

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C00403022 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, Convention, General, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 19 2006 through 11 27 2006

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

Type or Print Name of Treasurer Elizabeth Anderson

Signature of Treasurer Electronically Filed by Elizabeth Anderson Date 11 21 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
The Commonwealth PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		30110.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	734682.57									
(c) Total Receipts (from Line 19) .....	312386.28	2673339.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1047068.85	2703450.09								
7. Total Disbursements (from Line 31) .....	515326.47	2171707.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	531742.38	531742.38								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
The Commonwealth PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

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	246050.00	2533578.59
(i) Itemized (use Schedule A) .....	15686.00	35192.00
(ii) Unitemized .....	261736.00	2568770.59
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	35200.00	81700.00
(c) Other Political Committees (such as PACs) .....	296936.00	2650470.59
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	12862.89	17773.03
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2587.39	5096.06
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)) .....	312386.28	2673339.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	312386.28	2673339.68

**DETAILED SUMMARY PAGE**

of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	446826.47	1879207.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	446826.47	1879207.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	223750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	250.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	250.00
29. Other Disbursements.....	28000.00	68500.00
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))..	515326.47	2171707.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	515326.47	2171707.71

**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) .....	296936.00	2650470.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	296936.00	2650220.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	446826.47	1879207.71
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	12862.89	17773.03
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	433963.58	1861434.68

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 169</span>
	(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

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

NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> 21st Century Pac		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 2052 Lake Audobon Court		<b>Transaction ID:</b> 100001946	
City State Zip Code Reston VA 20191	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00337261		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.</b> ACS Good Government Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address PO Box 219002		<b>Transaction ID:</b> 100001917	
City State Zip Code Dallas TX 75221	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00350884		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> American Freedom Pac		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 2111 Wilson Blvd Fl. 8		<b>Transaction ID:</b> 100001916	
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b> C00406009		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>7200.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 169</span>
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Anheuser-Busch Pac</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 1401 I Street, NW		<b>Transaction ID: 100002324</b>	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00034488		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. FMR Pac</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 82 Devonshire Street		<b>Transaction ID: 100004068</b>	
City State Zip Code Boston MA 02109	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00380550		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Insur Pac</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 412 First St. SE, Suite 300		<b>Transaction ID: 100001998</b>	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00022343		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 169
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Maximus, Inc. Pac

Mailing Address 11419 Sunset Hills Road

City State Zip Code  
Reston VA 20190

FEC ID number of contributing federal political committee. **C** C00343707

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2006

**Transaction ID:** 100002269

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Michigan Independent Pac

Mailing Address 150 West Jefferson, Suite 2500

City State Zip Code  
Detroit MI 48226

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  
MM / DD / YYYY  
11 / 22 / 2006

**Transaction ID:** 100004090

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
National Venture Cap Pac

Mailing Address 1655 North Fort Myer Dr. Suite 850

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

**Transaction ID:** 100001915

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: <span style="float: right;">PAGE 9 / 169</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Nixon Peabody LLP Pac

Mailing Address PO Box 31051

City State Zip Code  
Rochester NY 14603

FEC ID number of contributing federal political committee. **C** C00404178

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  
1 1 / 0 9 / 2 0 0 6

**Transaction ID:** 100004059

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Snow Pac

Mailing Address 175 S West Temple Ste 650

City State Zip Code  
Salt Lake City UT 84101

FEC ID number of contributing federal political committee. **C** C00392621

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  
1 1 / 0 7 / 2 0 0 6

**Transaction ID:** 100002284

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>35200.00</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 10 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Lowell Anderson

Mailing Address 2848 N. Foothill Dr.

City Provo State UT Zip Code 84604

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

Name of Employer Dr. Lowell Anderson Occupation Oral Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100002272

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Brent Andrus

Mailing Address 15 Sandstone Cove

City Park City State UT Zip Code 84060

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

Name of Employer Brent Andrus Occupation Hospitality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100002273

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Andrew Balson

Mailing Address 14 Winthrop Street

City Newton State MA Zip Code 02465

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

Name of Employer Bain Capital, LLC Occupation Private Equity Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100004075

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 11 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
George Bennett

Mailing Address 280 Dudley St

City State Zip Code  
Brookline MA 02445

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

Name of Employer Retired Occupation None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2006

Transaction ID: 100001987

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 5132 N. 300W

City State Zip Code  
Provo UT 84604

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

Name of Employer Apex Marketing Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2006

Transaction ID: 100002275

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Rick Blankenship

Mailing Address 11587 San Jose Boulevard

City State Zip Code  
Jacksonville FL 32223

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

Name of Employer Global Investment Advisor Occupation Investment Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2006

Transaction ID: 100002321

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 12 / 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

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

Mailing Address 11532 Manorstone Lane

City State Zip Code  
Columbia MD 21044-5413

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

Name of Employer Retired Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2006

Transaction ID: 100001880

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Sally Bradshaw

Mailing Address 1345 Dupont Road

City State Zip Code  
Havana FL 32333

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

Name of Employer Sally Bradshaw Occupation Political Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2006

Transaction ID: 100002300

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 286 Emerson Road

City State Zip Code  
Lexington MA 02420

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

Name of Employer Deloitte & Touche Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2006

Transaction ID: 61207.C2305

Amount of Each Receipt this Period  
500.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Greg Carr

Mailing Address 975 Memorial Drive #1008

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Greg Carr Occupation Philanthropist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 100001999

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Susan Chapman

Mailing Address 428 Kingston Street

City State Zip Code  
Conway SC 29526

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

Name of Employer Unemployed Occupation N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2298

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Barbara Comstock

Mailing Address 6822 Wemberly Way

City State Zip Code  
Mc Lean VA 22101

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001887

Amount of Each Receipt this Period  
400.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1900.00
<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 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Edward Conard</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6	
Mailing Address 5 East 81st Street		Transaction ID: 100002043	
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Bain Capital, LLC Investment Manager	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Shawn Coughlin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 4401 Upland Dr		Transaction ID: 100001962	
City State Zip Code Alexandria VA 22310	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Capitol Health Group Consultant	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Howard Cox</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6	
Mailing Address 880 Winter Street		Transaction ID: 100002049	
City State Zip Code Waltham MA 02451	Amount of Each Receipt this Period 1400.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Greylock Management Executive	Aggregate Year-to-Date ▼ 1400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7400.00
<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 15 / 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Lew Cramer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 2960 Oak Park Lane		<b>Transaction ID: 100002053</b>	
City State Zip Code Salt Lake City UT 84117		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer World Trade Center Utah	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Jill Davis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6	
Mailing Address 5 E 81St St.		<b>Transaction ID: 100002046</b>	
City State Zip Code New York NY 10028		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer None	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Kevin DeMenna</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 1825 West Adams Street		<b>Transaction ID: 100004085</b>	
City State Zip Code Phoenix AZ 85007		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer DeMenna and Associates	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Jean Denton

Mailing Address 15 19th St SE

City State Zip Code  
Washington DC 20003

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

Name of Employer  
Innovative Federal Strategies

Occupation  
Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** 100004082

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 144 Beacon Street

City State Zip Code  
Boston MA 02116

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

Name of Employer  
Information Requested

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  
1 1 / 0 3 / 2 0 0 6

**Transaction ID:** 100002080

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
D. Scott Elder

Mailing Address 1156 E. 100 N.

City State Zip Code  
Orem UT 84097

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

Name of Employer  
True North Academy

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  
1 1 / 0 6 / 2 0 0 6

**Transaction ID:** 100002274

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 17 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Andrew Farbman

Mailing Address 27272 West 14 Mile

City State Zip Code  
Franklin MI 48025

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

Name of Employer Occupation  
The Farbman Group Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 100002027

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Burton Farbman

Mailing Address 27272 West 14 Mile

City State Zip Code  
Franklin MI 48025

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

Name of Employer Occupation  
The Farbman Group Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 100002028

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Suzy Farbman

Mailing Address 27272 West 14 Mile

City State Zip Code  
Franklin MI 48025

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

Name of Employer Occupation  
None Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 100002029

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Phyllis Fireman

Mailing Address 120 Wells Ave.

City State Zip Code  
Newton MA 02459

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  
MM / DD / YYYY  
10 / 19 / 2006

Transaction ID: 100001872

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Audrey Gruss

Mailing Address 720 Park Avenue

City State Zip Code  
New York NY 10022

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

Name of Employer Audrey and Martin Gruss Found Occupation Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

Transaction ID: 100002281

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Martin Gruss

Mailing Address 720 Park Avenue

City State Zip Code  
New York NY 10022

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

Name of Employer Martin Gruss Occupation Philanthropist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

Transaction ID: 100002278

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 19 / 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Gary Heck

Mailing Address 13250 River Road

City State Zip Code  
Guerneville CA 95446

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

Name of Employer Occupation  
E. Korbelt and Brothers Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 14 / 2006

Transaction ID: 100004070

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Gary Hollister

Mailing Address 12268 Raleigh Ct

City State Zip Code  
Draper UT 84020

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

Name of Employer Occupation  
Nutritional Management Co. Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2006

Transaction ID: 100002270

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joel Jacob

Mailing Address PO Box 250250

City State Zip Code  
West Bloomfield MI 48325

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

Name of Employer Occupation  
The Bottle Crew President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2006

Transaction ID: 100002026

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 20 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Cherie James

Mailing Address 4223 N. Vintage Cir

City Provo State UT Zip Code 84604

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100002010

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Joshua James

Mailing Address 4223 N. Vintage Circle

City Provo State UT Zip Code 84604

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

Name of Employer Omniture Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100002002

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Drew Johnson

Mailing Address 705 Kent Ct

City Southlake State TX Zip Code 76092

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

Name of Employer CIC Partners Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100004072

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 21 / 169		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Gil Kapen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 2923 Oakbury Ct.		Transaction ID: 100004105	
City State Zip Code Oakton VA 22124	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Gil Kapen	Occupation Business Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Gil Kapen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 2923 Oakbury Ct.		Transaction ID: 100002293	
City State Zip Code Oakton VA 22124	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Gil Kapen	Occupation Business Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> C. David Kikumoto		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 4890 E. Perry Parkway		Transaction ID: 100002051	
City State Zip Code Littleton CO 80121	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Denver Management Advisors	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Marc Lampkin

Mailing Address 1640 Davidson Rd

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Occupation  
Quinn Gillespie Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: 100001951

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 1 Victoria Cir

City State Zip Code  
Natick MA 01760

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

Name of Employer Occupation  
Deloitte and Touche Audit Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: 100002055

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Eduardo Lopez

Mailing Address 89850 West Olympic Boulevard, 184

City State Zip Code  
Coventry CT 06238

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2319

Amount of Each Receipt this Period  
500.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Peter Lynch

Mailing Address 82 Devonshire St., 54A

City Boston State MA Zip Code 02109

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

Name of Employer FMR Corp. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100004057

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 3020 Macomb Street, NW

City Washington State DC Zip Code 20008

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

Name of Employer Federalist Group LLC Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

Transaction ID: 100001896

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
J. Willard Marriott

Mailing Address 7124 Natelli Woods Lane

City Bethesda State MD Zip Code 20817

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

Name of Employer Marriott, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 100004053

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 24 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Kevin Mayberry

Mailing Address 1365 N. 430 E

City State Zip Code  
Orem UT 84097

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

Name of Employer Occupation  
Veracity Communications Telecommunications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100002276

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 153 West Lupine Drive

City State Zip Code  
Aspen CO 81611

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

Name of Employer Occupation  
Michael McDermott Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100002095

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 6 Coventry Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer Occupation  
Deloitte Financial Advisory Financial Consultants

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: 100002054

Amount of Each Receipt this Period  
500.00

Receipt

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Stewart McLaurin

Mailing Address 3810 Charles Avenue

City State Zip Code  
Alexandria VA 22305

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

Name of Employer Georgetown University Occupation Chief of Staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

