1130 Date of Disbursement 05 / 25 / 2006	
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 4000.00	
City Bethel State NC Zip Code 27812-	Purpose of Disbursement PAC FUNDRAISING 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) ▼		

PAC FUNDRAISING CONSULTING

Full Name (Last, First, Middle Initial) <b>C. Lynda J. Blount</b>		Transaction ID: 60615.E1131 Date of Disbursement 05 / 25 / 2006	
Mailing Address 618 West Washington Street		Amount of Each Disbursement this Period 232.80	
City Bethel State NC Zip Code 27812-	Purpose of Disbursement PAC TRAVEL REIMBURSEMENT Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PAC TRAVEL REIMBURSEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4620.80
<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 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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Crystal Aviation LLC</b>		<b>Transaction ID:</b> 60615.E1146 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 517 East Fort Macon Road		Amount of Each Disbursement this Period 2822.40
City Atlantic Beach      State NC      Zip Code 28512-	Category/ Type  PAC TRAVEL	
Purpose of Disbursement PAC 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>B. Cybersouth Internet Services</b>		<b>Transaction ID:</b> 60615.E1067 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 120 Jackson St		Amount of Each Disbursement this Period 24.95
City Vidalia      State GA      Zip Code 30474-4714	Category/ Type  INTERNET SERVICES	
Purpose of Disbursement INTERNET 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) <b>C. Cybersouth Internet Services</b>		<b>Transaction ID:</b> 60615.E1126 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 120 Jackson St		Amount of Each Disbursement this Period 24.95
City Vidalia      State GA      Zip Code 30474-4714	Category/ Type  INTERNET SERVICES	
Purpose of Disbursement INTERNET 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2872.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Cybersouth Internet Services</b>		<b>Transaction ID:</b> 60629.E1163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 120 Jackson St		Amount of Each Disbursement this Period 24.95
City Vidalia State GA Zip Code 30474-4714	INTERNET SERVICES	
Purpose of Disbursement INTERNET SERVICES		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. Earp Associates, Inc.</b>		<b>Transaction ID:</b> 60410.E1049 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 1077 30th Street, NW #203		Amount of Each Disbursement this Period 433.33
City Washington State DC Zip Code 20007-	PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING 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>C. Earp Associates, Inc.</b>		<b>Transaction ID:</b> 60615.E1103 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 1077 30th Street, NW #203		Amount of Each Disbursement this Period 1430.00
City Washington State DC Zip Code 20007-	PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1888.28</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Earp Associates, Inc.</b>		<b>Transaction ID:</b> 60615.E1144 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1077 30th Street, NW #203		Amount of Each Disbursement this Period 909.30
City Washington State DC Zip Code 20007-	Category/ Type  PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> 60615.E1055 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 15.47
City Pittsburgh State PA Zip Code 15250-7461	Category/ Type  DELIVERY	
Purpose of Disbursement DELIVERY		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> 60615.E1070 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 22.76
City Pittsburgh State PA Zip Code 15250-7461	Category/ Type  DELIVERY	
Purpose of Disbursement DELIVERY		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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) ..... ▶	947.53
<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)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID:</b> 60615.E1105 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 17.71
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement DELIVERY Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DELIVERY

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> 60615.E1148 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 57.16
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement DELIVERY Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DELIVERY

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> 60629.E1160 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 14.52
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement DELIVERY Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DELIVERY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	89.39
<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)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID:</b> 60629.E1162 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 15.95
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement DELIVERY Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DELIVERY

Full Name (Last, First, Middle Initial) <b>B. Tom Fetzer</b>		<b>Transaction ID:</b> 60615.E1081 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 709 Hillsborough St		Amount of Each Disbursement this Period 4000.00
City Raleigh State NC Zip Code 27603-1605	Purpose of Disbursement POLITICAL CONSULTING Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONSULTING

