

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
DAKPAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | | 26621.56 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 28077.62 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 14000.00 | 34000.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 42077.62 | 60621.56 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 37500.00 | 56043.94 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 4577.62 | 4577.62 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
DAKPAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | 0.00 | 0.00 |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (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) | 14000.00 | 34000.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶ | 14000.00 | 34000.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 14000.00 | 34000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 14000.00 | 34000.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 1543.94 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 1543.94 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 27500.00 | 44500.00 |
| 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..... | 10000.00 | 10000.00 |
| 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)).. | 37500.00 | 56043.94 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 37500.00 | 56043.94 |

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) | 14000.00 | 34000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 14000.00 | 34000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 1543.94 |
| 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 | 1543.94 |

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

| | |
|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 11 |
| | (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)
DAKPAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Massachusetts Mutual Life Insurance PAC | | Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006 | |
| Mailing Address 1295 State Street | | Transaction ID: C348 | |
| City State Zip Code Springfield MA 01111 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00118943 | | | |
| Name of Employer Occupation | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Burlington Northern Santa Fe Corporation RAILPAC | | Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 | |
| Mailing Address 700 13th Street, NW Suite 220 | | Transaction ID: C345 | |
| City State Zip Code Washington DC 20005 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C C00235739 | | | |
| Name of Employer Occupation | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Association of Trial Lawyers of America PAC | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 1050 31st St., NW | | Transaction ID: C346 | |
| City State Zip Code Washington DC 20007 | | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C C00024521 | | | |
| Name of Employer Occupation | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 5000.00 | |

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

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

| | | |
|--|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 | PAGE 7 / 11 |
| | (check only one) | <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)
DAKPAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Pinnacle West Capital Corporation PAC | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2006 |
| Mailing Address 400 North Fifth Street Station 999 MS 9973 | | Transaction ID: C347 |
| City State Zip Code Phoenix AZ 85004 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00015933 | | |
| Name of Employer Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. New York Life Insurance Company PAC | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006 |
| Mailing Address 51 Madison Avenue Room 1900 | | Transaction ID: C350 |
| City State Zip Code New York NY 10010 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C C00158881 | | |
| Name of Employer Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | 14000.00 |

**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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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)
DAKPAC

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. Menendez For Senate | | Transaction ID: D985 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 | |
| Mailing Address P.O. Box 848 | | Amount of Each Disbursement this Period 5000.00 | |
| City Union City State NJ Zip Code 07087 | Purpose of Disbursement Contribution | Category/ Type | |
| Candidate Name Robert Menendez | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: NJ District: | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ben for Congress | | Transaction ID: D987 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6 | |
| Mailing Address P.O. Box 608 | | Amount of Each Disbursement this Period 2500.00 | |
| City Crompond State NY Zip Code 10517 | Purpose of Disbursement Contribution | Category/ Type | |
| Candidate Name Ben Shuldiner | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: NY District: 19 | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee | | Transaction ID: D984 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 | |
| Mailing Address 120 Maryland Avenue, NE | | Amount of Each Disbursement this Period 15000.00 | |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement 2006 Contribution | Category/ Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 22500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 11

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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)
DAKPAC

Full Name (Last, First, Middle Initial)
A. Akaka In 2006

Mailing Address 904 Nana Honua Street

City Honolulu State HI Zip Code 96825

Purpose of Disbursement
Contribution

Candidate Name
Daniel Akaka

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: HI District:

Transaction ID: D986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

27500.00

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 10 / 11

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 |

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)
DAKPAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Roger Johnson for Agriculture Commission | | Transaction ID: D988 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address PO Box 7086 | | Amount of Each Disbursement this Period 2500.00 |
| City Bismarck | State ND Zip Code 58507 | |
| Purpose of Disbursement Nonfederal Contribution | | 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. Cheryl Bergian For PSC | | Transaction ID: D990 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address P.O. Box 1984 | | Amount of Each Disbursement this Period 2500.00 |
| City Fargo | State ND Zip Code 58107 | |
| Purpose of Disbursement Nonfederal Contribution | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Edison For Tax Commissioner | | Transaction ID: D991 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address P.O. Box 1276 | | Amount of Each Disbursement this Period 2500.00 |
| City Bismarck | State ND Zip Code 58502 | |
| Purpose of Disbursement Nonfederal Contribution | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 |

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)
DAKPAC

| | | | |
|--|---|---|-------------------|
| Full Name (Last, First, Middle Initial) A. Brudvik For Attorney General | | Transaction ID: D989 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 | |
| Mailing Address 48 Westwood Drive | | Amount of Each Disbursement this Period 2500.00 | |
| City Mayville | State ND | Zip Code 58257 | Category/ Type |
| Purpose of Disbursement Nonfederal 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 type="checkbox"/> Other (specify) ▼ | | |
| State: | District: | | |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 10000.00 |