Transaction ID: 61207.C2308

Amount of Each Receipt this Period  
300.00

Receipt

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

Mailing Address 355 S. Apline Drive

City State Zip Code  
Alpine UT 84004

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

Name of Employer Esnet, Ltd. Occupation Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: 100002064

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Moorad

Mailing Address 5709 N. Saguaro Road

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Arizona Diamondbacks Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2006

Transaction ID: 100004084

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10300.00
<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 26 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

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

Mailing Address 23 Mercy Ct

City Potomac State MD Zip Code 20854

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

Name of Employer DCI Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 100001997

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 5500 Preston Road

City Dallas State TX Zip Code 75205

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

Name of Employer Hicks Muse Tate & Furst Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: 100004088

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 7610 Thomas Grant Drive

City Alexandria State VA Zip Code 22315

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

Name of Employer Policy Impact Communications Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: 100002296

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Mimi Peery

Mailing Address 2200 Cowper

City Palo Alto State CA Zip Code 94301

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	6

Transaction ID: 61207.C2042

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 2200 Cowper

City Palo Alto State CA Zip Code 94301

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

Name of Employer Peery/Arrillaga Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: 100002038

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 3410 P St. NW

City Washington State DC Zip Code 20007

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

Name of Employer Penn Foundation Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	6

Transaction ID: 100001913

Amount of Each Receipt this Period  
1000.00

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 28 / 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

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

Mailing Address 3214 Reservoir Rd. NW

City Washington State DC Zip Code 20007

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

Name of Employer Boyd Phillips Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001869

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 24 Valleyfields Farm

City High Point State NC Zip Code 27265

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001868

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lucy Phillips

Mailing Address 346 E 10th St. Apt. 1

City New York State NY Zip Code 10009

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

Name of Employer Lil Phillips Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001865

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 29 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
Brent Pratt

Mailing Address 11113 Piney Meetinghouse Rd.

City Potomac State MD Zip Code 20854

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

Name of Employer Foulger Pratt, Inc Occupation Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

**Transaction ID:** 100001905

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Margaret Pratt

Mailing Address 11113 Pineymeetinghouse Rd.

City Potomac State MD Zip Code 20854-1314

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

Name of Employer Margaret Pratt Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

**Transaction ID:** 100001906

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Waltraud Prechter

Mailing Address 19013 Park Lane

City Grosse Ile State MI Zip Code 48138

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

Name of Employer WEP Holdings, Inc. Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** 100004066

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Brooke Rowe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1415 Lady Bird Drive		Transaction ID: 100001930
City State Zip Code Mc Lean VA 22101	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None Occupation Homemaker	Aggregate Year-to-Date ▼ 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Brooke Rowe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1415 Lady Bird Drive		Transaction ID: 100001972
City State Zip Code Mc Lean VA 22101	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None Occupation Homemaker	Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Brooke Rowe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1415 Lady Bird Drive		Transaction ID: 100001971
City State Zip Code Mc Lean VA 22101	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None Occupation Homemaker	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<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 31 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

**A.** Full Name (Last, First, Middle Initial)  
D. Kyle Sampson

Mailing Address 4927 25th Street S.

City State Zip Code  
Arlington VA 22206

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

Name of Employer Occupation  
U.S. Dept. of Justice Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001874

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 16 Arell Court

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation  
RGA Finance Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 100001927

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 5 Lake Potomac Ct

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
ETrade Financial CFO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61207.C2297

Amount of Each Receipt this Period  
500.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Boyd C. Smith		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 301 Coleridge Ave.		Transaction ID: 100002087	
City State Zip Code Palo Alto CA 94301-3608	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer WSJ Properties	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jill Smith		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 301 Coleridge Ave		Transaction ID: 100002091	
City State Zip Code Palo Alto CA 94301	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer None	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Anthony Soave		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 423 Lake Shore Drive		Transaction ID: 100002033	
City State Zip Code Grosse Pointe MI 48236	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Soave Enterprises	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

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

Mailing Address 90 Barrett Dr

City State Zip Code  
Fort Thomas KY 41075

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

Name of Employer Occupation  
Forge Lumber Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 14 / 2006

Transaction ID: 100004073

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Tim Stewart

Mailing Address 6433 Shady Lane

City State Zip Code  
Falls Church VA 22042-2335

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

Name of Employer Occupation  
Larson Sewart Myrick and Link Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2006

Transaction ID: 100001941

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Michelle Tessier

Mailing Address 1620 Hobart St. NW

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
Podesta Group Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

Transaction ID: 100001910

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5750.00
<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 34 / 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Michael Tuffin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 6049 Shaffer Dr		<b>Transaction ID: 100001957</b>	
City State Zip Code Alexandria VA 22310	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation AH7P SVP	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Robert White</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 23 Chadwick Road		<b>Transaction ID: 100004064</b>	
City State Zip Code Weston MA 02493	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation Bain Capital, LLC Investment Executive	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Margaret Whitman</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 2145 Hamilton Avenue		<b>Transaction ID: 100002062</b>	
City State Zip Code San Jose CA 95125	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation eBay, Inc. President and CEO	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Kent Wood		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 158 East Canterbury Lane		<b>Transaction ID:</b> 100002271
City State Zip Code Alpine UT 84004	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Nutritional Management, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Wood		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 813 Vicar Lane		<b>Transaction ID:</b> 61207.C2315
City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Barbour Griffith & Rogers LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	246050.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 169
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Adp Inc.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1 ADP Boulevard		<b>Transaction ID:</b> 71011.C6824
City State Zip Code Roseland NJ 07068-	Amount of Each Receipt this Period 12486.15	
FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 12486.15	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Paychex Inc.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 120 Presidential Way		<b>Transaction ID:</b> 71011.C6827
City State Zip Code Woburn MA 01801-1181	Amount of Each Receipt this Period 376.74	
FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 567.57	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	12862.89
<b>TOTAL</b> This Period (last page this line number only) .....	12862.89

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 169	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) The Commonwealth PAC
---

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Receipt
Mailing Address 3 Center Plz		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City	State	Zip Code
Boston	MA	02108-2000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 100006076
Name of Employer Interest Income	Occupation Interest Income	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2587.39"/>
	<input type="text" value="5096.06"/>	Other Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2587.39"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2587.39"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 169

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<b>A. Copia</b> Full Name (Last, First, Middle Initial) Mailing Address 100 City Square City Charlestown State MA Zip Code 02129-3777 Purpose of Disbursement PRO-RATED EVENT CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200005990 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 10690.55 PRO-RATED EVENT CATERING
--	--	---

<b>B. Nstar</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 4508 City Woburn State MA Zip Code 01888-4508 Purpose of Disbursement PRO-RATED OFFICE UTILITIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200005545 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 496.47 PRO-RATED OFFICE UTILITIES
---	--	---

<b>C. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1 City Worcester State MA Zip Code 01654-0001 Purpose of Disbursement PRO-RATED OFFICE PHONES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 200006347 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 646.76 PRO-RATED OFFICE PHONES
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11833.78
<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 39 / 169

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Salesforce .Com</b>		<b>Transaction ID:</b> 200006345 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 5126		Amount of Each Disbursement this Period 20832.00
City Carol Stream State IL Zip Code 60197-5126	Category/ Type  PRO-RATED DATABASE	
Purpose of Disbursement PRO-RATED DATABASE Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> 200007685 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 1295.12
City Boston State MA Zip Code 02108-2000	Category/ Type  MERCHANT FEES	
Purpose of Disbursement MERCHANT FEES Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID:</b> 71025.E9248 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 100.00
City Boston State MA Zip Code 02108-2000	Category/ Type  BANK FEES	
Purpose of Disbursement BANK FEES Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22227.12
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Transaction ID: 71015.E9244 Date of Disbursement 11 / 15 / 2006	
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 203.49	
City Boston	State MA	Zip Code 02108-2000	Category/ Type
Purpose of Disbursement BANK FEES			
Candidate Name		BANK FEES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Transaction ID: 200007687 Date of Disbursement 11 / 16 / 2006	
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 204.50	
City Boston	State MA	Zip Code 02108-2000	Category/ Type
Purpose of Disbursement MERCHANT FEES			
Candidate Name		MERCHANT FEES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Transaction ID: 200007686 Date of Disbursement 11 / 20 / 2006	
Mailing Address 3 Center Plz		Amount of Each Disbursement this Period 646.60	
City Boston	State MA	Zip Code 02108-2000	Category/ Type
Purpose of Disbursement MERCHANT FEES			
Candidate Name		MERCHANT FEES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1054.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> 200007688
Mailing Address 3 Center Plz		Date of Disbursement MM / DD / YYYY 11 / 22 / 2006
City Boston	State MA	Zip Code 02108-2000
Purpose of Disbursement BANK FEES	Amount of Each Disbursement this Period 26.50	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>BANK FEES</b>	

Full Name (Last, First, Middle Initial) <b>B. Clay Beck</b>		<b>Transaction ID:</b> 200005700
Mailing Address 8154 South Wasatch Haven Court		Date of Disbursement MM / DD / YYYY 10 / 24 / 2006
City Salt Lake City	State UT	Zip Code 84121-
Purpose of Disbursement PRO-RATED PHOTOGRAPHER	Amount of Each Disbursement this Period 414.38	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>PRO-RATED PHOTOGRAPHER</b>	

Full Name (Last, First, Middle Initial) <b>C. Britt Becker</b>		<b>Transaction ID:</b> 200006049
Mailing Address 139 W 6th St # 1 #1		Date of Disbursement MM / DD / YYYY 11 / 07 / 2006
City Boston	State MA	Zip Code 02127-2630
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	Amount of Each Disbursement this Period 253.15	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>PRO-RATED REIMBURSEMENT: SEE BELOW</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>694.03</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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Blue Cross Blue Shield</b>		<b>Transaction ID:</b> 200005981 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 4701		Amount of Each Disbursement this Period 2087.31
City Woburn State MA Zip Code 01888-4701	PRO-RATED HEALTH INSURANCE	
Purpose of Disbursement PRO-RATED HEALTH INSURANCE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Patton Boggs</b>		<b>Transaction ID:</b> 200005674 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 9409.96
City Washington State DC Zip Code 20037-1301	PRO-RATED LEGAL FEES	
Purpose of Disbursement PRO-RATED LEGAL FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Alans Boscawen</b>		<b>Transaction ID:</b> 200005923 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 133 No. Main St.		Amount of Each Disbursement this Period 556.69
City Concord State NH Zip Code 03303-	PRO-RATED EVENT CATERING	
Purpose of Disbursement PRO-RATED EVENT CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12053.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 169