Full Name (Last, First, Middle Initial) <b>C. Tom Fetzer</b>		<b>Transaction ID:</b> 60615.E1134 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 709 Hillsborough St		Amount of Each Disbursement this Period 4000.00
City Raleigh State NC Zip Code 27603-1605	Purpose of Disbursement POLITICAL CONSULTING Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONSULTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8015.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Fetzer Stephens, Inc.</b>		<b>Transaction ID:</b> 60615.E1094 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 709 Hillsborough St		Amount of Each Disbursement this Period 2250.00
City Raleigh State NC Zip Code 27603-1605	OFFICE RENT	
Purpose of Disbursement OFFICE RENT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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. Fetzer Stephens, Inc.</b>		<b>Transaction ID:</b> 60615.E1133 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 709 Hillsborough St		Amount of Each Disbursement this Period 1125.00
City Raleigh State NC Zip Code 27603-1605	OFFICE RENT	
Purpose of Disbursement OFFICE RENT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Fetzer Stephens, Inc.</b>		<b>Transaction ID:</b> 60629.E1164 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 709 Hillsborough St		Amount of Each Disbursement this Period 1125.00
City Raleigh State NC Zip Code 27603-1605	OFFICE RENT	
Purpose of Disbursement OFFICE RENT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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) ..... ▶	4500.00
<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)

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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 Leadership Circle PAC

<b>A. First Citizens Bank - VISA</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 49500 City Roanoke State VA Zip Code 24019-9500 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60615.E1054</b> Date of Disbursement MM / DD / YYYY 04 / 11 / 2006 Amount of Each Disbursement this Period 2300.00 CREDIT CARD: SEE BELOW
--	--	--

