

# 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

PACEG COMMITTEE

ADDRESS (number and street) 666 GRAND AVENUE BOX 855

Check if different than previously reported. (ACC) DES MOINES IA 50304

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

C00074633

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 07 2006 in the State of IA

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 TRACEY BALL

Signature of Treasurer Electronically Filed by TRACEY BALL Date 11 30 2006

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

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
PACEG COMMITTEE

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		32981.24
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	12222.09									
(c) Total Receipts (from Line 19) .....	1518.58	19364.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	13740.67	52346.07								
7. Total Disbursements (from Line 31) .....	2500.50	41105.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11240.17	11240.17								
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  
PACEG COMMITTEE

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	1218.69	13715.50
(i) Itemized (use Schedule A) .....	292.24	5583.44
(ii) Unitemized .....	1510.93	19298.94
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1510.93	19298.94
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7.65	65.89
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)) .....	1518.58	19364.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1518.58	19364.83

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	8000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	500.50	33105.90
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))..	2500.50	41105.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2500.50	41105.90

**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) .....	1510.93	19298.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1510.93	19298.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<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	

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)  
PACEG COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
RALPH W. ARTHUR

Mailing Address 210 S. PRAIRIE VIEW DRIVE #528

City State Zip Code  
WEST DES MONES IA 50266

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

Name of Employer Occupation  
RUAN TRANS. MGMT SYSTEMS SENIOR V.P. OF SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

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

**Transaction ID:** SA11A1.7408

Amount of Each Receipt this Period  
84.00

**B.** Full Name (Last, First, Middle Initial)  
TRACEY BALL

Mailing Address 3901 73RD STREET

City State Zip Code  
DES MOINES IA 50322

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

Name of Employer Occupation  
RUAN TRANSPORT CHIEF FINANCIAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

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

**Transaction ID:** SA11A1.7409

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
GARY A. BERDING

Mailing Address 1725 S. 50TH STREET #1001

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer Occupation  
RUAN, INCORPORATED PILOT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

**Transaction ID:** SA11A1.7414

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>187.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<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)  
**PACEG COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DARYL D. BLASBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address <b>5860 180TH STREET WEST</b>		<b>Transaction ID: SA11A1.7415</b>
City <b>FARMINGTON</b>	State <b>MN</b>	Zip Code <b>55024</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.24
Name of Employer <b>RUAN LEASING</b>	Occupation <b>OPERATIONS MANAGER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) <b>B. ANDREW W. BOUNDS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address <b>1135 MOUNT VERNON DRIVE</b>		<b>Transaction ID: SA11A1.7416</b>
City <b>GRAYSLAKE</b>	State <b>IL</b>	Zip Code <b>60030</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer <b>RUAN</b>	Occupation <b>VP - SALES</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH BROOKS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address <b>4102 SE 13TH STREET</b>		<b>Transaction ID: SA11A1.7417</b>
City <b>DES MOINES</b>	State <b>IA</b>	Zip Code <b>50315</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer <b>RUAN CENTER CORP</b>	Occupation <b>BUILDING MANAGER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	99.24
<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 / 16
	<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)  
PACEG COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ALAN K. CLAGHORN</b>		Date of Receipt MM / DD / YYYY 11 / 27 / 2006
Mailing Address 1557 - 173RD AVE		Transaction ID: SA11A1.7421
City MILO	State IA Zip Code 50166	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 23.08
Name of Employer RUAN TRANSPORT	Occupation LOGISTICS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.03	

Full Name (Last, First, Middle Initial) <b>B. KEMP M. ELLIOTT, III</b>		Date of Receipt MM / DD / YYYY 11 / 27 / 2006
Mailing Address 705 LE CLAR		Transaction ID: SA11A1.7426
City O'FALLON	State MO Zip Code 63366	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.24
Name of Employer RUAN TRANS. MGMT SYSTEMS	Occupation MGR OF TRANSPORT MAINTENANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER FISH</b>		Date of Receipt MM / DD / YYYY 11 / 27 / 2006
Mailing Address 2096 ASHFORD ROAD		Transaction ID: SA11A1.7427
City BETTENDORF	State IA Zip Code 52722	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 57.68
Name of Employer RUAN TRANSPORT CORPORATION	Occupation REGION MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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)  
PACEG COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
J.W. FLIES

Mailing Address 1939 T AVENUE

City State Zip Code  
DALLAS CENTER IA 50063

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

Name of Employer Occupation  
RUAN TRANSPORT SENIOR V.P. MIDWEST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

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

Transaction ID: SA11A1.7428

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
CRAIG A. GESME

Mailing Address 3913 SW 14TH STREET

City State Zip Code  
DES MOINES IA 50315

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

Name of Employer Occupation  
RUAN TRANS. MGMT SYSTEMS ADMIN. ACCOUNTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11A1.7429

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
KENT HAVENS

Mailing Address 7116 MAPLE DRIVE

City State Zip Code  
URBANDALE IA 50322

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

Name of Employer Occupation  
RUAN TRANSPORT V.P. OF LABOR RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 462.48