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Sarah Bradshaw</b>		Transaction ID: 200006054 Date of Disbursement 11 / 07 / 2006
Mailing Address 1345 Dupont Road		Amount of Each Disbursement this Period 1119.10
City Havana State FL Zip Code 32333-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6055 Date of Disbursement 10 / 14 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 524.61
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6057 Date of Disbursement 10 / 19 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 101.15
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement STAFF AIRFARE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: STAFF AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1119.10
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		<b>Transaction ID:</b> 61207.E6056 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 417.60
City Atlanta State GA Zip Code 30320-6001	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Capital Campaigns</b>		<b>Transaction ID:</b> 200005680 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 5225.00
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Capital Campaigns</b>		<b>Transaction ID:</b> 200005537 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 2556.38
City Sacramento State CA Zip Code 95814-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7781.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Capital Campaigns</b>		<b>Transaction ID:</b> 200005982 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 921 11th St, Suite 420		Amount of Each Disbursement this Period 751.38
City Sacramento State CA Zip Code 95814-	Category/ Type  PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sally Canfield</b>		<b>Transaction ID:</b> 200005016 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 1994.17
City Boston State MA Zip Code 02127-1039	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sally Canfield</b>		<b>Transaction ID:</b> 200005780 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 57.56
City Boston State MA Zip Code 02127-1039	Category/ Type  PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2803.11
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Sally Canfield</b>		Transaction ID: 200005439 Date of Disbursement 11 / 03 / 2006
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 1994.16
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Sally Canfield</b>		Transaction ID: 200007166 Date of Disbursement 11 / 17 / 2006
Mailing Address 9 W Broadway		Amount of Each Disbursement this Period 2091.24
City Boston State MA Zip Code 02127-1039	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Craig Cannon</b>		Transaction ID: 200005017 Date of Disbursement 10 / 20 / 2006
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 184.70
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4270.10
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Craig Cannon</b>		Transaction ID: 200005440 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 184.70
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Craig Cannon</b>		Transaction ID: 200006323 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1409 W. Port Au Prince Ln.		Amount of Each Disbursement this Period 184.70
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Capers Catering, Inc.</b>		Transaction ID: 200005699 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 21 Emerson Street		Amount of Each Disbursement this Period 1615.98
City Stoneham State MA Zip Code 02180-	Purpose of Disbursement PRO-RATED EVENT EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED EVENT EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1985.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Capers Catering, Inc.</b>		<b>Transaction ID:</b> 200005853 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 21 Emerson Street		Amount of Each Disbursement this Period 1240.63
City Stoneham State MA Zip Code 02180-	PRO-RATED FUNDRAISING EXPENSES	
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSES		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. Jules Catering</b>		<b>Transaction ID:</b> 200005776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 66 South Street		Amount of Each Disbursement this Period 156.72
City Somerville State MA Zip Code 02143-	PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lily &amp; Co</b>		<b>Transaction ID:</b> 200005703 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 13864		Amount of Each Disbursement this Period 510.25
City Jackson State WY Zip Code 83002-	PRO-RATED FUNDRAISING EXPENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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) ..... ▶	1907.60
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. OBrien Communications</b>		<b>Transaction ID:</b> 200005705 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 485.35
City Wrentham State MA Zip Code 02093-0659	PRO-RATED PHONE INSTALLATION	
Purpose of Disbursement PRO-RATED PHONE INSTALLATION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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. OBrien Communications</b>		<b>Transaction ID:</b> 200005546 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 5152.19
City Wrentham State MA Zip Code 02093-0659	PRO-RATED PHONE INSTALLATION	
Purpose of Disbursement PRO-RATED PHONE INSTALLATION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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. OBrien Communications</b>		<b>Transaction ID:</b> 200005849 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 153.75
City Wrentham State MA Zip Code 02093-0659	PRO-RATED PHONE INSTALLATION	
Purpose of Disbursement PRO-RATED PHONE INSTALLATION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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) ..... ▶	5791.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Accu Conference</b>		<b>Transaction ID:</b> 200005533 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 6300 Ridglea Place #318		Amount of Each Disbursement this Period 476.00
City Bellevue State WA Zip Code 98005-	PRO-RATED CONFERENCE CALL SERVICES	
Purpose of Disbursement PRO-RATED CONFERENCE CALL 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. Huntsman Coporation</b>		<b>Transaction ID:</b> 200005326 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 500 Huntsman Way		Amount of Each Disbursement this Period 3191.90
City Salt Lake City State UT Zip Code 84108-	AIRFARE	
Purpose of Disbursement AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. The Las Vegas Country Club</b>		<b>Transaction ID:</b> 200005781 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 300 Joe W. Brown Drive		Amount of Each Disbursement this Period 594.78
City Las Vegas State NV Zip Code 89109-	PRO-RATED EVENT EXPENSE	
Purpose of Disbursement PRO-RATED EVENT EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4262.68
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Staples Credit Plan</b>		<b>Transaction ID:</b> 200005851 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 893.96
City Des Moines State IA Zip Code 50368-9020	Category/ Type  PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hui Jojo Deng</b>		<b>Transaction ID:</b> 200005540 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 117 Beaconsfield Rd		Amount of Each Disbursement this Period 668.25
City Brookline State MA Zip Code 02445-	Category/ Type  PRO-RATED BOOKKEEPING	
Purpose of Disbursement PRO-RATED BOOKKEEPING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Caplin &amp; Drysdale</b>		<b>Transaction ID:</b> 200005775 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address One Thomas Cir. NW, Suite 1100		Amount of Each Disbursement this Period 4918.07
City Washington State DC Zip Code 20005-	Category/ Type  PRO-RATED LEGAL FEES	
Purpose of Disbursement PRO-RATED LEGAL FEES		
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) ..... ▶	6480.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: 71025.E9249	
Mailing Address PO Box 360001		Date of Disbursement 10 / 20 / 2006	
City Fort Lauderdale	State FL	Zip Code 33336-0001	Amount of Each Disbursement this Period 519.27
Purpose of Disbursement MERCHANT FEES		Category/ Type	
Candidate Name		MERCHANT FEES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: 200006258	
Mailing Address PO Box 360001		Date of Disbursement 10 / 24 / 2006	
City Fort Lauderdale	State FL	Zip Code 33336-0001	Amount of Each Disbursement this Period 12530.81
Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW		Category/ Type	
Candidate Name		PRO-RATED CREDIT CARD: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: 61207.E6285	
Mailing Address 7500 Airline Dr		Date of Disbursement 09 / 23 / 2006	
City Minneapolis	State MN	Zip Code 55450-1101	Amount of Each Disbursement this Period 165.66
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type	
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR- FARE	
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) .....	13050.08
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 61207.E6286 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 165.66
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: 61207.E6292 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 292.15
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: 61207.E6283 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 179.65
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		<b>Transaction ID:</b> 61207.E6261 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 07 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 25.00
City Fort Worth      State TX      Zip Code 76155-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		<b>Transaction ID:</b> 61207.E6260 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 02 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 5.00
City Fort Worth      State TX      Zip Code 76155-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		<b>Transaction ID:</b> 61207.E6262 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 07 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 45.00
City Fort Worth      State TX      Zip Code 76155-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Transaction ID: 61207.E6281 Date of Disbursement MM / DD / YYYY 09 / 02 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 114.65
City Fort Worth      State TX      Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Transaction ID: 61207.E6280 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 167.15
City Fort Worth      State TX      Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 61207.E6259 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 5.00
City Fort Worth      State TX      Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6282 Date of Disbursement 09 / 07 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 357.15
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6287 Date of Disbursement 09 / 23 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 357.15
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6291 Date of Disbursement 09 / 27 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 309.80
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6289 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 354.65
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6279 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 218.80
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. JetBlue Airways</b>		Transaction ID: 61207.E6288 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 169.65
City Salt Lake City State UT Zip Code 84117-7435	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6290 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6264 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 12.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6284 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 402.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6293 Date of Disbursement MM / DD / YYYY 09 / 26 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 704.60
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6294 Date of Disbursement MM / DD / YYYY 09 / 27 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 352.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6263 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6266 Date of Disbursement 09 / 16 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 12.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Blatt Billiards</b>		Transaction ID: 61207.E6278 Date of Disbursement 09 / 08 / 2006
Mailing Address 809 Broadway		Amount of Each Disbursement this Period 150.00
City New York State NY Zip Code 10003-	[MEMO ITEM] MEMO: PRO-RATED EVENT EXP-ENSE	
Purpose of Disbursement PRO-RATED EVENT EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. The Barking Crab</b>		Transaction ID: 61207.E6298 Date of Disbursement 09 / 16 / 2006
Mailing Address 88 Sleeper		Amount of Each Disbursement this Period 1509.23
City Boston State MA Zip Code 02210-	[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE	
Purpose of Disbursement PRO-RATED MEETING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Government Center Garage</b>		Transaction ID: 61207.E6319 Date of Disbursement MM / DD / YYYY 09 / 29 / 2006
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 162.50
City Boston State MA Zip Code 02114-2912	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Courtyard Hotel</b>		Transaction ID: 61207.E6305 Date of Disbursement MM / DD / YYYY 09 / 19 / 2006
Mailing Address 1824 Montgomery Hwy S		Amount of Each Disbursement this Period 201.83
City Birmingham State AL Zip Code 35244-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Hilton Hotel</b>		Transaction ID: 61207.E6316 Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
Mailing Address 11149 Dowlin Dr		Amount of Each Disbursement this Period 149.18
City Cincinnati State OH Zip Code 45241-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

<p><b>A. Hilton Hotel</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 11149 Dowlin Dr</p>		<p><b>Transaction ID:</b> 61207.E6315 <b>Date of Disbursement</b> 09 / 20 / 2006</p>
<p>City Cincinnati State OH Zip Code 45241-</p>	<p>Purpose of Disbursement PRO-RATED LODGING</p>	<p>Amount of Each Disbursement this Period 173.87</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>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING</p>

<p><b>B. Marriott Hotel</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 999 Ninth Street NW</p>		<p><b>Transaction ID:</b> 61207.E6310 <b>Date of Disbursement</b> 09 / 28 / 2006</p>
<p>City Washington State DC Zip Code 20001-</p>	<p>Purpose of Disbursement PRO-RATED LODGING</p>	<p>Amount of Each Disbursement this Period 118.09</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>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING</p>

<p><b>C. Marriott Hotel</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 999 Ninth Street NW</p>		<p><b>Transaction ID:</b> 61207.E6311 <b>Date of Disbursement</b> 09 / 28 / 2006</p>
<p>City Washington State DC Zip Code 20001-</p>	<p>Purpose of Disbursement PRO-RATED LODGING</p>	<p>Amount of Each Disbursement this Period 123.04</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>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING</p>

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotel</b>		Transaction ID: 61207.E6306 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 9010 Grand Central Pkwy		Amount of Each Disbursement this Period 176.63
City East Elmhurst State NY Zip Code 11369-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Marriott Hotel</b>		Transaction ID: 61207.E6307 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 9010 Grand Central Pkwy		Amount of Each Disbursement this Period 259.82
City East Elmhurst State NY Zip Code 11369-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Omni Parker House Hotel</b>		Transaction ID: 61207.E6317 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6
Mailing Address 60 School Street		Amount of Each Disbursement this Period 985.27
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED MEETING EXPENSE	
Purpose of Disbursement PRO-RATED MEETING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Park Central Hotel</b>		Transaction ID: 61207.E6301 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 870 7th Avenue		Amount of Each Disbursement this Period 273.29
City New York State NY Zip Code 10001-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. Park Central Hotel</b>		Transaction ID: 61207.E6300 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 870 7th Avenue		Amount of Each Disbursement this Period 290.29
City New York State NY Zip Code 10001-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>C. Park Central Hotel</b>		Transaction ID: 61207.E6302 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 870 7th Avenue		Amount of Each Disbursement this Period 375.32
City New York State NY Zip Code 10001-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Fedex Kinkos</b>		Transaction ID: 61207.E6274 Date of Disbursement 09 / 05 / 2006
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 56.23
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Fedex Kinkos</b>		Transaction ID: 61207.E6273 Date of Disbursement 09 / 05 / 2006
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 95.37
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Fedex Kinkos</b>		Transaction ID: 61207.E6276 Date of Disbursement 09 / 28 / 2006
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 93.45
City Boston State MA Zip Code 02108-	[MEMO ITEM] MEMO: PRO-RATED PRINTING	
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 169

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Fedex Kinkos</b>		Transaction ID: 61207.E6275 Date of Disbursement 09 / 08 / 2006	
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 56.07	
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED PRINTING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED PRINTING	

Full Name (Last, First, Middle Initial) <b>B. Radisson Lexington Hotel NY</b>		Transaction ID: 61207.E6299 Date of Disbursement 09 / 13 / 2006	
Mailing Address 511 Lexington Ave. at 48th Street		Amount of Each Disbursement this Period 114.56	
City New York State NY Zip Code 10017-	Purpose of Disbursement PRO-RATED LODGING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING	