<b>B. Columbia Books</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 251 City Annapolis Junction State MD Zip Code 20701-0251 Purpose of Disbursement SOFTWARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60710.E1179</b> Date of Disbursement MM / DD / YYYY 04 / 11 / 2006 Amount of Each Disbursement this Period 2300.00 [MEMO ITEM] MEMO: SOFTWARE
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<b>C. First Citizens Bank - VISA</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 49500 City Roanoke State VA Zip Code 24019-9500 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60615.E1107</b> Date of Disbursement MM / DD / YYYY 05 / 15 / 2006 Amount of Each Disbursement this Period 1790.44 CREDIT CARD: SEE BELOW
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4090.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. First Citizens Bank - VISA</b>		<b>Transaction ID:</b> 60629.E1153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 49500		Amount of Each Disbursement this Period 81.72
City Roanoke State VA Zip Code 24019-9500	CREDIT CARD: SEE BELOW	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) <b>B. Hay-Adams Hotel</b>		<b>Transaction ID:</b> 60629.E1155 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 800 16th St NW		Amount of Each Disbursement this Period -33.60
City Washington State DC Zip Code 20006-4102	[MEMO ITEM] MEMO: CREDIT FOR OVERCHARGE	
Purpose of Disbursement CREDIT FOR OVERCHARGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		<b>Transaction ID:</b> 60629.E1156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 404 E Six Forks Rd		Amount of Each Disbursement this Period 15.32
City Raleigh State NC Zip Code 27609-7868	[MEMO ITEM] MEMO: OFFICE SUPPLIES	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	81.72
<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)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Flower Gallery, Inc.</b>		<b>Transaction ID:</b> 60615.E1095 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 1700 L St NW		Amount of Each Disbursement this Period 884.02
City Washington State DC Zip Code 20036-5402	FLOWERS	
Purpose of Disbursement FLOWERS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Focused Images Photography, Inc.</b>		<b>Transaction ID:</b> 60615.E1117 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 11921 Freedom Dr Ste 550		Amount of Each Disbursement this Period 2582.50
City Reston State VA Zip Code 20190-5635	PAC PHOTOGRAPHY	
Purpose of Disbursement PAC PHOTOGRAPHY Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hay-Adams Hotel</b>		<b>Transaction ID:</b> 60615.E1068 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 800 16th St NW		Amount of Each Disbursement this Period 22000.00
City Washington State DC Zip Code 20006-4102	PAC EVENT ROOMS/CATERING	
Purpose of Disbursement PAC EVENT ROOMS/CATERING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25466.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. John Heubusch</b>		<b>Transaction ID:</b> 60615.E1083 <b>Date of Disbursement</b> MM / DD / YYYY 05 / 02 / 2006
Mailing Address 5786 La Jolla Blvd		Amount of Each Disbursement this Period 4500.00
City La Jolla State CA Zip Code 92037-7301	SPEAKING HONORARIUM FOR PAC EVENT	
Purpose of Disbursement SPEAKING HONORARIUM FOR PAC EVENT		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. Koch &amp; Hoos, LLC</b>		<b>Transaction ID:</b> 60615.E1100 <b>Date of Disbursement</b> MM / DD / YYYY 05 / 08 / 2006
Mailing Address PO Box 1154		Amount of Each Disbursement this Period 193.75
City Alexandria State VA Zip Code 22313-1154	ACCOUNTING CONSULTING	
Purpose of Disbursement ACCOUNTING 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>C. Kohn Associates, Inc.</b>		<b>Transaction ID:</b> 60410.E1048 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 04 / 2006
Mailing Address 1140 Harp Street		Amount of Each Disbursement this Period 433.33
City Raleigh State NC Zip Code 27604-	PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5127.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Kohn Associates, Inc.</b>		<b>Transaction ID:</b> 60615.E1104 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 1140 Harp Street		Amount of Each Disbursement this Period 502.67
City Raleigh State NC Zip Code 27604-	PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING 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>B. Kohn Associates, Inc.</b>		<b>Transaction ID:</b> 60615.E1129 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 1140 Harp Street		Amount of Each Disbursement this Period 203.63
City Raleigh State NC Zip Code 27604-	PAC TRAVEL REIMBURSEMENT	
Purpose of Disbursement PAC TRAVEL REIMBURSEMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kohn Associates, Inc.</b>		<b>Transaction ID:</b> 60615.E1143 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1140 Harp Street		Amount of Each Disbursement this Period 909.30
City Raleigh State NC Zip Code 27604-	PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1615.60
<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)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Macon Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E1047 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address PO Box 3114		Amount of Each Disbursement this Period 433.00
City Greenville State NC Zip Code 27858-	PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING 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>B. Macon Consulting, Inc.</b>		<b>Transaction ID:</b> 60615.E1084 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 3114		Amount of Each Disbursement this Period 7500.00
City Greenville State NC Zip Code 27858-	PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING 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>C. Macon Consulting, Inc.</b>		<b>Transaction ID:</b> 60615.E1085 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 3114		Amount of Each Disbursement this Period 1430.00
City Greenville State NC Zip Code 27858-	PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9363.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Macon Consulting, Inc.</b>		<b>Transaction ID:</b> 60615.E1086 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 3114		Amount of Each Disbursement this Period 1413.65
City Greenville State NC Zip Code 27858-	Purpose of Disbursement TRAVEL 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) ▼	TRAVEL REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. Hay-Adams Hotel</b>		<b>Transaction ID:</b> 60615.E1088 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 800 16th St NW		Amount of Each Disbursement this Period 157.60
City Washington State DC Zip Code 20006-4102	Purpose of Disbursement MEALS/PARKING	
Office Sought: <input type="checkbox"/> House <input 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: MEALS/PARKING

Full Name (Last, First, Middle Initial) <b>C. Macon Consulting, Inc.</b>		<b>Transaction ID:</b> 60615.E1119 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address PO Box 3114		Amount of Each Disbursement this Period 500.00
City Greenville State NC Zip Code 27858-	Purpose of Disbursement PAC FUNDRAISING 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) ▼	PAC FUNDRAISING CONSULTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1913.65
<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)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Macon Consulting, Inc.</b>		Transaction ID: 60615.E1136 Date of Disbursement 06 / 01 / 2006	
Mailing Address PO Box 3114		Amount of Each Disbursement this Period 909.30	
City Greenville State NC Zip Code 27858-	Purpose of Disbursement PAC FUNDRAISING CONSULTING	Category/ Type PAC FUNDRAISING 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>B. Macon Consulting, Inc.</b>		Transaction ID: 60615.E1135 Date of Disbursement 06 / 01 / 2006	
Mailing Address PO Box 3114		Amount of Each Disbursement this Period 7500.00	
City Greenville State NC Zip Code 27858-	Purpose of Disbursement PAC FUNDRAISING CONSULTING	Category/ Type PAC FUNDRAISING 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>C. Macon Consulting, Inc.</b>		Transaction ID: 60615.E1137 Date of Disbursement 06 / 01 / 2006	
Mailing Address PO Box 3114		Amount of Each Disbursement this Period 1440.37	
City Greenville State NC Zip Code 27858-	Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE BELOW	Category/ Type TRAVEL 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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9849.67
<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)