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

Transaction ID: SA11A1.7431

Amount of Each Receipt this Period  
38.54

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	141.87
<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 10 / 16
	(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)  
PACEG COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ROBERT S. HOGSTAD</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 2055 COUNTRYCLUB BLVD		Transaction ID: SA11A1.7432
City State Zip Code CLIVE IA 50325	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RUAN TRANS. MGMT SYSTEMS	Occupation AREA DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL D. KANDRIS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1105 BURR OAKS DRIVE		Transaction ID: SA11A1.7434
City State Zip Code WEST DES MOINES IA 50266	Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RUAN TRANS. MGMT SYSTEMS	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	

Full Name (Last, First, Middle Initial) <b>C. MIKE B. MEFFORD</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 906 NE BARRINGTON COURT		Transaction ID: SA11A1.7436
City State Zip Code ANKENY IA 50021	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RUAN TRANSPORT	Occupation SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	226.67
<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 11 / 16
	<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)  
PACEG COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
KENNETH C. MORROW

Mailing Address 2014 WILSON RIDGE LANE

City State Zip Code  
CHESTERFIELD MO 63005

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

Name of Employer Occupation  
RUAN TRANS. MGMT SYSTEMS REGION MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.82

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

Transaction ID: SA11A1.7437

Amount of Each Receipt this Period  
19.24

**B.** Full Name (Last, First, Middle Initial)  
NELS D. NORD

Mailing Address 1771 HIGHWAY 92

City State Zip Code  
OSKALOOSA IA 52577

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

Name of Employer Occupation  
RUAN TRANSPORT OPERATIONS MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11A1.7439

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
MIKE A. NOVELLI

Mailing Address 6813 TWANA DRIVE

City State Zip Code  
DES MOINES IA 50322

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

Name of Employer Occupation  
RUAN TRANS. MGMT SYSTEMS REGION MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 438.48

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

Transaction ID: SA11A1.7440

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	79.24
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 16
	<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)  
PACEG COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
KENNETH R. PRESSON

Mailing Address P.O. BOX 72

City State Zip Code  
NEW HAVEN IN 46774

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

Name of Employer Occupation  
RUAN TRANS. MGMT SYSTEMS REGION MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.40

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

Transaction ID: SA11A1.7442

Amount of Each Receipt this Period  
19.20

**B.** Full Name (Last, First, Middle Initial)  
JAMES E. RICHARDS

Mailing Address 2339 WEST ROCKWELL COURT

City State Zip Code  
CHANDLER AZ 85224

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

Name of Employer Occupation  
RUAN TRANS. MGMT SYSTEMS REGION MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

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

Transaction ID: SA11A1.7443

Amount of Each Receipt this Period  
19.24

**C.** Full Name (Last, First, Middle Initial)  
RON ROMIG

Mailing Address 5849 S. WINWOOD DRIVE

City State Zip Code  
JOHNSTON IA 50131

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

Name of Employer Occupation  
RUAN LEASING COMPANY OPERATIONS MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

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

Transaction ID: SA11A1.7444

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	121.77
<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 / 16
	<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)  
PACEG COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
JOHN RUAN, III

Mailing Address 465 FOSTER DRIVE

City State Zip Code  
DES MOINES IA 50312

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

Name of Employer Occupation  
RUAN, INCORPORATED PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1916.63

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

Transaction ID: SA11A1.7446

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
JAMES C. SKELTON

Mailing Address 186 ALAMO SQ

City State Zip Code  
ALAMO CA 94507

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

Name of Employer Occupation  
RUAN SENIOR VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1790.00

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

Transaction ID: SA11A1.7448

Amount of Each Receipt this Period  
90.00

**C.** Full Name (Last, First, Middle Initial)  
TERRY SOLVEDT

Mailing Address 4628 VALLEY VIEW LANE

City State Zip Code  
WEST DES MOINES IA 50265

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

Name of Employer Occupation  
RUAN TRANS. MGMT SYSTEMS SR VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

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

Transaction ID: SA11A1.7451

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	223.33
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 16
	(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)  
PACEG COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH H. ULRICH

Mailing Address 6040 HUNTERS RIDGE DRIVE

City State Zip Code  
PLAINFIELD IN 46168

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

Name of Employer Occupation  
RUAN LEASING SALES MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

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

Transaction ID: SA11A1.7454

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
MAUREEN WARD

Mailing Address 225 S. LAFAYETTE

City State Zip Code  
CHANUTE KS 66720

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

Name of Employer Occupation  
RUAN TRANSPORT OPERATIONS MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

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

Transaction ID: SA11A1.7456

Amount of Each Receipt this Period  
19.24

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	39.24
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1218.69

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

<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)  
PACEG COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BOSWELL FOR CONGRESS</b>		Transaction ID: SB23.7467 Date of Disbursement 10 / 20 / 2006	
Mailing Address PO BOX 823		Amount of Each Disbursement this Period 2000.00	
City INDIANOLA	State IA	Zip Code 50125	Category/ Type
Purpose of Disbursement CAMPAIGN CONTRIBUTION			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 03			

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<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)  
PACEG COMMITTEE

**A. BANKERS TRUST**

Full Name (Last, First, Middle Initial)  
A. BANKERS TRUST

Mailing Address 665 GRAND AVE

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement Analysis Bank Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

**Transaction ID: SB29.7462**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B. SHULL ELECTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
B. SHULL ELECTION COMMITTEE

Mailing Address 901 SCOTT FELTON ROAD

City INDIANOLA State IA Zip Code 50125

Purpose of Disbursement CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

**Transaction ID: SB29.7469**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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