Full Name (Last, First, Middle Initial) <b>C. USPS Post Office</b>		Transaction ID: 61207.E6321 Date of Disbursement 09 / 19 / 2006	
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 195.00	
City Boston State MA Zip Code 02111-	Purpose of Disbursement PRO-RATED POSTAGE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED POSTAGE	

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 169

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. USPS Post Office</b>		Transaction ID: 61207.E6320 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 7 Avenue de Lafayette		Amount of Each Disbursement this Period 78.00
City Boston State MA Zip Code 02111-	[MEMO ITEM] MEMO: PRO-RATED POSTAGE	
Purpose of Disbursement PRO-RATED 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>B. Avis Rent A Car</b>		Transaction ID: 61207.E6268 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 146.52
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. Avis Rent A Car</b>		Transaction ID: 61207.E6271 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2006
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 114.67
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Avis Rent A Car</b>		<b>Transaction ID:</b> 61207.E6270 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 278.77
City Boston State MA Zip Code 02114-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Four Seasons</b>		<b>Transaction ID:</b> 61207.E6318 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 200 Boylston St		Amount of Each Disbursement this Period 630.76
City Boston State MA Zip Code 02116-	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> 200006095 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 51928.78
City Fort Lauderdale State FL Zip Code 33336-0001	PRO-RATED CREDIT CARD: SEE BELOW	
Purpose of Disbursement PRO-RATED CREDIT CARD: SEE BELOW Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	51928.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 61207.E6100 Date of Disbursement 10 / 08 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 5.00
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED CHANGE FEE	
Purpose of Disbursement PRO-RATED CHANGE FEE 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. Northwest Airlines</b>		Transaction ID: 61207.E6189 Date of Disbursement 10 / 08 / 2006
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 267.55
City Minneapolis State MN Zip Code 55450-1101	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 61207.E6146 Date of Disbursement 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 64.65
City Fort Worth State TX Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		<b>Transaction ID:</b> 61207.E6158 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 28 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 354.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		<b>Transaction ID:</b> 61207.E6159 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 28 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 384.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		<b>Transaction ID:</b> 61207.E6144 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 354.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		<b>Transaction ID:</b> 61207.E6160 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 28 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 384.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		<b>Transaction ID:</b> 61207.E6143 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 354.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		<b>Transaction ID:</b> 61207.E6145 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 384.65
City Fort Worth      State TX      Zip Code 76155-		
Purpose of Disbursement PRO-RATED STAFF AIRFARE		<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Transaction ID: 61207.E6175 Date of Disbursement 10 / 05 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 27.15
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Transaction ID: 61207.E6147 Date of Disbursement 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 64.65
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 61207.E6148 Date of Disbursement 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 64.65
City Fort Worth State TX Zip Code 76155-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

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



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Transaction ID: 61207.E6149 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 4255 Arnon Carter Blvd		Amount of Each Disbursement this Period 64.65
City Fort Worth      State TX      Zip Code 76155-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Continental Airlines</b>		Transaction ID: 61207.E6157 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 199.55
City Houston      State TX      Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Continental Airlines</b>		Transaction ID: 61207.E6183 Date of Disbursement MM / DD / YYYY 10 / 06 / 2006
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 160.65
City Houston      State TX      Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines</b>		Transaction ID: 61207.E6184 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 160.65
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Continental Airlines</b>		Transaction ID: 61207.E6156 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 360.05
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Continental Airlines</b>		Transaction ID: 61207.E6191 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 132.65
City Houston State TX Zip Code 77002-	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines</b>		Transaction ID: 61207.E6185 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 160.65
City Houston State TX Zip Code 77002-	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6181 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 354.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6173 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 232.50
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6172	
Mailing Address PO Box 20706		Date of Disbursement 10 / 04 / 2006	
City Atlanta	State GA	Zip Code 30320-6001	Amount of Each Disbursement this Period 232.50
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	MEMO: PRO-RATED STAFF AIR-FARE		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6115	
Mailing Address PO Box 20706		Date of Disbursement 09 / 15 / 2006	
City Atlanta	State GA	Zip Code 30320-6001	Amount of Each Disbursement this Period 714.30
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	MEMO: PRO-RATED STAFF AIR-FARE		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6098	
Mailing Address PO Box 20706		Date of Disbursement 09 / 22 / 2006	
City Atlanta	State GA	Zip Code 30320-6001	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement PRO-RATED FEE		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	MEMO: PRO-RATED FEE		

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6180 Date of Disbursement 10 / 06 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 379.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6182 Date of Disbursement 10 / 08 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 354.65
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6171 Date of Disbursement 10 / 04 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 232.50
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6114 Date of Disbursement 09 / 12 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 157.15	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED AIRFARE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED AIRFARE	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6170 Date of Disbursement 10 / 02 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.81	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6096 Date of Disbursement 09 / 14 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 5.00	
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED FEE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6120 Date of Disbursement 09 / 15 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 248.30	
City Atlanta	State GA	Zip Code 30320-6001	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6122 Date of Disbursement 10 / 03 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 169.60	
City Atlanta	State GA	Zip Code 30320-6001	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6167 Date of Disbursement 10 / 02 / 2006	
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.81	
City Atlanta	State GA	Zip Code 30320-6001	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6123 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 229.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6201 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 164.80
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6121 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 86.50
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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



# SCHEDULE 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

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

NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Transaction ID: 61207.E6168 Date of Disbursement 10 / 02 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.81
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 61207.E6169 Date of Disbursement 10 / 02 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.81
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6166 Date of Disbursement 10 / 02 / 2006
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 316.81
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Transaction ID: 61207.E6204 Date of Disbursement 10 / 03 / 2006	
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 58.40	
City Dallas	State TX	Zip Code 75235-1647	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Transaction ID: 61207.E6154 Date of Disbursement 09 / 22 / 2006	
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 57.40	
City Dallas	State TX	Zip Code 75235-1647	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**[MEMO ITEM]**  
MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Transaction ID: 61207.E6099 Date of Disbursement 09 / 23 / 2006	
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 10.00	
City Dallas	State TX	Zip Code 75235-1647	Category/ Type
Purpose of Disbursement PRO-RATED FEE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Transaction ID: 61207.E6155 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 57.40
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Transaction ID: 61207.E6152 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 57.40
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Transaction ID: 61207.E6151 Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 57.40
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Transaction ID: 61207.E6153 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 57.40
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 61207.E6161 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 100.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 61207.E6186 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 114.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: 61207.E6187 Date of Disbursement 10 / 07 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 114.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 61207.E6162 Date of Disbursement 10 / 03 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 100.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 61207.E6188 Date of Disbursement 10 / 08 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 100.65
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: 61207.E6194 Date of Disbursement 09 / 13 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 172.31
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 61207.E6118 Date of Disbursement 09 / 24 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 303.10
City Amf Ohare State IL Zip Code 60666-0100	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. JetBlue Airways</b>		Transaction ID: 61207.E6119 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 57.65
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. JetBlue Airways</b>		Transaction ID: 61207.E6202 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 145.30
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways</b>		Transaction ID: 61207.E6205 Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2006
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 149.80
City Salt Lake City State UT Zip Code 84117-7435	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6163 Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6192 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 74.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6198 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6193 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 422.35
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6200 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 170.65
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6199 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 349.80
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6176 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6164 Date of Disbursement 10 / 03 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 170.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6103 Date of Disbursement 09 / 26 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6178 Date of Disbursement 10 / 06 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6102 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 2.50
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6179 Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6177 Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6174 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 116.40
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6165 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 254.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6195 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 356.40
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6135 Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 352.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6137 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 50.00
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6129 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6136 Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 352.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6131 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 15.00
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6126 Date of Disbursement MM / DD / YYYY 09 / 12 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 166.55
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6116 Date of Disbursement MM / DD / YYYY 09 / 25 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6127 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 157.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6196 Date of Disbursement MM / DD / YYYY 09 / 16 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 50.00
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6130 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 309.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6128 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 157.15
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6203 Date of Disbursement MM / DD / YYYY 10 / 01 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 158.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6142 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 69.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6197 Date of Disbursement MM / DD / YYYY 09 / 19 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 352.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6138 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 177.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6133 Date of Disbursement MM / DD / YYYY 09 / 17 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 222.30
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6139 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 69.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 61207.E6141 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 69.65
City Tempe State AZ Zip Code 85281-2880	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

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

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

FOR LINE NUMBER: (check only one)

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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)  
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Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 61207.E6140 Date of Disbursement 09 / 21 / 2006	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 69.65	
City Tempe	State AZ	Zip Code 85281-2880	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 61207.E6132 Date of Disbursement 09 / 16 / 2006	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 108.55	
City Tempe	State AZ	Zip Code 85281-2880	Category/ Type
Purpose of Disbursement PRO-RATED STAFF AIRFARE			
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PI Alley</b>		Transaction ID: 61207.E6253 Date of Disbursement 10 / 05 / 2006	
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00	
City Boston	State MA	Zip Code 02108-4304	Category/ Type
Purpose of Disbursement PRO-RATED PARKING			
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED PARKING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. PI Alley</b>		Transaction ID: 61207.E6255 Date of Disbursement 10 / 07 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston	State MA Zip Code 02108-4304	
Purpose of Disbursement PRO-RATED PARKING		[MEMO ITEM] MEMO: PRO-RATED PARKING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PI Alley</b>		Transaction ID: 61207.E6254 Date of Disbursement 10 / 05 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston	State MA Zip Code 02108-4304	
Purpose of Disbursement PRO-RATED PARKING		[MEMO ITEM] MEMO: PRO-RATED PARKING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PI Alley</b>		Transaction ID: 61207.E6256 Date of Disbursement 10 / 08 / 2006
Mailing Address 275 Washington St		Amount of Each Disbursement this Period 225.00
City Boston	State MA Zip Code 02108-4304	
Purpose of Disbursement PRO-RATED PARKING		[MEMO ITEM] MEMO: PRO-RATED PARKING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Transaction ID: 61207.E6212 Date of Disbursement 10 / 10 / 2006	
Mailing Address 14 Allstate Road		Amount of Each Disbursement this Period 147.00	
City Boston State MA Zip Code 02125-	Purpose of Disbursement PRO-RATED SUPPLIES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Ritz Carlton</b>		Transaction ID: 61207.E6245 Date of Disbursement 10 / 06 / 2006	
Mailing Address 15 Arlington Street		Amount of Each Disbursement this Period 1631.58	
City Boston State MA Zip Code 02116-	Purpose of Disbursement PRO-RATED LODGING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING	