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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 Leadership Circle PAC

<p><b>A.</b> Sheraton Hotels - Capital</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Fayetteville Street Mall</p> <p>City Raleigh State NC Zip Code 27601-</p> <p>Purpose of Disbursement LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60615.E1139</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="85.02"/></p> <p><b>[MEMO ITEM]</b> MEMO: LODGING</p>
<p><b>B.</b> Collin A. McMichael</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 804 W Morgan St Building X-1B</p> <p>City Raleigh State NC Zip Code 27603-1665</p> <p>Purpose of Disbursement TRAVEL REIMBURSEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60615.E1097</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.99"/></p> <p>TRAVEL REIMBURSEMENT</p>
<p><b>C.</b> Collin A. McMichael</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 804 W Morgan St Building X-1B</p> <p>City Raleigh State NC Zip Code 27603-1665</p> <p>Purpose of Disbursement PAC FUNDRAISING CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60615.E1122</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>PAC FUNDRAISING CONSULTING</p>

**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)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Network Support</b>		<b>Transaction ID:</b> 60615.E1053 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address Michael Tanner 517 Pyracantha Drive		Amount of Each Disbursement this Period 647.50
City Holly Springs State NC Zip Code 27540-	Purpose of Disbursement COMPUTER MAINTENANCE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER MAINTENANCE

Full Name (Last, First, Middle Initial) <b>B. QuickBooks</b>		<b>Transaction ID:</b> 60615.E1093 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 2800 E Commerce Center Pl		Amount of Each Disbursement this Period 214.00
City Tucson State AZ Zip Code 85706-4559	Purpose of Disbursement SOFTWARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SOFTWARE

Full Name (Last, First, Middle Initial) <b>C. Cathy A. Singleton</b>		<b>Transaction ID:</b> 60615.E1123 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 905 Hemingway Dr		Amount of Each Disbursement this Period 500.00
City Raleigh State NC Zip Code 27609-6021	Purpose of Disbursement PAC FUNDRAISING 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) ▼	PAC FUNDRAISING CONSULTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1361.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. John Stephens</b>		<b>Transaction ID:</b> 60615.E1124 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 3101 Hemlock Hills Ln		Amount of Each Disbursement this Period 500.00
City Apex State NC Zip Code 27539-5730	PAC FUNDRAISING CONSULTING	
Purpose of Disbursement PAC FUNDRAISING 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>B. US Postal Service</b>		<b>Transaction ID:</b> 60410.E1050 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address Fayetteville Street Mall		Amount of Each Disbursement this Period 25.20
City Raleigh State NC Zip Code 27601-	PAC POSTAGE	
Purpose of Disbursement PAC POSTAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		<b>Transaction ID:</b> 60615.E1147 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address Fayetteville Street Mall		Amount of Each Disbursement this Period 248.00
City Raleigh State NC Zip Code 27601-	PAC BOX FEE	
Purpose of Disbursement PAC BOX 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	773.20
<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)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Tom Vogt</b>		Transaction ID: 60615.E1096 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address 3258 O Street, NW		Amount of Each Disbursement this Period 400.00	
City Washington State DC Zip Code 20007-2847	Purpose of Disbursement PAC EVENT MUSICAL SERVICES Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAC EVENT MUSICAL SERVICES		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth W. Walters</b>		Transaction ID: 60615.E1066 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 825 Federal House Ave		Amount of Each Disbursement this Period 3000.00	
City Wake Forest State NC Zip Code 27587-4624	Purpose of Disbursement PAC FUNDRAISING 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) ▼ PAC FUNDRAISING CONSULTING		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth W. Walters</b>		Transaction ID: 60615.E1082 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 825 Federal House Ave		Amount of Each Disbursement this Period 10509.66	
City Wake Forest State NC Zip Code 27587-4624	Purpose of Disbursement PAC FUNDRAISING 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) ▼ PAC FUNDRAISING CONSULTING		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13909.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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 Leadership Circle PAC