Full Name (Last, First, Middle Initial) <b>C. Orbitz Com</b>		Transaction ID: 61207.E6101 Date of Disbursement 09 / 13 / 2006	
Mailing Address 85 West Congress Parkway		Amount of Each Disbursement this Period 3.50	
City Chicago State IL Zip Code 60605-	Purpose of Disbursement PRO-RATED FEE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED FEE	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Orbitz Com</b>		Transaction ID: 61207.E6097 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 6
Mailing Address 85 West Congress Parkway		Amount of Each Disbursement this Period 3.50
City Chicago State IL Zip Code 60605-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Damilic Corporation</b>		Transaction ID: 61207.E6211 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 14670 Southlawn Lane		Amount of Each Disbursement this Period 2146.00
City Rockville State MD Zip Code 20850-	[MEMO ITEM] MEMO: PRO-RATED EQUIPMENT	
Purpose of Disbursement PRO-RATED EQUIPMENT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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 Credit Plan</b>		Transaction ID: 61207.E6248 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 689020		Amount of Each Disbursement this Period 125.97
City Des Moines State IA Zip Code 50368-9020	[MEMO ITEM] MEMO: PRO-RATED OFFICE SUPPLIES	
Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Custom Ear Piece</b>		<b>Transaction ID:</b> 61207.E6210 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 24 Hollywood Boulevard Southwest		Amount of Each Disbursement this Period 341.38
City Fort Walton Beach State FL Zip Code 32548-	[MEMO ITEM] MEMO: PRO-RATED EVENT SUPPLIES	
Purpose of Disbursement PRO-RATED EVENT SUPPLIES		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. Government Center Garage</b>		<b>Transaction ID:</b> 61207.E6249 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 10 / 04 / 2006
Mailing Address 50 New Sudbury St		Amount of Each Disbursement this Period 150.00
City Boston State MA Zip Code 02114-2912	[MEMO ITEM] MEMO: PRO-RATED PARKING	
Purpose of Disbursement PRO-RATED PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Crescent Hotel</b>		<b>Transaction ID:</b> 61207.E6237 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 10 / 04 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 5.37
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Crescent Hotel</b>		Transaction ID: 61207.E6216 Date of Disbursement 10 / 05 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 161.55
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Crescent Hotel</b>		Transaction ID: 61207.E6218 Date of Disbursement 10 / 07 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 140.88
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Crescent Hotel</b>		Transaction ID: 61207.E6238 Date of Disbursement 10 / 04 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 140.88
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Crescent Hotel</b>		Transaction ID: 61207.E6217 Date of Disbursement 10 / 06 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 146.29
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Crescent Hotel</b>		Transaction ID: 61207.E6112 Date of Disbursement 10 / 04 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 769.50
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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. Crescent Hotel</b>		Transaction ID: 61207.E6111 Date of Disbursement 10 / 02 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 1188.83
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Crescent Hotel</b>		Transaction ID: 61207.E6215 Date of Disbursement 10 / 04 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 289.35
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Crescent Hotel</b>		Transaction ID: 61207.E6113 Date of Disbursement 10 / 04 / 2006
Mailing Address 400 Crescent Court		Amount of Each Disbursement this Period 5317.26
City Dallas State TX Zip Code 75201-	[MEMO ITEM] MEMO: PRO-RATED CATERING	
Purpose of Disbursement PRO-RATED CATERING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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. Hilton Hotel</b>		Transaction ID: 61207.E6228 Date of Disbursement 09 / 23 / 2006
Mailing Address 1919 Connecticut Avenue NW		Amount of Each Disbursement this Period 113.93
City Washington State DC Zip Code 20009-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Intercontinental Hotel</b>		Transaction ID: 61207.E6226 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 701 Congress Avenue		Amount of Each Disbursement this Period 647.04
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Intercontinental Hotel</b>		Transaction ID: 61207.E6227 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 701 Congress Avenue		Amount of Each Disbursement this Period 36.80
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Marriott Hotel</b>		Transaction ID: 61207.E6230 Date of Disbursement MM / DD / YYYY 09 / 28 / 2006
Mailing Address 999 Ninth Street NW		Amount of Each Disbursement this Period 176.91
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotel</b>		<b>Transaction ID:</b> 61207.E6231 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 999 Ninth Street NW		Amount of Each Disbursement this Period 2.50
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel</b>		<b>Transaction ID:</b> 61207.E6239 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 10 / 05 / 2006
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 102.93
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Omni Hotel</b>		<b>Transaction ID:</b> 61207.E6241 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 10 / 05 / 2006
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 48.88
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Omni Hotel</b>		<b>Transaction ID:</b> 61207.E6243 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 4.43
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED FEE	
Purpose of Disbursement PRO-RATED FEE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel</b>		<b>Transaction ID:</b> 61207.E6242 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 48.88
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Omni Hotel</b>		<b>Transaction ID:</b> 61207.E6236 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 66.85
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Omni Hotel</b>		Transaction ID: 61207.E6240 Date of Disbursement 10 / 05 / 2006
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 60.86
City Austin State TX Zip Code 78701-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel</b>		Transaction ID: 61207.E6244 Date of Disbursement 10 / 06 / 2006
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 65.15
City Austin State TX Zip Code 78701-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>C. Omni Hotel</b>		Transaction ID: 61207.E6221 Date of Disbursement 10 / 05 / 2006
Mailing Address 700 San Jacinto Boulevard		Amount of Each Disbursement this Period 97.75
City Austin State TX Zip Code 78701-	Purpose of Disbursement PRO-RATED LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED LODGING

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Peninsula Hotel</b>		Transaction ID: 61207.E6246 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 108 East Superior Street		Amount of Each Disbursement this Period 175.00
City Chicago State IL Zip Code 60611-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Ramada Hotel</b>		Transaction ID: 61207.E6233 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 2900 North Monroe Street		Amount of Each Disbursement this Period 53.39
City Tallahassee State FL Zip Code 32303-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Ramada Hotel</b>		Transaction ID: 61207.E6234 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 2900 North Monroe Street		Amount of Each Disbursement this Period 81.40
City Tallahassee State FL Zip Code 32303-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Ramada Hotel</b>		Transaction ID: 61207.E6235 Date of Disbursement MM / DD / YYYY 09 / 19 / 2006
Mailing Address 2900 North Monroe Street		Amount of Each Disbursement this Period 47.97
City Tallahassee State FL Zip Code 32303-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>B. Ramada Hotel</b>		Transaction ID: 61207.E6232 Date of Disbursement MM / DD / YYYY 09 / 16 / 2006
Mailing Address 2900 North Monroe Street		Amount of Each Disbursement this Period 59.62
City Tallahassee State FL Zip Code 32303-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING

Full Name (Last, First, Middle Initial) <b>C. Residence Inn Hotel</b>		Transaction ID: 61207.E6219 Date of Disbursement MM / DD / YYYY 10 / 04 / 2006
Mailing Address 1150 Eldridge Parkway		Amount of Each Disbursement this Period 200.23
City Houston State TX Zip Code 77077-	Purpose of Disbursement PRO-RATED LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED LODGING

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Residence Inn Hotel</b>		<b>Transaction ID:</b> 61207.E6220 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 1150 Eldridge Parkway		Amount of Each Disbursement this Period 1.50
City Houston State TX Zip Code 77077-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Sheraton Hotel</b>		<b>Transaction ID:</b> 61207.E6213 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 320 Paul Bryant		Amount of Each Disbursement this Period 217.22
City Tuscaloosa State AL Zip Code 35401-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Sheraton Hotel</b>		<b>Transaction ID:</b> 61207.E6225 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 227 South 18th		Amount of Each Disbursement this Period 235.98
City Philadelphia State PA Zip Code 19103-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Sheraton Hotel</b>		Transaction ID: 61207.E6224 Date of Disbursement 10 / 11 / 2006
Mailing Address 227 South 18th		Amount of Each Disbursement this Period 157.32
City Philadelphia	State PA Zip Code 19103-	
Purpose of Disbursement PRO-RATED LODGING		[MEMO ITEM] MEMO: PRO-RATED LODGING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mandarin Oriental</b>		Transaction ID: 61207.E6110 Date of Disbursement 09 / 18 / 2006
Mailing Address 10 Columbus Circle		Amount of Each Disbursement this Period 15845.25
City New York	State NY Zip Code 10019-	
Purpose of Disbursement PRO-RATED CATERING AND EVENT EXPENS		[MEMO ITEM] MEMO: PRO-RATED CATERING AND EVENT EXPENS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. North End Parking</b>		Transaction ID: 61207.E6251 Date of Disbursement 09 / 12 / 2006
Mailing Address 600 Commercial Street		Amount of Each Disbursement this Period 125.00
City Boston	State MA Zip Code 02113-	
Purpose of Disbursement PRO-RATED PARKING		[MEMO ITEM] MEMO: PRO-RATED PARKING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Cranbury Printing</b>		Transaction ID: 61207.E6257 Date of Disbursement 09 / 22 / 2006
Mailing Address 19 Richards Road		Amount of Each Disbursement this Period 642.25
City Plymouth	State MA Zip Code 02360-	
Purpose of Disbursement PRO-RATED PRINTING		[MEMO ITEM] MEMO: PRO-RATED PRINTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Avis Rent A Car</b>		Transaction ID: 61207.E6106 Date of Disbursement 09 / 15 / 2006
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 103.68
City Boston	State MA Zip Code 02114-	
Purpose of Disbursement PRO-RATED CAR RENTAL		[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Avis Rent A Car</b>		Transaction ID: 61207.E6107 Date of Disbursement 09 / 26 / 2006
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 69.64
City Boston	State MA Zip Code 02114-	
Purpose of Disbursement PRO-RATED CAR RENTAL		[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Avis Rent A Car</b>		<b>Transaction ID:</b> 61207.E6109 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 9320 Rental Carr Lane		Amount of Each Disbursement this Period 219.05
City Austin State TX Zip Code 78701-	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL	
Purpose of Disbursement PRO-RATED CAR RENTAL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Four Seasons</b>		<b>Transaction ID:</b> 61207.E6214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 6419 Winfree		Amount of Each Disbursement this Period 242.39
City Houston State TX Zip Code 77033-	[MEMO ITEM] MEMO: PRO-RATED LODGING	
Purpose of Disbursement PRO-RATED LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> 71025.E9247 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 200.00
City Fort Lauderdale State FL Zip Code 33336-0001	MERCHANT FEES	
Purpose of Disbursement MERCHANT FEES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	200.00
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID:</b> 200005701 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 204.26
City Pittsburgh State PA Zip Code 15250-7461	PRO-RATED SHIPPING	
Purpose of Disbursement PRO-RATED SHIPPING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> 200005539 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 658.02
City Pittsburgh State PA Zip Code 15250-7461	PRO-RATED SHIPPING	
Purpose of Disbursement PRO-RATED SHIPPING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> 200005845 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 970.93
City Pittsburgh State PA Zip Code 15250-7461	PRO-RATED SHIPPING	
Purpose of Disbursement PRO-RATED SHIPPING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1833.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID:</b> 200005985 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 396.75
City Pittsburgh State PA Zip Code 15250-7461	PRO-RATED SHIPPING	
Purpose of Disbursement PRO-RATED SHIPPING		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. Gordons Fine Wine and Liquor</b>		<b>Transaction ID:</b> 200005702 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 310		Amount of Each Disbursement this Period 141.97
City Waltham State MA Zip Code 02454-	PRO-RATED FUNDRAISING EXP-ENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mason Fink</b>		<b>Transaction ID:</b> 200005018 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 1044.72
City Irvine State CA Zip Code 92612-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1583.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Mason Fink</b>		<b>Transaction ID:</b> 200005765 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 864.76
City Irvine State CA Zip Code 92612-	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mason Fink</b>		<b>Transaction ID:</b> 200005686 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 3176.28
City Irvine State CA Zip Code 92612-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mason Fink</b>		<b>Transaction ID:</b> 200005441 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 1044.71
City Irvine State CA Zip Code 92612-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5085.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Mason Fink</b>		Transaction ID: 200005544 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 56.50
City Irvine State CA Zip Code 92612-	PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Mason Fink</b>		Transaction ID: 200007164 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 60 Palatine st. #329		Amount of Each Disbursement this Period 1044.72
City Irvine State CA Zip Code 92612-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Standard Chair of Gardener</b>		Transaction ID: 200005708 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1 South Main St		Amount of Each Disbursement this Period 180.00
City Gardner State MA Zip Code 01440-	PRO-RATED FUNDRAISING EXP- ENSE	
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1281.22
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Ben Godley</b>		Transaction ID: 200005019 Date of Disbursement 10 / 20 / 2006	
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 1114.71	
City Auburndale State MA Zip Code 02466-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>B. Ben Godley</b>		Transaction ID: 200005442 Date of Disbursement 11 / 03 / 2006	
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 1114.72	
City Auburndale State MA Zip Code 02466-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. Ben Godley</b>		Transaction ID: 200006325 Date of Disbursement 11 / 17 / 2006	
Mailing Address 1817 Commonwealth Avenue		Amount of Each Disbursement this Period 1114.71	
City Auburndale State MA Zip Code 02466-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3344.14
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Big Cottonwood Group, Inc.</b>		<b>Transaction ID:</b> 200005698 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 1250.00
City Salt Lake City State UT Zip Code 84121-	PRO-RATED CONUSULTING	
Purpose of Disbursement PRO-RATED CONUSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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. Big Cottonwood Group, Inc.</b>		<b>Transaction ID:</b> 200005842 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 2755 East Cottonwood Pkwy Suite 350		Amount of Each Disbursement this Period 1250.00
City Salt Lake City State UT Zip Code 84121-	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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. Brian Henderson</b>		<b>Transaction ID:</b> 200005774 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1126 South 1450 East		Amount of Each Disbursement this Period 248.24
City Provo State UT Zip Code 84606-	PRO-RATED REIMBURSEMENT: SUPPLIES	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: 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) ..... ▶	<b>2748.24</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. The Woods Herberger Group</b>		Transaction ID: 200006058 Date of Disbursement 11 / 07 / 2006	
Mailing Address 9200 South Dadeland Boulevard, Sui		Amount of Each Disbursement this Period 508.96	
City Miami	State FL	Zip Code 33156-	Category/ Type
Purpose of Disbursement PRO-RATED CONSULTING			
Candidate Name		PRO-RATED CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Adp Inc.</b>		Transaction ID: 71011.E9223 Date of Disbursement 10 / 25 / 2006	
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 24972.30	
City Roseland	State NJ	Zip Code 07068-	Category/ Type
Purpose of Disbursement PAYROLL TAXES			
Candidate Name		PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Adp Inc.</b>		Transaction ID: 71011.E9224 Date of Disbursement 10 / 27 / 2006	
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 143.25	
City Roseland	State NJ	Zip Code 07068-	Category/ Type
Purpose of Disbursement PAYROLL TAXES			
Candidate Name		PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>25624.51</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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Adp Inc.</b>		Transaction ID: 200005438 Date of Disbursement 11 / 03 / 2006	
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 12814.68	
City Roseland State NJ Zip Code 07068-	Purpose of Disbursement PAYROLL TAXES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES	

Full Name (Last, First, Middle Initial) <b>B. Adp Inc.</b>		Transaction ID: 71011.E9226 Date of Disbursement 11 / 10 / 2006	
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 145.50	
City Roseland State NJ Zip Code 07068-	Purpose of Disbursement PAYROLL TAXES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES	

Full Name (Last, First, Middle Initial) <b>C. Adp Inc.</b>		Transaction ID: 71011.E9227 Date of Disbursement 11 / 16 / 2006	
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 12557.40	
City Roseland State NJ Zip Code 07068-	Purpose of Disbursement PAYROLL TAXES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25517.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Adp Inc.</b>		<b>Transaction ID:</b> 71011.E9228 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 198.00
City Roseland State NJ Zip Code 07068-	PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		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. CMDI Inc.</b>		<b>Transaction ID:</b> 200005538 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 400.00
City Falls Church State VA Zip Code 22043-	PRO-RATED DATABASE SERVICE	
Purpose of Disbursement PRO-RATED DATABASE 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>C. CMDI Inc.</b>		<b>Transaction ID:</b> 200005843 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 5326.04
City Falls Church State VA Zip Code 22043-	PRO-RATED DATABASE SERVICE	
Purpose of Disbursement PRO-RATED DATABASE SERVICE		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) ..... ▶	5924.04
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Paychex Inc.</b>		<b>Transaction ID: 71011.E9238</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 430.00
City Woburn State MA Zip Code 01801-1181	Purpose of Disbursement PAYROLL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL FEES

Full Name (Last, First, Middle Initial) <b>B. Paychex Inc.</b>		<b>Transaction ID: 71011.E9239</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 143.25
City Woburn State MA Zip Code 01801-1181	Purpose of Disbursement PAYROLL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL FEES

Full Name (Last, First, Middle Initial) <b>C. Paychex Inc.</b>		<b>Transaction ID: 71011.E9240</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 237.00
City Woburn State MA Zip Code 01801-1181	Purpose of Disbursement PAYROLL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	810.25
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Paychex Inc.</b>		<b>Transaction ID:</b> 200007963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 120 Presidential Way		Amount of Each Disbursement this Period 157.78
City Woburn State MA Zip Code 01801-1181	Purpose of Disbursement PAYROLL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL FEES

Full Name (Last, First, Middle Initial) <b>B. Theikos Inc.</b>		<b>Transaction ID:</b> 200006344 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 153 Cordaville Road, Suite 100		Amount of Each Disbursement this Period 9500.00
City Southborough State MA Zip Code 01772-	Purpose of Disbursement PRO-RATED CONSULTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED CONSULTING

Full Name (Last, First, Middle Initial) <b>C. Sentient Jet</b>		<b>Transaction ID:</b> 200006028 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 97 Libbey Parkway		Amount of Each Disbursement this Period 33311.46
City Weymouth State MA Zip Code 02189-	Purpose of Disbursement PRO-RATED STAFF TRAVEL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED STAFF TRAVEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>42969.24</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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Blue Star Jets</b>		<b>Transaction ID:</b> 200005854 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 805 Third Ave.,28 Floor		Amount of Each Disbursement this Period 11650.70
City New York State NY Zip Code 10022-	CHARTER FLIGHTS	
Purpose of Disbursement CHARTER FLIGHTS		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. Blue Star Jets</b>		<b>Transaction ID:</b> 200005924 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 805 Third Ave.,28 Floor		Amount of Each Disbursement this Period 11650.69
City New York State NY Zip Code 10022-	CHARTER FLIGHT	
Purpose of Disbursement CHARTER FLIGHT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Timothy Jost</b>		<b>Transaction ID:</b> 200005020 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 531.66
City Boston State MA Zip Code 02109-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>23833.05</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Timothy Jost</b>		Transaction ID: 200005443 Date of Disbursement 11 / 03 / 2006	
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 531.66	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>B. Timothy Jost</b>		Transaction ID: 200006326 Date of Disbursement 11 / 17 / 2006	
Mailing Address 21 Salutation Street, Apt. 2		Amount of Each Disbursement this Period 531.65	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. Old City Landmark Corporation</b>		Transaction ID: 200005548 Date of Disbursement 11 / 07 / 2006	
Mailing Address 45 School St		Amount of Each Disbursement this Period 9387.60	
City Boston State MA Zip Code 02108-3206	Purpose of Disbursement PRO-RATED RENT	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED RENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10450.91
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Lascaze</b>		<b>Transaction ID:</b> 200005021 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 532.64
City Boston State MA Zip Code 02133-0044	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Lascaze</b>		<b>Transaction ID:</b> 200005444 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 532.65
City Boston State MA Zip Code 02133-0044	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Lascaze</b>		<b>Transaction ID:</b> 200006046 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 346.80
City Boston State MA Zip Code 02133-0044	PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1412.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Airtran Airlines</b>		<b>Transaction ID:</b> 200006048 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 9955 AirTran Blvd		Amount of Each Disbursement this Period 93.65
City Orlando State FL Zip Code 32827-	Purpose of Disbursement PRO-RATED AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED AIRFARE

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		<b>Transaction ID:</b> 200006047 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 176.15
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIRFARE

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Lascaze</b>		<b>Transaction ID:</b> 200006327 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 532.64
City Boston State MA Zip Code 02133-0044	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	532.64
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Lascaze</b>		<b>Transaction ID:</b> 200006342 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 44		Amount of Each Disbursement this Period 52.49
City Boston State MA Zip Code 02133-0044	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Joshua Leffler</b>		<b>Transaction ID:</b> 200005022 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 834.65
City Lynnfield State MA Zip Code 01940-1625	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Joshua Leffler</b>		<b>Transaction ID:</b> 200005445 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 834.66
City Lynnfield State MA Zip Code 01940-1625	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1721.80
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Joshua Leffler</b>		Transaction ID: 200006328 Date of Disbursement 11 / 17 / 2006	
Mailing Address 18 Tophet Rd		Amount of Each Disbursement this Period 834.65	
City Lynnfield State MA Zip Code 01940-1625	Purpose of Disbursement PRO-RATED PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL	

Full Name (Last, First, Middle Initial) <b>B. Blake Lichty</b>		Transaction ID: 200005535 Date of Disbursement 11 / 07 / 2006	
Mailing Address 162 Salem St. #4		Amount of Each Disbursement this Period 357.15	
City Boston State MA Zip Code 02113-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 200005536 Date of Disbursement 11 / 06 / 2006	
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 714.30	
City Tempe State AZ Zip Code 85281-2880	Purpose of Disbursement PRO-RATED AIRFARE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED AIRFARE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1191.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. SJZ, LLC</b>		<b>Transaction ID:</b> 200005707 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 151		Amount of Each Disbursement this Period 39161.29
City Boston State MA Zip Code 02117-0151	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SJZ, LLC</b>		<b>Transaction ID:</b> 200005988 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 151		Amount of Each Disbursement this Period 43552.88
City Boston State MA Zip Code 02117-0151	PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nathan Locke</b>		<b>Transaction ID:</b> 200005023 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 583.79
City Boston State MA Zip Code 02109-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>83297.96</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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Nathan Locke</b>		<b>Transaction ID: 200005446</b> Date of Disbursement 11 / 03 / 2006	
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 538.70	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Nathan Locke</b>		<b>Transaction ID: 200005532</b> Date of Disbursement 11 / 07 / 2006	
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 9.45	
City Boston State MA Zip Code 02109-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Nathan Locke</b>		<b>Transaction ID: 200006329</b> Date of Disbursement 11 / 17 / 2006	
Mailing Address 98 Fulton St.		Amount of Each Disbursement this Period 538.70	
City Boston State MA Zip Code 02109-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PRO-RATED PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1086.85
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Amanda Magee</b>		<b>Transaction ID: 200006339</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 51 Leamington Rd. #1		Amount of Each Disbursement this Period 710.57
City Brighton State MA Zip Code 02135-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Commonwealth of Massachusetts</b>		<b>Transaction ID: 200005324</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address Executive Department State House		Amount of Each Disbursement this Period 20.00
City Boston State MA Zip Code 02133-	Category/ Type  WEBSITE PHOTOS	
Purpose of Disbursement WEBSITE PHOTOS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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. Commonwealth of Massachusetts</b>		<b>Transaction ID: 200005770</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address Executive Department State House		Amount of Each Disbursement this Period 75.00
City Boston State MA Zip Code 02133-	Category/ Type  PRO-RATED VIDEO	
Purpose of Disbursement PRO-RATED VIDEO		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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) ..... ▶	805.57
<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 Commonwealth PAC

<b>A. Frank Moy</b> Full Name (Last, First, Middle Initial) Mailing Address 69 Richards St City Dedham State MA Zip Code 02026- Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200006340</b> Date of Disbursement 11 / 17 / 2006 Amount of Each Disbursement this Period 461.75 Category/Type PRO-RATED PAYROLL
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<b>B. Beth Myers</b> Full Name (Last, First, Middle Initial) Mailing Address 201 Buckminster Road City Brookline State MA Zip Code 02445- Purpose of Disbursement CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200005773</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 2500.00 Category/Type CONSULTING
--	--	---