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth W. Walters

Mailing Address 825 Federal House Ave

City Wake Forest State NC Zip Code 27587-4624

Purpose of Disbursement  
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 60615.E1121

Date of Disbursement

/   /

Amount of Each Disbursement this Period

PAC FUNDRAISING CONSULTING

**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 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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Chafee for Senate</b>		<b>Transaction ID:</b> 60615.E1149 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 5000.00
City Warwick State RI Zip Code 02887-	PRIMARY 2006	
Purpose of Disbursement PRIMARY 2006 Candidate Name LINCOLN D CHAFEE Office Sought: <input type="checkbox"/> House <input checked="" 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: RI District: 00		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Chafee for Senate</b>		<b>Transaction ID:</b> 60615.E1150 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 5000.00
City Warwick State RI Zip Code 02887-	GENERAL 2006	
Purpose of Disbursement GENERAL 2006 Candidate Name LINCOLN D CHAFEE 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: RI District: 00		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Mike DeWine for US Senate</b>		<b>Transaction ID:</b> 60629.E1167 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 5000.00
City Columbus State OH Zip Code 43234-	GENERAL 2006	
Purpose of Disbursement GENERAL 2006 Candidate Name RICHARD MICHAEL DEWINE 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: OH District: 00		
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<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)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Tom Kean for US Senate, Inc.</b>		Transaction ID: 60615.E1132 Date of Disbursement 05 / 26 / 2006	
Mailing Address PO Box 225		Amount of Each Disbursement this Period 5000.00	
City Colonia State NJ Zip Code 07067-	Purpose of Disbursement PRIMARY 2006	Category/ Type	PRIMARY 2006
Candidate Name THOMAS H JR KEAN	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00			

Full Name (Last, First, Middle Initial) <b>B. MI Challenger Fund</b>		Transaction ID: 60629.E1170 Date of Disbursement 06 / 29 / 2006	
Mailing Address PO Box 75103		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20013-	Purpose of Disbursement CONTRIBUTION	Category/ Type	CONTRIBUTION
Disbursement For: 2006 <input checked="" 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>C. Mike McGavick for US Senate</b>		Transaction ID: 60629.E1166 Date of Disbursement 06 / 29 / 2006	
Mailing Address PO Box 9247		Amount of Each Disbursement this Period 5000.00	
City Seattle State WA Zip Code 98109-	Purpose of Disbursement PRIMARY 2006	Category/ Type	PRIMARY 2006
Disbursement For: 2006 <input checked="" 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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<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)

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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 Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Raese for Senate</b>		Transaction ID: 60615.E1080	
Mailing Address PO BOx 262		Date of Disbursement 05 / 01 / 2006	
City Morgantown	State WV	Zip Code 26507-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement PRIMARY 2006	Candidate Name		Category/ Type PRIMARY 2006
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. Nebraska Families for Pete Ricketts, Inc</b>		Transaction ID: 60629.E1169	
Mailing Address 11225 Davenport Street, Suite 108		Date of Disbursement 06 / 29 / 2006	
City Omaha	State NE	Zip Code 68154-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement GENERAL 2006	Candidate Name		Category/ Type GENERAL 2006
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) .....	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	40000.00

**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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Build PAC of the Natl Assoc. of</b>		Transaction ID: 60615.E1128
Mailing Address Home Builders 1201 15th Street, NW		Date of Disbursement 05 / 22 / 2006
City Washington	State DC	Zip Code 20005-2800
Purpose of Disbursement Refund of Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name	010 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:		

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

# 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Leadership Circle PAC

Full Name (Last, First, Middle Initial) <b>A. Thresa Toll</b>		Transaction ID: 60615.E1060	
Mailing Address 1841 Lerner Lane		Date of Disbursement MM / DD / YYYY 04 / 17 / 2006	
City Santa Ana	State CA	Zip Code 92705-	Amount of Each Disbursement this Period <b>3000.00</b>
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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