<b>C. Dish Network</b> Full Name (Last, First, Middle Initial) Mailing Address DEPT 0063 City Palatine State IL Zip Code 60055- Purpose of Disbursement PRO-RATED CABLE TV Candidate Name Office Sought: <input type="checkbox"/> House <input 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: 200005839</b> Date of Disbursement 11 / 14 / 2006 Amount of Each Disbursement this Period 63.99 Category/Type PRO-RATED CABLE TV
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3025.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Lexis Nexis</b>		<b>Transaction ID:</b> 200005847 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 150.00
City Philadelphia State PA Zip Code 19170-	PRO-RATED SUBSCRIPTION	
Purpose of Disbursement PRO-RATED SUBSCRIPTION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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. Mike Nobil</b>		<b>Transaction ID:</b> 200005024 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 526.65
City Natick State MA Zip Code 01760-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Mike Nobil</b>		<b>Transaction ID:</b> 200005447 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 494.03
City Natick State MA Zip Code 01760-	PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1170.68
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Mike Nobil</b>		<b>Transaction ID: 200007156</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 10 Kinsman Place		Amount of Each Disbursement this Period 494.02	
City Natick State MA Zip Code 01760-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>B. New England Office Supply</b>		<b>Transaction ID: 200005848</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 135 Lundquist Dr		Amount of Each Disbursement this Period 278.39	
City Braintree State MA Zip Code 02184-5208	Purpose of Disbursement PRO-RATED OFFICE SUPPLIES Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PRO-RATED OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Jessica Peterson</b>		<b>Transaction ID: 200005025</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1041.58	
City Chelsea State MA Zip Code 02150-3300	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PRO-RATED PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1813.99</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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Jessica Peterson</b>		<b>Transaction ID:</b> 200005448 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1041.58
City Chelsea State MA Zip Code 02150-3300		
Purpose of Disbursement PRO-RATED PAYROLL		PRO-RATED PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jessica Peterson</b>		<b>Transaction ID:</b> 200006331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 175 Cottage St Unit 605 Unit 605		Amount of Each Disbursement this Period 1041.58
City Chelsea State MA Zip Code 02150-3300		
Purpose of Disbursement PRO-RATED PAYROLL		PRO-RATED PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Phelan</b>		<b>Transaction ID:</b> 200005026 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 475.92
City Boston State MA Zip Code 02115-		
Purpose of Disbursement PRO-RATED PAYROLL		PRO-RATED PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2559.08</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)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Jennifer Phelan</b>		Transaction ID: 200005449 Date of Disbursement 11 / 03 / 2006
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 475.92
City Boston State MA Zip Code 02115-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Jennifer Phelan</b>		Transaction ID: 200007154 Date of Disbursement 11 / 17 / 2006
Mailing Address 91 Westland Avenue #619		Amount of Each Disbursement this Period 475.92
City Boston State MA Zip Code 02115-	Purpose of Disbursement PRO-RATED PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Model Bride Photography</b>		Transaction ID: 200005783 Date of Disbursement 10 / 31 / 2006
Mailing Address 4435 N. Country Wood Drive		Amount of Each Disbursement this Period 265.63
City Lehi State UT Zip Code 84043-	Purpose of Disbursement PRO-RATED PHOTOGRAPHER Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED PHOTOGRAPHER

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1217.47
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Kyle Plotkin</b>		<b>Transaction ID:</b> 200005027 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 464.26
City Boston State MA Zip Code 02114-		
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		PRO-RATED PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kyle Plotkin</b>		<b>Transaction ID:</b> 200005772 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 31.00
City Boston State MA Zip Code 02114-		
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kyle Plotkin</b>		<b>Transaction ID:</b> 200005451 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 464.27
City Boston State MA Zip Code 02114-		
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		PRO-RATED PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	959.53
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Kyle Plotkin</b>		<b>Transaction ID:</b> 200005846 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 70.19
City Boston State MA Zip Code 02114-		
Purpose of Disbursement REIMBURSEMENT : SEE BELOW Candidate Name		REIMBURSEMENT : SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kyle Plotkin</b>		<b>Transaction ID:</b> 200006333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 25 Ridgeway Lane Apt. 2		Amount of Each Disbursement this Period 464.27
City Boston State MA Zip Code 02114-		
Purpose of Disbursement PRO-RATED PAYROLL Candidate Name		PRO-RATED PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kendall Press</b>		<b>Transaction ID:</b> 200005777 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 36 Charles Street		Amount of Each Disbursement this Period 170.50
City Cambridge State MA Zip Code 02141-		
Purpose of Disbursement PRO-RATED PRINTING Candidate Name		PRO-RATED PRINTING
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) ..... ▶	704.96
<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 145 / 169

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

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

NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Andrew Roach</b>		Transaction ID: 200006033 Date of Disbursement 10 / 24 / 2006
Mailing Address 81 A Hampshire St. Apt. 3		Amount of Each Disbursement this Period 354.88
City Cambridge State MA Zip Code 02139-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRO-RATED REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. Avis Rent A Car</b>		Transaction ID: 61207.E6036 Date of Disbursement 10 / 17 / 2006
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 190.84
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED CAR RENTAL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

Full Name (Last, First, Middle Initial) <b>C. Avis Rent A Car</b>		Transaction ID: 61207.E6035 Date of Disbursement 10 / 15 / 2006
Mailing Address 3 Center Plaza		Amount of Each Disbursement this Period 177.62
City Boston State MA Zip Code 02114-	Purpose of Disbursement PRO-RATED CAR RENTAL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRO-RATED CAR RENTAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	354.88
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Andrew Roach</b>		Transaction ID: 200006052 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 81 A Hampshire St. Apt. 3		Amount of Each Disbursement this Period 212.68
City Cambridge State MA Zip Code 02139-	PRO-RATED REIMBURSEMENT: TRAVEL	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Steve Roche</b>		Transaction ID: 200006029 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 1543.20
City Waltham State MA Zip Code 02453-	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: 61207.E6030 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 314.30
City Atlanta State GA Zip Code 30320-6001	[MEMO ITEM] MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE		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) ..... ▶	1755.88
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		<b>Transaction ID:</b> 61207.E6031 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 704.60
City Tempe State AZ Zip Code 85281-2880	<b>[MEMO ITEM]</b> MEMO: PRO-RATED STAFF AIR-FARE	
Purpose of Disbursement PRO-RATED STAFF AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Mr. Steve Roche</b>		<b>Transaction ID:</b> 200005841 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 70 Hope Ave. #302		Amount of Each Disbursement this Period 5000.00
City Waltham State MA Zip Code 02453-	FUNDRAISING CONSULTING	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) <b>C. Office Furniture Sales</b>		<b>Transaction ID:</b> 200005779 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 76 Vadnerbilt Avenue		Amount of Each Disbursement this Period 1055.00
City Norwood State MA Zip Code 02062-	PRO-RATED OFFICE FURNITURE	
Purpose of Disbursement PRO-RATED OFFICE FURNITURE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input 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>6055.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Office Furniture Sales</b>		<b>Transaction ID:</b> 200005547 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 76 Vadnerbilt Avenue		Amount of Each Disbursement this Period 421.80
City Norwood State MA Zip Code 02062-	Category/ Type  PRO-RATED OFFICE FURNITURE	
Purpose of Disbursement PRO-RATED OFFICE FURNITURE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shelly Seguin</b>		<b>Transaction ID:</b> 200005704 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 135 Mountain Road		Amount of Each Disbursement this Period 469.08
City Windsor State CT Zip Code 06095-	Category/ Type  PRO-RATED REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Poland Spring</b>		<b>Transaction ID:</b> 200005706 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period 27.79
City Louisville State KY Zip Code 40258-	Category/ Type  PRO-RATED WATER	
Purpose of Disbursement PRO-RATED WATER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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) ..... ▶	918.67
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Poland Spring</b>		<b>Transaction ID:</b> 200005987 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 6661 Dixie Hwy, Suite 4		Amount of Each Disbursement this Period 51.05
City Louisville State KY Zip Code 40258-	Category/ Type  PRO-RATED WATER	
Purpose of Disbursement PRO-RATED WATER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Treasurer State of Iowa</b>		<b>Transaction ID:</b> 200005979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 10411		Amount of Each Disbursement this Period 49.29
City Des Moines State IA Zip Code 50306-0411	Category/ Type  PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jay Stirling</b>		<b>Transaction ID:</b> 200005028 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 425.55
City Somerville State MA Zip Code 02143-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	525.89
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Jay Stirling</b>		<b>Transaction ID:</b> 200005452 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 389.75
City Somerville State MA Zip Code 02143-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jay Stirling</b>		<b>Transaction ID:</b> 200006334 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 205 Summer Street #3		Amount of Each Disbursement this Period 389.76
City Somerville State MA Zip Code 02143-	Category/ Type  PRO-RATED PAYROLL	
Purpose of Disbursement PRO-RATED PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Barry Security Systems, Inc.</b>		<b>Transaction ID:</b> 200005534 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 820 Livingston Street, Suite 10		Amount of Each Disbursement this Period 132.50
City Tewksbury State MA Zip Code 01876-	Category/ Type  PRO-RATED SECURITY SYSTEM	
Purpose of Disbursement PRO-RATED SECURITY SYSTEM		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	912.01
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Dan Taggart</b>		<b>Transaction ID:</b> 200005844 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 10457 N. 6300 W		Amount of Each Disbursement this Period 5000.00
City American Fork State UT Zip Code 84003-	Category/ Type  PRO-RATED CONSULTING	
Purpose of Disbursement PRO-RATED CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mindshift Technologies, Inc.</b>		<b>Transaction ID:</b> 200005984 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 307 Waverly Oaks Rd. #201		Amount of Each Disbursement this Period 7894.19
City Waltham State MA Zip Code 02452-	Category/ Type  PRO-RATED OFFICE IT	
Purpose of Disbursement PRO-RATED OFFICE IT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Printer and Fax Technology, Inc.</b>		<b>Transaction ID:</b> 200005850 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 407 Mystic Ave Ste 11A		Amount of Each Disbursement this Period 3674.48
City Medford State MA Zip Code 02155-6339	Category/ Type  PRO-RATED OFFICE EQUIPMENT	
Purpose of Disbursement PRO-RATED OFFICE EQUIPMENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16568.67
<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 Commonwealth PAC

<b>A. Julie Teer</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Devonshire Pl Apt 3807 Apt 3807 City Boston State MA Zip Code 02109-3581 Purpose of Disbursement PRO-RATED CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200005541</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 6250.00 PRO-RATED CONSULTING
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<b>B. Bethany Toye</b> Full Name (Last, First, Middle Initial) Mailing Address 36 Hillside Rd City Braintree State MA Zip Code 02184- Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200005453</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 367.21 PRO-RATED PAYROLL
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<b>C. Bethany Toye</b> Full Name (Last, First, Middle Initial) Mailing Address 36 Hillside Rd City Braintree State MA Zip Code 02184- Purpose of Disbursement PRO-RATED PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 200006336</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 447.63 PRO-RATED PAYROLL
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7064.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Vineyard Vines</b>		<b>Transaction ID:</b> 200005709
Mailing Address 37 Brown House Ct.		Date of Disbursement 10 / 24 / 2006
City Stamford	State CT	Zip Code 06902-6303
Purpose of Disbursement PRO-RATED FUNDRAISING EXPENSE		Amount of Each Disbursement this Period 352.50
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PRO-RATED FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 200005574
Mailing Address PO Box 15023		Date of Disbursement 11 / 07 / 2006
City Worcester	State MA	Zip Code 01615-0023
Purpose of Disbursement PRO-RATED STAFF CELL PHONES		Amount of Each Disbursement this Period 660.10
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PRO-RATED STAFF CELL PHONES	

Full Name (Last, First, Middle Initial) <b>C. Jared Young</b>		<b>Transaction ID:</b> 200005782
Mailing Address 3825 Jason Ave.		Date of Disbursement 10 / 31 / 2006
City Alexandria	State VA	Zip Code 22302-
Purpose of Disbursement PRO-RATED CONSULTING		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PRO-RATED CONSULTING	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2012.60</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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Jared Young</b>		Transaction ID: 200006043 Date of Disbursement 11 / 07 / 2006
Mailing Address 3825 Jason Ave.		Amount of Each Disbursement this Period 255.10
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement PRO-RATED REIMBURSEMENT: SEE BELOW	
Candidate Name		PRO-RATED REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Union Club</b>		Transaction ID: 61207.E6044 Date of Disbursement 10 / 10 / 2006
Mailing Address 8 Beacon Street		Amount of Each Disbursement this Period 114.29
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED LODGING	
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED LODGING
Office Sought: <input type="checkbox"/> House <input 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. The Union Club</b>		Transaction ID: 200006045 Date of Disbursement 10 / 25 / 2006
Mailing Address 8 Beacon Street		Amount of Each Disbursement this Period 171.91
City Boston State MA Zip Code 02108-	Purpose of Disbursement PRO-RATED LODGING	
Candidate Name		[MEMO ITEM] MEMO: PRO-RATED LODGING
Office Sought: <input type="checkbox"/> House <input 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) ..... ▶	255.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	445737.22

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Texans For Bonilla</b>		<b>Transaction ID:</b> 200006040 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 17292		Amount of Each Disbursement this Period 5000.00  CONTRIBUTION
City San Antonio State TX Zip Code 78217-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name HENRY BONILLA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

Full Name (Last, First, Middle Initial) <b>B. Texans For Bonilla</b>		<b>Transaction ID:</b> 200006068 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 17292		Amount of Each Disbursement this Period 2000.00  CONTRIBUTION
City San Antonio State TX Zip Code 78217-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name HENRY BONILLA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Joe Negron For Congress</b>		<b>Transaction ID:</b> 200005048 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 1816		Amount of Each Disbursement this Period 1500.00  CONTRIBUTION
City Stuart State FL Zip Code 34995-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Joe Wilson For Congress</b>		Transaction ID: 200006062 Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 2145		Amount of Each Disbursement this Period 2000.00
City West Columbia State SC Zip Code 29171-	Purpose of Disbursement CONTRIBUTION Candidate Name ADDISON (JOE) GRAVES WILSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		CONTIRBUTION

Full Name (Last, First, Middle Initial) <b>B. Musgrave For Congress</b>		Transaction ID: 200006065 Date of Disbursement 10 / 27 / 2006
Mailing Address 118 West Charlotte Street		Amount of Each Disbursement this Period 1000.00
City Johnstown State CO Zip Code 80534-	Purpose of Disbursement CONTRIBUTION Candidate Name MARILYN N MUSGRAVE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. Northrup For Congress</b>		Transaction ID: 200006066 Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 7313		Amount of Each Disbursement this Period 1000.00
City Louisville State KY Zip Code 40257-	Purpose of Disbursement CONTRIBUTION Candidate Name ANNE M. NORTHUP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Porter For Congress</b>		Transaction ID: 200006067 Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 2000.00
City Las Vegas	State NV	
Zip Code 89126-	Category/Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JON SR PORTER		CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 03		

Full Name (Last, First, Middle Initial) <b>B. Reynolds For Congress</b>		Transaction ID: 200006027 Date of Disbursement 10 / 30 / 2006
Mailing Address PO Box 15388		Amount of Each Disbursement this Period 2000.00
City Rochester	State NY	
Zip Code 14615-	Category/Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name THOMAS M REYNOLDS		CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 26		

Full Name (Last, First, Middle Initial) <b>C. Tom Feeny For Congress</b>		Transaction ID: 200006026 Date of Disbursement 10 / 30 / 2006
Mailing Address 1420 Alafaya Trail		Amount of Each Disbursement this Period 2000.00
City Oviedo	State FL	
Zip Code 32765-	Category/Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name TOM FEENEY		CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 24		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Walsh For Congress</b>		Transaction ID: 200006071 Date of Disbursement 10 / 27 / 2006	
Mailing Address PO Box 1974		Amount of Each Disbursement this Period 1000.00  CONTRIBUTION	
City Syracuse	State NY		Zip Code 13201-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name JAMES T WALSH			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 25			

Full Name (Last, First, Middle Initial) <b>B. Zanzi For Congress</b>		Transaction ID: 200005437 Date of Disbursement 11 / 02 / 2006	
Mailing Address PO Box 549		Amount of Each Disbursement this Period 1000.00  CONTRIBUTION	
City Smithtown	State NY		Zip Code 11787-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Bob Corker For Senate</b>		Transaction ID: 200006059 Date of Disbursement 10 / 27 / 2006	
Mailing Address 1130 8th Avenue		Amount of Each Disbursement this Period 5000.00  CONTRIBUTION	
City Nashville	State TN		Zip Code 37203-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name ROBERT P CORKER JR			
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: TN District: 00			

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

Full Name (Last, First, Middle Initial) <b>A. Doug Lamborn For US Congress</b>		<b>Transaction ID:</b> 200006061 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 5170 N. Union Blvd. Suite 201		Amount of Each Disbursement this Period 1000.00
City Colorado Springs State CO Zip Code 80918-	CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION Candidate Name DOUGLAS L LAMBORN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 05		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. John Gard For US Congress</b>		<b>Transaction ID:</b> 200006063 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 277		Amount of Each Disbursement this Period 2000.00
City Green Bay State WI Zip Code 54305-0277	CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION Candidate Name JOHN G GARD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Michele Bachmann For US Congress</b>		<b>Transaction ID:</b> 200006064 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 49756		Amount of Each Disbursement this Period 1000.00
City Minneapolis State MN Zip Code 55449-	CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION Candidate Name MICHELE M BACHMANN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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 Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Vern Buchanan For US Congress</b>		Transaction ID: 200006070 Date of Disbursement 10 / 27 / 2006	
Mailing Address PO Box 48928		Amount of Each Disbursement this Period 1000.00  CONTRIBUTION	
City Sarasota	State FL		Zip Code 34230-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name VERNON BUCHANAN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 13			

Full Name (Last, First, Middle Initial) <b>B. Bouchard For US Senate</b>		Transaction ID: 200006060 Date of Disbursement 10 / 27 / 2006	
Mailing Address 4050 W. Maple Road		Amount of Each Disbursement this Period 3000.00  CONTRIBUTION	
City Bloomfield Hills	State MI		Zip Code 48301-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name MICHAEL J BOUCHARD			
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: MI District: 00			

Full Name (Last, First, Middle Initial) <b>C. Tom Kean For US Senate</b>		Transaction ID: 200006069 Date of Disbursement 10 / 27 / 2006	
Mailing Address 187 Mill Lane		Amount of Each Disbursement this Period 2000.00  CONTRIBUTION	
City Mountainside	State NJ		Zip Code 07092-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name THOMAS H JR KEAN			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 00			

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



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

Use separate schedule(s)  
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Wisconsin Republican Party</b>		Transaction ID: 200005049	
Mailing Address 148 E. Johnson Street		Date of Disbursement 10 / 24 / 2006	
City Madison	State WI	Zip Code 53703-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement CONTRIBUTION		CONTRIBUTION	
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 checked="" type="checkbox"/> Other (specify) ▼			
State:	District:	Federal State Party	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	40500.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Mineral County Republican Committee</b>		<b>Transaction ID:</b> 200006085
Mailing Address 1090 Carolina Street		Date of Disbursement 10 / 26 / 2006
City Keyser	State WV	Zip Code 26726-
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Republican Party Of Orange County</b>		<b>Transaction ID:</b> 200004991
Mailing Address 1800 W. Katella Avenue, Suite 210		Date of Disbursement 10 / 20 / 2006
City Orange	State CA	Zip Code 92867-9818
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. Berkeley County Republican Committee</b>		<b>Transaction ID:</b> 200006072
Mailing Address 838 Jenny Drive		Date of Disbursement 10 / 26 / 2006
City Martinsburg	State WV	Zip Code 25401-
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Cabell County Republican Committee</b>		<b>Transaction ID: 200006073</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 3004 Brier Wood Road		Amount of Each Disbursement this Period 1000.00
City Culloden State WV Zip Code 25510-	Purpose of Disbursement CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Grant County Republican Committee</b>		<b>Transaction ID: 200006074</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address HC 30 Box 24		Amount of Each Disbursement this Period 1000.00
City Maysville State WV Zip Code 26803-	Purpose of Disbursement CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. Greenbrier County Republican Committee</b>		<b>Transaction ID: 200006075</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 777		Amount of Each Disbursement this Period 1000.00
City White Sulphur Spgs State WV Zip Code 24986-	Purpose of Disbursement CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Hancock County Republican Committee</b>		<b>Transaction ID:</b> 200006076 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 232 St. Johns Road		Amount of Each Disbursement this Period 1000.00
City Weirton State WV Zip Code 26062-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. Harrison County Republican Committee</b>		<b>Transaction ID:</b> 200006077 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 636 Rivendell Drive		Amount of Each Disbursement this Period 1000.00
City Bridgeport State WV Zip Code 26330-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. Jackson County Republican Committee</b>		<b>Transaction ID:</b> 200006078 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 117 Highlawn Heights		Amount of Each Disbursement this Period 1000.00
City Ripley State WV Zip Code 25271-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Jefferson County Republican Committee</b>		<b>Transaction ID: 200006079</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 228 Prospect Avenue		Amount of Each Disbursement this Period 1000.00
City Harpers Ferry State WV Zip Code 25425-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Kanawha County Republican Committee</b>		<b>Transaction ID: 200006080</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 105 Newcomer Road		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25309-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Marion County Republican Committee</b>		<b>Transaction ID: 200006082</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1489 Locust Avenue		Amount of Each Disbursement this Period 1000.00
City Fairmont State WV Zip Code 26554-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Marshall County Republican Committee</b>		<b>Transaction ID:</b> 200006081 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 302 Twelfth Street		Amount of Each Disbursement this Period 1000.00
City State Zip Code Glen Dale WV 26038-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Mason County Republican Committee</b>		<b>Transaction ID:</b> 200006083 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 629-5 Main Street		Amount of Each Disbursement this Period 1000.00
City State Zip Code Point Pleasant WV 25550-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Mercer County Republican Committee</b>		<b>Transaction ID:</b> 200006084 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1806 Honaker Drive		Amount of Each Disbursement this Period 1000.00
City State Zip Code Princeton WV 24740-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Monongalia County Republican Committee</b>		<b>Transaction ID:</b> 200006086 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 321 Watts Street		Amount of Each Disbursement this Period 1000.00
City Morgantown State WV Zip Code 26501-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Morgan County Republican Committee</b>		<b>Transaction ID:</b> 200006087 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 270 South Washington Street, Suite		Amount of Each Disbursement this Period 1000.00
City Berkeley Springs State WV Zip Code 25411-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Ohio County Republican Committee</b>		<b>Transaction ID:</b> 200006088 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 63 Dogwood Drive		Amount of Each Disbursement this Period 1000.00
City Triadelphia State WV Zip Code 26059-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Preston County Republican Committee</b>		<b>Transaction ID:</b> 200006089 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 102 Summer Lane		Amount of Each Disbursement this Period 1000.00
City Kingwood State WV Zip Code 26537-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Putnam County Republican Committee</b>		<b>Transaction ID:</b> 200006090 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 149 Waterside Circle		Amount of Each Disbursement this Period 1000.00
City Winfield State WV Zip Code 25213-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Raleigh County Republican Committee</b>		<b>Transaction ID:</b> 200006091 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 85 Flat Top Road		Amount of Each Disbursement this Period 1000.00
City Ghent State WV Zip Code 25843-	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Commonwealth PAC

Full Name (Last, First, Middle Initial) <b>A. Upshur County Republican Committee</b>		<b>Transaction ID:</b> 200006092 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 45 Hickory Flat Road		Amount of Each Disbursement this Period 1000.00
City Buckhannon State WV Zip Code 26201-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. Wayne County Republican Committee</b>		<b>Transaction ID:</b> 200006093 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address Route 1, Box 314		Amount of Each Disbursement this Period 1000.00
City Genoa State WV Zip Code 25517-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. Wood County Republican Committee</b>		<b>Transaction ID:</b> 200006094 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 2303 Oak Street		Amount of Each Disbursement this Period 1000.00
City Parkersburg State WV Zip Code 26101-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	28000.00